

Filing Status 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 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. P.O. BOX 73 BOWLING GREEN STN		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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. NEW YORK		
State NY	ZIP code 10274-0073	
Foreign country name	Foreign province/state/country	Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent

Deduction 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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
EMMANUELLE MURPHY		[REDACTED]	DAUGHTER		<input checked="" type="checkbox"/>
CHARLES D MURPHY		[REDACTED]	SON		<input checked="" type="checkbox"/>
SAMUEL S MURPHY		[REDACTED]	SON		<input checked="" type="checkbox"/>

Attach Sch. B if required.		STMT 1			
1 Wages, salaries, tips, etc. Attach Form(s) W-2		1		156,596.	
2a Tax-exempt interest	2a 341,759.	2b Taxable interest	2b	123,742.	
3a Qualified dividends	3a 373,274.	3b Ordinary dividends	3b	531,338.	
4a IRA distributions	4a 8,966.	4b Taxable amount	4b	0.	
5a Pensions and annuities	5a	5b Taxable amount	5b		
6a Social security benefits	6a	6b Taxable amount	6b		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7		4,290,501.	
8 Other income from Schedule 1, line 10		8		-128,181.	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9		4,973,996.	
10 Adjustments to income from Schedule 1, line 26		10			
11 Subtract line 10 from line 9. This is your adjusted gross income		11		4,973,996.	
12a Standard deduction or itemized deductions (from Schedule A)	12a 25,150.	12b			
b Charitable contributions if you take the standard deduction (see instr.)	12b				
c Add lines 12a and 12b		12c		25,150.	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13		1,455.	
14 Add lines 12c and 13		14		26,605.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15		4,947,391.	

STMT 5	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	1,035,625.
	17	Amount from Schedule 2, line 3	17	5,417.
	18	Add lines 16 and 17	18	1,041,042.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	47,823.
	21	Add lines 19 and 20	21	47,823.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	993,219.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	346,119.
	24	Add lines 22 and 23. This is your total tax	24	1,339,338.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 6	25a	30,254.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	30,254.
	26	2021 estimated tax payments and amount applied from 2020 return STATEMENT 7	26	405,847.
If you have a qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instr. <input type="checkbox"/>	27a	
	b	Nontaxable combat pay election 27b		
	c	Prior year (2019) earned income 27c		
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Recovery rebate credit. See instructions	30	
	31	Amount from Schedule 3, line 15	31	1,225,000.
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,225,000.
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,661,101.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	321,763.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2022 estimated tax	36	321,763.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, 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 **RICHARD SGALARDI** Phone no. [redacted] Personal identification number (PIN) [redacted]

Sign Here

Your signature: [redacted] Date: [redacted] Your occupation: **GOVERNOR**

Spouse's signature: [redacted] Date: [redacted] Spouse's occupation: **HOMEMAKER**

Phone no. [redacted] Email address [redacted]

Paid Preparer Use Only

Preparer's name: **RICHARD SGALARDI** Preparer's signature: *Richard T. Sgalardi* Date: **10/11/22** PTIN: [redacted] Check it: Self-employed

Firm's name: **RSM US LLP** Phone no. [redacted]

Firm's address: **151 WEST 42ND STREET, 19TH FLOOR NEW YORK, NY 10036** Firm's EIN: [redacted]