

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 your 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: Alcoa; State: TN; ZIP code: 37701; Presidential Election Campaign: [] You [] Spouse [] Yes [X] No

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] No

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, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 4 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 tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for -.

| | | | |
|-----|--|--|------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 0. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 0. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | |
| b | Form(s) 1099 | 25b | 675. |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 675. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 0. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 675. |
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 675. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 675. |
| b | Routing number XXXXXX | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number XXXXXX | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| 37 | Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | 37 | 0. |
| 38 | Estimated tax penalty (see instructions) | 38 | |

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

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person 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 your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

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



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: 105989182373

SSN Provided: 361-56-9005
Tax Period Requested: December, 2020

Form 1099-NEC Nonemployee Compensation

Issuer/Provider:

Issuer's/Provider's Federal ID No.: 621657278
MAGNOLIA VILLAS HOMEOWNERS ASSOCIATION I
PO BOX 32627
KNOXVILLE, TN 37930-0000

Recipient:

Recipient's ID No.: 361-56-9005
DBA CHARLES MANTIONE
1016 CHERRY ST
ALCOA, TN 37701-0000

| | |
|------------------------------|---------------------------------------|
| Submission Type: | Original document |
| Second Notice Indicator: | No Second Notice |
| FATCA Filing Requirement: | Box not checked no Filing Requirement |
| Federal Income Tax Withheld: | \$0.00 |
| Non-Employee Compensation:: | \$9,225.00 |

Form SSA-1099 Benefits Statement

Payer:

Payer's Federal Identification Number (FIN): 526004813
SOCIAL SECURITY ADMINISTRATION

Payee:

Payee's Identification Number: 361-56-9005
CHARLES MANTIONE
808 FRONT ST
MARYVILLE, TN 37804-0000

| | |
|---|-------------------|
| Submission Type: | Original document |
| Account Number (Optional): | N/A |
| Pensions and Annuities (Total Benefits Paid): | \$4,104.00 |
| Tax Withheld: | 0.00 |
| Repayments: | 0.00 |
| Workman's Compensation Offset: | 0.00 |
| TY 2019 Payments: | 0.00 |
| TY 2018 Payments: | 0.00 |
| TY 2017 Payments: | 0.00 |
| TY 2016 Payments: | 0.00 |
| Trust Fund Indicator: | Retirement |

SSA/RRB Payments:

Either RRB or SSA payments

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: | \$675.00 |
| Total Employee Contributions: | \$0.00 |
| Unrealized Appreciation: | \$0.00 |
| Other Income: | \$0.00 |
| Gross Distribution: | \$10,563.00 |
| Taxable Amount: | \$10,563.00 |
| Eligible Capital Gains: | \$0.00 |
| Amount to IRR: | \$0.00 |

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|---|
| This Product Contains Sensitive Taxpayer Data |
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