

## Federal 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 the IRS has accepted your tax return.

**FEDERAL REFUND**

\$99

You chose to have your refund deposited into your bank account. The IRS says most refunds will be processed in less than 21 days. In our experience, most people receive their refunds in 7 to 14 days.

You can check the status of your refund by visiting:  
[www.irs.gov/refund](http://www.irs.gov/refund)

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20 \_\_\_\_\_

See separate instructions.

Your first name and middle initial <b>CHRISTOPHER C</b>		Last name <b>CURL</b>		Your social security number <b>577   86   9675</b>	
If joint return, spouse's first name and middle initial <b>MARJORIE B</b>		Last name <b>CURL</b>		Spouse's social security number <b>578   72   9123</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>5311 BRILEY PL</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>BETHESDA</b>			State <b>MD</b>		ZIP code <b>20816</b>
Foreign country name		Foreign province/state/county		Foreign postal code	
<div><input type="checkbox"/> You <input type="checkbox"/> Spouse</div>					

**Filing Status**

☐ Single ☒ Married filing jointly (even if only one had income) ☐ 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:  
  
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

**Digital Assets**

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1960 ☐ Are blind  
**Spouse:** ☒ Was born before January 2, 1960 ☐ 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"/>

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  
If you did not get a Form W-2, see instructions.

**1a** Total amount from Form(s) W-2, box 1 (see instructions) . . . . .**1a** 167,594.

**b** Household employee wages not reported on Form(s) W-2 . . . . .**1b**

**c** Tip income not reported on line 1a (see instructions) . . . . .**1c**

**d** Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**

**e** Taxable dependent care benefits from Form 2441, line 26 . . . . .**1e**

**f** Employer-provided adoption benefits from Form 8839, line 29 . . . . .**1f**

**g** Wages from Form 8919, line 6 . . . . .**1g**

**h** Other earned income (see instructions) . . . . .**1h**

**i** Nontaxable combat pay election (see instructions) . **1i**

**z** Add lines 1a through 1h . . . . .**1z** 167,594.

**2a** Tax-exempt interest . **2a**

**3a** Qualified dividends . . **3a**

**4a** IRA distributions . . . **4a**

**5a** Pensions and annuities **5a**

**6a** Social security benefits . **6a** 12,672.

**c** If you elect to use the lump-sum election method, check here (see instructions) . . . . . ☐

**b** Taxable interest . . **2b** 84.

**b** Ordinary dividends . **3b**

**b** Taxable amount . . **4b**

**b** Taxable amount . . **5b**

**b** Taxable amount . . **6b** 10,771.

<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	0.
<b>8</b>	Additional income from Schedule 1, line 10 . . . . .	<b>8</b>	
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . .	<b>9</b>	178,449.
<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	0.
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . .	<b>11</b>	178,449.
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . .	<b>12</b>	30,750.
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A .	<b>13</b>	
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	30,750.
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	147,699.
<b>Tax and Credits</b>	<b>16</b> <b>Tax</b> (see instructions). Check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form(s) 4972 <b>3</b> <input type="checkbox"/> _____ . . . . .	<b>16</b>	22,600.
	<b>17</b> Amount from Schedule 2, line 3 . . . . .	<b>17</b>	0.
	<b>18</b> Add lines 16 and 17 . . . . .	<b>18</b>	22,600.
	<b>19</b> Child tax credit or credit for other dependents from Schedule 8812 . .	<b>19</b>	
	<b>20</b> Amount from Schedule 3, line 8 . . . . .	<b>20</b>	
	<b>21</b> Add lines 19 and 20 . . . . .	<b>21</b>	0.
	<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	22,600.
	<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21 . .	<b>23</b>	
	<b>24</b> Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	22,600.
<b>Payments</b>	<b>25</b> Federal income tax withheld from: <b>a</b> Form(s) W-2 . . . . . <b>25a</b> 22,699. <b>b</b> Form(s) 1099 . . . . . <b>25b</b> <b>c</b> Other forms (see instructions) . . . . . <b>25c</b> <b>d</b> Add lines 25a through 25c . . . . . <b>25d</b> 22,699.		
	<b>26</b> 2024 estimated tax payments and amount applied from 2023 return . .	<b>26</b>	
	<b>27</b> Earned income credit (EIC) . . . . . <b>27</b>		
	<b>28</b> Additional child tax credit from Schedule 8812 . . . . . <b>28</b>		
	<b>29</b> American opportunity credit from Form 8863, line 8 . . . . . <b>29</b>		
	<b>30</b> Reserved for future use . . . . . <b>30</b>		
	<b>31</b> Amount from Schedule 3, line 15 . . . . . <b>31</b>		
	<b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . <b>32</b>		
	<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . <b>33</b>		22,699.

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.Form **1040-SR** (2024)**Standard Deduction**See *Standard Deduction Chart* on the last page of this form.

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

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	99 .
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>35a</b>	99 .
	<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b> . . . . .	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	<b>37</b>	0 .
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	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, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 240-277-6026	Email address		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Firm's EIN			
	Firm's address				

Go to *www.irs.gov/Form1040SR* for instructions and the latest information.Form **1040-SR** (2024)

**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**2024**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.

CHRISTOPHER C CURL

577-86-9675

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2
3	If you were under age 55 at the end of 2024 and, on the first day of <b>every</b> month during 2024, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$4,150 (\$8,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 8,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs . . . . .	4
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 8,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter . . . . .	6 8,300.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions . . . . .	7 1,000.
8	Add lines 6 and 7 . . . . .	8 9,300.
9	Employer contributions made to your HSAs for 2024 . . . . .	9 2,400.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 2,400.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 6,900.
13	<b>HSA deduction</b> (see instructions). . . . .	13

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions) . . . . .	14a 1,754.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c 1,754.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15 1,754.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37621P

Form **8889** (2024)