

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning , ending , See separate instructions.

Your first name and middle initial PHILIP D.	Last name MURPHY	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial TAMMY J.	Last name SNYDER MURPHY	Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
P.O. BOX 73 BOWLING GREEN STN

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
NEW YORK NY 10274-0073

Foreign country name	Foreign province/state/county	Foreign postal code
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☒ You ☒ Spouse

Filing Status ☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ 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

Digital Assets At any time during 2023, 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, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ 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 instr.): Child tax credit Credit for other dependents
CHARLES D MURPHY	[REDACTED]	SON	☐ ☒
SAMUEL S MURPHY	[REDACTED]	SON	☐ ☒

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	STMT 1	1a	158,179.
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	158,179.

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.

2a Tax-exempt interest	2a	283,215.	b Taxable interest	2b	113,364.
3a Qualified dividends	3a	313,696.	b Ordinary dividends	3b	486,844.
4a IRA distributions	4a	8,507.	b Taxable amount	4b	0.
5a Pensions and annuities	5a		b Taxable amount	5b	
6a Social security benefits	6a		b Taxable amount	6b	
c If you elect to use the lump-sum election method, check here (see instructions)					
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	885,920.	
8 Additional income from Schedule 1, line 10			8	-228,381.	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	1,415,926.	
10 Adjustments to income from Schedule 1, line 26			10		
11 Subtract line 10 from line 9. This is your adjusted gross income			11	1,415,926.	
12 Standard deduction or itemized deductions (from Schedule A)			12	29,200.	
13 Qualified business income deduction from Form 8995 or Form 8995-A			13	2,378.	
14 Add lines 12 and 13			14	31,578.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	1,384,348.	

Standard Deduction for -

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	252,724.
	17	Amount from Schedule 2, line 3	17	6,319.
	18	Add lines 16 and 17	18	259,043.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	6,767.
	21	Add lines 19 and 20	21	6,767.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	252,276.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	209,117.
24	Add lines 22 and 23. This is your total tax	24	461,393.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 6	25a	29,328.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	29,328.
	26	2023 estimated tax payments and amount applied from 2022 return STATEMENT 7	26	458,093.
	27	Earned income credit (EIC)	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	335,000.	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	335,000.	
33	Add lines 25d, 26, and 32. These are your total payments	33	822,421.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	361,028.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	361,028.	

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	
	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	Phone no.	Personal identification number (PIN)
	CHAD THOMPSON	[REDACTED]	[REDACTED]
	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.		
Sign Here	Your signature	Date	Your occupation
			GOVERNOR
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			HOMEMAKER
Phone no.		Email address	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check it: ☐ Self-employed
	CHAD THOMPSON	<i>Chad Thompson</i>	09/23/24	[REDACTED]	

Firm's name	RSM US LLP	Phone no.	[REDACTED]
Firm's address	30 SOUTH WACKER DR, SUITE 3300 CHICAGO, IL 60606-3392	Firm's EIN	[REDACTED]

Go to www.irs.gov/Form1040 for instructions and the latest information.