Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074 Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) **Filing Status** Check only 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 one box. a child but not your dependent Your first name and middle initial Your social security number Last name 361-56-9005 Charles Mantione If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign** 1016 Cherry St Check here if you, or your spouse City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code if filing jointly, want \$3 to go to this Alcoa TN 37701 fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Someone can claim: You as a dependent Your spouse as a dependent Standard **Deduction** Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 (4) Check if qualifies for (see instructions): (2) Social security (3) Relationship Dependents (see instructions): number to vou (1) First name Last name Child tax credit Credit for other dependents If more than four dependents. see instructions and check here > Wages, salaries, tips, etc. Attach Form(s) W-2 1 Attach 2a **b** Taxable interest 2b Sch. B if За Qualified dividends . . . 3a **b** Ordinary dividends 3b required. 4a IRA distributions . . 4a **b** Taxable amount 4b 10,737. 5a Pensions and annuities . 5a **b** Taxable amount 5b Standard 12,468. **b** Taxable amount Deduction for -6a Social security benefits 6a 6b Single or married Capital gain or (loss). Attach Schedule D if required. If not required, check here. 7 filing separately, \$12,550 Other income from Schedule 1, line 10 8 Married filing jointly or Qualifying

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Add lines 12a and 12b

Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your ${\bf total\ income}$.

Adjustments to income from Schedule 1, line 26

Subtract line 10 from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Qualified business income deduction from Form 8995 or Form 8995-A

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- .

Charitable contributions if you take the standard deduction (see instructions) · · · ·

Form 1040 (2021)

10,737.

10,737.

12,550.

12,550.

9

10

11

12c

13

14

15

12a

widow(er).

\$25,100

Head of household,

\$18,800

Standard Deduction,

 If you checked any box under

see instructions

10

11

12a

b

С

13

15

Form 1040 (202	21) C J	harles Mantione .	<u> 36⊥-</u> !	<u>56-90</u>	05 Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 .		16	0.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		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 21		23	
	24	Add lines 22 and 23. This is your total tax	•	24	0.
If you have a qualifying child,	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099	678.		
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	678.
	26	2021 estimated tax payments and amount applied from 2020 return		26	
		Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before			
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See Instructions			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28			
	29	American opportunity credit from Form 8863, line 8			
	30	Recovery rebate credit. See instructions			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27a and 28 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			678.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	678.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	. ▶ 🔲	35a	678.
Direct deposit?	▶b	Routing number XXXXXX ▶ c Type: ☐ Checking ☐ Savin			
See instructions.	▶d	Account number XXXXX			
	36	Amount of line 34 you want applied to your 2022 estimated tax			
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	•	37	0.
You Owe	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS?			
Designee	Se	e instructions	s. Comple	ete below.	No No
	De	signee's Phone Personal id	dentification	on	
	nai	me ▶ David W Collins no. ▶423-482-9737 number (P			
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be		owledge and	belief, they are true,
Here	со	prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle			
laint rature?	Yo	our signature Date Your occupation		ne IRS sent yo I, enter it here	u an Identity Protection
Joint return? See instructions.			(se	e inst.) ▶	
Keep a copy for your records.	Sp	pouse's signature. If a joint return, both must sign. Date Spouse's occupation		ne IRS sent yo otection PIN, e	ur spouse an Identity
,				e inst.)	nor it nore
		hone no. Email address			
Paid	Pr	reparer's name Preparer's signature Date	PTIN		Check if:
Preparer	Da	avid W Collins 05/17/2024	<u> 2030</u> :	13529	Self-employed
Use Only	Fi	rm's name ▶dcTax, LLC.	Phone	no. (42	3)482-9737
•	Fi	rm's address ▶9301 Ocoee St #64, Ooltewah, TN, 37363	Firm's	EIN ▶86	-3654940



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 05-17-2024
Response Date: 05-17-2024
Tracking Number: 105989182346

SSN Provided: 361-56-9005

Tax Period Requested: December, 2021

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 \$12,468.00 Pensions and Annuities (Total Benefits Paid): 0.00 Tax Withheld: 0.00 Repayments: 0.00 Workman's Compensation Offset: TY 2020 Payments: 0.00 0.00 TY 2019 Payments: 0.00 TY 2018 Payments: TY 2017 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 808 FRONT ST 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:	\$678.00					
Total Employee Contributions:	\$0.00					
Unrealized Appreciation:	\$0.00					
Other Income:	\$0.00					
Gross Distribution:	\$10,737.00					
Taxable Amount:	\$10,737.00					
Eligible Capital Gains:	\$0.00					
Amount to IRR:	\$0.00					
This Product Contains Sensitive Taxpayer Data						