Form **1040** Department of the Treasury–Internal Revenue Service (99)
U.S. Individual Income Tax Return **2018** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

| Filing status: | ☒ Single | ☐ Married filing jointly | ☐ Married filing separately | ☐ Head of household | ☐ Qualifying widow(er) |

Your first name and initial	Last name	Your social security number
Charles	Mantione	361-56-9005

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial	Last name	Spouse's social security number

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☐ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	**Presidential Election Campaign**
1016 Cherry St		(see inst.) ☐ **You** ☐ **Spouse**

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.	If more than four dependents,
Alcoa, TN 37701	see inst. and check here ▶ ☐

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
			Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
David W Collins		P03013529	86-3654940	☐ 3rd Party Designee
Firm's name ▶ dc Tax, LLC		Phone no. (423) 482-9737		☐ Self-employed
Firm's address ▶ 9301 Ocoee St #64 Ooltewah, TN 37363				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.   UYA   Form **1040** (2018)

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	**1**	Wages, salaries, tips, etc. Attach Form(s) W-2	**1**	
	2a	Tax-exempt interest **2a**	**b** Taxable interest **2b**	
	3a	Qualified dividends **3a**	**b** Ordinary dividends **3b**	
	4a	IRAs, pensions, and annuities . . **4a**	**b** Taxable amount **4b**	10,132.
	5a	Social security benefits **5a**	**b** Taxable amount **5b**	

Standard Deduction for - • Single or married filing separately, $12,000 • Married filing jointly or Qualifying widow(er), $24,000 • Head of household, $18,000 • If you checked any box under Standard deduction, see instructions.	**6**	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . .	**6**	10,132.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, Subtract Schedule 1, line 36, from line 6	**7**	10,132.
	8	**Standard deduction or itemized deductions** (from Schedule A)	**8**	12,000.
	9	Qualified business income deduction (see instructions)	**9**	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	**10**	0.
	11	**a** Tax (see inst.) _____ 0. (check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form 4972 **3** ☐ _____)		
		b Add any amount from Schedule 2 and check here . . . . ▶ ☐	**11**	
	12	**a** Child tax credit/credit for other dependents _____ **b Add** any amount from Schedule 3 and check here ▶ ☐	**12**	0.
	13	Subtract line 12 from line 11. If zero or less, enter -0-	**13**	0.
	14	Other taxes. Attach Schedule 4	**14**	0.
	15	Total tax. Add lines 13 and 14	**15**	0.
	16	Federal income tax withheld from Forms W-2 and 1099	**16**	643.
	17	Refundable credits: **a** EIC (see inst.) _____ **b** Sch 8812 _____ **c** Form 8863 _____		
		Add any amount from Schedule 5 _____ . . . . **NO**	**17**	0.
	18	Add lines 16 and 17. These are your total payments	**18**	643.

Refund Direct deposit? See instructions.	**19**	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**	**19**	643.
	20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here . . . . . . ▶ ☐	**20a**	643.
	▶ **b**	Routing number _____ ▶ **c** Type: ☐ Checking ☐ Savings		
	▶ **d**	Account number _____		
	21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ **21** _____		
Amount you owe	**22**	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions . . . . . . ▶	**22**	0.
	23	Estimated tax penalty (see instructions) . . . . ▶ **23** _____		

Go to *www.irs.gov/Form1040* for instructions and the latest information.

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UYA

Internal Revenue Service
United States Department of the Treasury

Wage and Income Transcript

Request Date:		05-17-2024
Response Date:		05-17-2024
Tracking Number:		105989182352

SSN Provided: 361-56-9005

Tax Period Requested: December, 2018

Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Payer:
Payer's Federal Identification Number (FIN):340727612
DEFENSE FINANCE AND ACCOUNTING SERVICE
CLEVELAND CENTER
1240 EAST NINTH STREET
CLEVELAND, OH 44199-2055

Recipient:
Recipient's Identification Number: 361-56-9005
MANTIONE CHARLES
MARYVILLE, TN 37804-4227

Submission Type:	Original document
Account Number (Optional):	361569005RET01
Distribution Code Value:	Normal distribution
Distribution Code:	7
Distribution Code Value:	Not significant
Distribution Code:	Blank
Tax Amount Undetermined Code:	Not checked
Total Distribution Code:	Not checked
First Year Roth Contribution:	0000
SEP Indicator:	IRA/SEP/SIMP box not checked
FATCA Indicator:	not FATCA
Date of Payment for Reportable Death Benefits under Section 6050Y:	00-00-0000
Tax Withheld:	$643.00
Total Employee Contributions:	$0.00
Unrealized Appreciation:	$0.00
Other Income:	$0.00
Gross Distribution:	$10,132.00
Taxable Amount:	$10,132.00
Eligible Capital Gains:	$0.00
Amount to IRR:	$0.00