

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS 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
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. 1016 Cherry St		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Alcoa	State TN	ZIP code 37701	
Foreign country name	Foreign province/state/county	Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes 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, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Income	1a	1b
	1a Total amount from Form(s) W-2, box 1 (see instructions)		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Household employee wages not reported on Form(s) W-2		
	c Tip income not reported on line 1a (see instructions)		
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		
	e Taxable dependent care benefits from Form 2441, line 26		
	f Employer-provided adoption benefits from Form 8839, line 29		
	g Wages from Form 8919, line 6		
	h Other earned income (see instructions)		
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h		
Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest 12.
	3a Qualified dividends	3a	b Ordinary dividends 3b
	4a IRA distributions	4a	b Taxable amount 4b
Standard Deduction for - • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	5a Pensions and annuities	5a	b Taxable amount 5b 11,389.
	6a Social security benefits	6a 13,212.	b Taxable amount 6b
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>		7
	8 Other income from Schedule 1, line 10		8
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9 11,401.
	10 Adjustments to income from Schedule 1, line 26		10
	11 Subtract line 10 from line 9. This is your adjusted gross income		11 11,401.
	12 Standard deduction or itemized deductions (from Schedule A)		12 12,950.
	13 Qualified business income deduction from Form 8995 or Form 8995-A		13
	14 Add lines 12 and 13		14 12,950.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15 0.

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

Tax and Credits	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 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.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 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	0.	

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0.
	b	Routing number <u>XXXXXX</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>XXXXXX</u>		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	0.
	38	Estimated tax penalty (see instructions)	38	

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 **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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	David W Collins		05/23/2024	P03013529	
	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	



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 05-17-2024
Response Date: 05-17-2024
Tracking Number: 105989182372

SSN Provided: 361-56-9005
Tax Period Requested: December, 2022

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):	\$13,212.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2021 Payments:	0.00
TY 2020 Payments:	0.00
TY 2019 Payments:	0.00
TY 2018 Payments:	0.00
Trust Fund Indicator:	Retirement
SSA/RRB Payments:	Either RRB or SSA payments

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN): 620476738
ORNL FEDERAL CREDIT UNION
221 S. RUTGERS AVE
OAK RIDGE, TN 37830-0000

Recipient:

Recipient's Identification Number: 361-56-9005
MANTIONE CHARLES
1016 CHERRY ST
ALCOA, TN 37701-3017

Submission Type:	Original document
Account Number (Optional):	0006229700361569005
Interest:	\$12.00
Tax Withheld:	\$0.00

Wage and Income Transcript

Savings Bonds:	\$0.00
Investment Expense:	\$0.00
Interest Forfeiture:	\$0.00
Foreign Tax Paid:	\$0.00
Tax-Exempt Interest:	\$0.00
Specified Private Activity Bond Interest:	\$0.00
Market Discount:	\$0.00
Bond Premium:	\$0.00
Bond Premium on Tax Exempt Bond:	\$0.00
Bond Premium on Treasury Obligations:	\$0.00
Second Notice Indicator:	No Second Notice
Foreign Country or US Possession:	
CUSIP Number:	
FATCA Filing Requirement:	Box not checked no Filing Requirement

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:	\$703.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$11,389.00
Taxable Amount:	\$11,389.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data
