

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 []

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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and final Taxable income calculation.

Table with 2 columns: Description and Amount. Rows include Tax (0), Federal income tax withheld (678), Total payments (678), and Amount you owe (0).

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions [X] Yes. Complete below. [] No

Designee's name David W Collins Phone no. 423-482-9737 Personal identification number (PIN) 11093

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.

Table for signatures and occupations. Columns: Signature, Date, Occupation. Includes fields for taxpayer and spouse.

Paid Preparer Use Only

Preparer information fields: Name (David W Collins), Signature, Date (05/17/2024), PTIN (P03013529), Firm name (dcTax, LLC), Firm 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: 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
Pensions and Annuities (Total Benefits Paid):	\$12,468.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2020 Payments:	0.00
TY 2019 Payments:	0.00
TY 2018 Payments:	0.00
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

Wage and Income Transcript

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

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