

Filing status: [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial: Charles; Last name: Mantione; Your social security number: 361-56-9005; Spouse's social security number: []

Home address (number and street): 1016 Cherry St; City, town or post office, state, and ZIP code: Alcoa, TN 37701; Presidential Election Campaign: [] You [] Spouse

Standard Deduction: [] Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1955 [] Are blind; Spouse: [] Was born before January 2, 1955 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) check if qualifies for (Child tax credit, Credit for other dependents)

Main income table with rows 1-11b. Total income: 10,521; Adjusted gross income: 10,521; Standard deduction: 12,200; Taxable income: 0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	0.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	0.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your total tax	16	0.
17	Federal income tax withheld from Forms W-2 and 1099	17	659.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	10.
b	Additional child tax credit. Attach Schedule 8812.	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	10.
19	Add lines 17 and 18e. These are your total payments	19	669.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	669.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	669.
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount you owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	0.
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name: _____ Phone no.: _____ Personal identification number (PIN): _____

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.)
	Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
David W Collins		05/23/2024	P03013529	<input type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.		Firm's EIN	<input type="checkbox"/> Self-employed
dc Tax, LLC	(423) 482-9737		86-3654940	
Firm's address				
9301 Ocoee St #64, Ooltewah, TN, 37363				

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

Form 1040 (2019)



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 05-17-2024
Response Date: 05-17-2024
Tracking Number: 105989182345

SSN Provided: 361-56-9005
Tax Period Requested: December, 2019

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):205095330
WHY BE NORMAL PIZZA, INC.
56 MILFORD DRIVE
ROSSVILLE, GA 30741-0000

Employee:

Employee's Social Security Number: 361-56-9005
CHARLES MANTIONE
1016 CHEVY ST
ALCOA, TN 37701-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$119.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$33.00
Social Security Tax Withheld:	\$7.00
Medicare Wages and Tips:	\$119.00
Medicare Tax Withheld:	\$1.00
Social Security Tips:	\$85.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:	\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):	\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original

W2 WHC SSN Validation Code:

Correct SSN

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:	\$659.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$10,402.00
Taxable Amount:	\$10,402.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data
