

Maryland Return

USERNAME

curlbudfreefile

Dear CHRISTOPHER,

Thank you for using FreeTaxUSA to file your taxes. We want to make sure your tax filing experience is easy, accurate, and fast. We look forward to helping you prepare your 2025 taxes.

RETURN STATUS

E-filed

Sign in to your FreeTaxUSA account to see if Maryland has accepted your tax return.

MD TAX DUE

\$1,462

You chose to pay \$1,462 by direct debit on 04/14/25. Make sure your payment goes through.



245020057

\$

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

577869675

Your Social Security Number

578729123

Spouse's Social Security Number

CHRISTOPHER

Your First Name

C

MI

CURL

Your Last Name

MARJORIE

Spouse's First Name

B

MI

CURL

Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit **ssa.gov**.

5311 BRILEY PL

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

BETHESDA

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

MD

State

20816

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2024 or last day of the taxable year for fiscal year taxpayers. **See Instruction 6. Part-year residents see Instruction 26.**

1600

4 Digit Political Subdivision Code (See Instruction 6)

MONTGOMERY

Maryland Political Subdivision (See Instruction 6)

5311 BRILEY PL

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

BETHESDA

City

MD

State

20816

ZIP Code + 4

MONTGOMERY

Maryland County

FILING
STATUSCHECK ONE
BOX ▶

See Instruction 1 if you are required to file.

1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☒ Married filing joint return or spouse had no income
3. ☐ Married filing separately, Spouse SSN ▶ _____
4. ☐ Head of household
5. ☐ Qualifying surviving spouse with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR
RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM _____ TO _____

Other state of residence: _____

If you began or ended legal residence in Maryland in 2024 place a **P** in the box. ▶ ☐

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. ▶ ☐

Enter **Military Income** amount here: _____



245020157

Name CHRISTOPHER CURL SSN 577869675**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. ☒ Yourself ☒ Spouse Enter number checked See Instruction 10 A. \$ 1600 00

B. ☐ 65 or over ☒ 65 or over

☐ Blind ☐ Blind Enter number checked X \$1,000 B. \$ 1000 00

C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ _____ 00

D. Enter Total Exemptions (Add A, B and C.) Total Amount. D. \$ 2600 00

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here ☐ If you do not have health care coverage DOB (mm/dd/yyyy)

Check here ☐ If your spouse does not have health care coverage DOB (mm/dd/yyyy)

Check here ☐ I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return 1. 178449 00

1a. Wages, salaries and/or tips 1a. 167594 00

1b. Earned income 1b. _____ 00

1c. Capital Gain or (loss) 1c. _____ 00

1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) 1d. _____ 00

1e. Place a "Y" in this box if the amount of your investment income is more than \$11,600 . ☐

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2. _____ 00

3. State retirement pickup. 3. _____ 00

4. Lump sum distributions (from worksheet in Instruction 12.) 4. _____ 00

5. Other additions (Enter code letter(s) from Instruction 12.) 5. _____ 00

6. Total additions (Add lines 2 through 5. See instructions.) 6. _____ 00

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7. 178449 00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8. _____ 00

9. Child and dependent care expenses 9. _____ 00

10a. Pension exclusion from worksheet (13A) Yourself ☐ Spouse ☐ 10a. _____ 00

10b. Ranger pension exclusion from worksheet (13E) Yourself ☐ Spouse ☐ 10b. _____ 00

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 11. 10771 00

12. Income received during period of nonresidence (See Instruction 26.) 12. _____ 00

13. Subtractions from attached Form 502SU 13. _____ 00

14. Two-income subtraction from worksheet in Instruction 13. 14. _____ 00

15. Total subtractions (Add lines 8 through 14. See instructions.) 15. 10771 00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) 16. 167678 00

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.

☒ **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

☐ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) . 17a. _____ 00

17b. State and local income taxes (See Instruction 14.) 17b. _____ 00

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m). 17. 5450 00

18. Net income (Subtract line 17 from line 16.) 18. 162228 00

19. Exemption amount from Exemptions area (See Instruction 10.) 19. 2600 00

20. Taxable net income (Subtract line 19 from line 18.) 20. 159628 00



245020257

Name CHRISTOPHER CURL

SSN 577869675

MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	7554	00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)	21a.		00
	22. Earned income credit (EIC) (See Instruction 18.)	22.		00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.			
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.			
	23. Poverty level credit (See Instruction 18.)	23.		00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.)	24.		00
	25. Business tax credits.	You must file this form electronically to claim business tax credits on Form 500CR.		
26. Total credits (Add lines 22 through 25.)	26.		00	
27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.		7554	00	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 320 or use the Local Tax Worksheet	28.	5108	00
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	29.		00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	30.		00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	31.		00
	32. Total credits (Add lines 29 through 31.)	32.		00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.	5108	00
	34. Total Maryland and local tax (Add lines 27 and 33.)	34.	12662	00
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund	35.		00
	36. Contribution to Developmental Disabilities Services and Support Fund	36.		00
	37. Contribution to Maryland Cancer Fund.	37.		00
	38. Contribution to Fair Campaign Financing Fund	38.		00
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	39.	12662	00
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)	40.	11200	00
	41. 2024 estimated tax payments, amount applied from 2023 return, payment made with an extension request, and Form MW506NRS	41.		
	42. Refundable earned income credit (from worksheet in Instruction 21)	42.		
	43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)	43.		
	44. Total payments and credits (Add lines 40 through 43.)	44.	11200	00
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	45.	1462	00
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	46.		
	47. Amount of overpayment TO BE APPLIED TO 2025 ESTIMATED TAX.	47.		
REFUND	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51	REFUND 48.		
	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, or for late filing or homebuyer withdrawal penalty	49.		
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.	50.	1462	00



Name CHRISTOPHER CURL SSN 577869675

DIRECT DEPOSIT OF REFUND (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **To split your Direct Deposit**, use Form 588.

► ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

► ☐ Check here if this refund will go to an account outside of the United States.

51a. Type of account: ► ☐ Checking ☐ Savings **51b.** Routing Number (9-digits) ► _____

51c. Account Number ► _____

51d. Name(s) as it appears on the bank account _____

► 2402776026 _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here ☐ if you authorize your preparer to discuss this return with us. Check here ► ☐ if you authorize your paid preparer not to file electronically. Check here ► ☐ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date

Printed name of the Preparer / or Firm's name

SELF PREPARED
Signature of preparer other than taxpayer **(Required by Law)**

Spouse's signature Date

Street address of preparer or Firm's address

City, State, ZIP Code + 4

Telephone number of preparer Preparer's PTIN **(Required by Law)**

For returns filed without payments, mail your completed return to:

**Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001**

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. If filing individually, you must include the taxpayer's Social Security number (SSN)/Individual Taxpayer Identification number (ITIN) on the check or money order. If filing jointly, you must include the Social Security number/ITIN of the primary taxpayer, tax year, and tax type on the check or money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check or money order on TOP of Form 502 and mail to:

**Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888**

To make an online payment, scan the QR code below and follow instructions, or go to **marylandtaxes.gov** and click on Pay.





24502R057

The Maryland General Assembly enacted House Bill 1148 in the 2016 Session requiring the collection of information detailing the amount of retirement income reported by an individual and/or their spouse by source.

Part 1

CHRISTOPHER C CURL 577869675
Your First Name MI Your Last Name Your Social Security Number

MARJORIE B CURL 578729123
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

Part 2

Your Age 64 Spouse's Age 67

Part 3

Are you or your spouse totally and permanently disabled? (Check if **Yes**): ☐ You ☐ Spouse

Part 4 Retirement and Pension Benefits: Determine your source of retirement income and input the required information in the appropriate areas below.

Source description:	Amount included in Federal Adjusted Gross Income	
	You	Spouse
1. Retirement income received as a pension, annuity or endowment from an "employee retirement system" qualified under Sections 401(a), 403 or 457(b) of the Internal Revenue Code. Disability retirement pension or annuity included on line 1z of federal form 1040. (Do not include a traditional, Roth, or SIMPLE individual retirement account or annuity (IRA), a rollover IRA, a simplified employee plan (SEP), a Keogh plan, an ineligible deferred compensation plan or foreign retirement income.) 1a.	00	1b. 00
2. An IRA under Section 408 (excluding Section 408(k)) of the Internal Revenue Code. Examples include a SIMPLE IRA under Section 408(p) of the Internal Revenue Code and a traditional IRA 2a.	00	2b. 00
3. An IRA consisting entirely of contributions rolled over from a <i>defined benefit plan</i> 3a.	00	3b. 00
4. A simplified employee pension (SEP) under Section 408(k) of the Internal Revenue Code. . 4a.	00	4b. 00
5. A Roth IRA under Section 408A of the Internal Revenue Code. 5a.	00	5b. 00
6. An ineligible deferred compensation plan under Section 457(f) of the Internal Revenue Code 6a.	00	6b. 00
7. Other retirement income (for example, a Keogh Plan, also known as an HR-10), including foreign retirement income. 7a.	00	7b. 00
8. Total: Add the amounts in the above columns and enter here. (This line should reflect the total amount of pension, disability pension, IRA and annuities included in income on lines 1z, 4b, and 5b of your federal Form 1040, and line 8t of your federal Schedule 1) 8.	00	00

Part 5	You	Spouse
9. Total benefits you received from Social Security and/or Railroad Retirement, Tier I and Tier II (See Instructions for Part 5) 9a.	00	9b. 12672 00
10. Amount of military retirement (from code letter u on Form 502SU) and public safety retirement (from code letter v on Form 502SU) income subtracted on Maryland Form 502. 10a.	00	10b. 00

Part 6 If you claimed a Pension Exclusion on line 10a of Maryland Form 502, complete Part 6 using information from Worksheet 13A of the Maryland Resident Income Tax Return Instructions.

11. Pension Exclusion (from line 5 of Worksheet 13A) 11a.	00	11b. 00
---	----	---------

Part 7 If you claimed the Retired Forest/Park/Wildlife Ranger (from line 10b on Form 502), complete Part 7 using information from Worksheet 13E of the Maryland Resident Income Tax Return Instructions.

12. Retired Forest/Park/Wildlife Ranger pension exclusion (from line 8 of Worksheet 13E) . . 12a.	00	12b. 00
---	----	---------