

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  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)

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SAMUEL S	MURPHY	[REDACTED]	SON	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Income**

1a	Total amount from Form(s) W-2, box 1 (see instructions)	STMT 1	1a	158,179.
1b	Household employee wages not reported on Form(s) W-2		1b	
1c	Tip income not reported on line 1a (see instructions)		1c	
1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
1e	Taxable dependent care benefits from Form 2441, line 26		1e	
1f	Employer-provided adoption benefits from Form 8839, line 29		1f	
1g	Wages from Form 8919, line 6		1g	
1h	Other earned income (see instructions)		1h	
1i	Nontaxable combat pay election (see instructions)		1i	
1z	Add lines 1a through 1h		1z	158,179.

**Attach Sch. B if required.**

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	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7		7	885,920.
8	Additional income from Schedule 1, line 10			8		8	-228,381.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>			9		9	1,415,926.
10	Adjustments to income from Schedule 1, line 26			10		10	
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>			11		11	1,415,926.
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)			12		12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13		13	2,378.
14	Add lines 12 and 13			14		14	31,578.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>			15		15	1,384,348.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	<b>252,724.</b>
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	<b>6,319.</b>
	<b>18</b>	Add lines 16 and 17	<b>18</b>	<b>259,043.</b>
	<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>6,767.</b>
	<b>21</b>	Add lines 19 and 20	<b>21</b>	<b>6,767.</b>
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	<b>252,276.</b>
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	<b>209,117.</b>
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	<b>461,393.</b>

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2 <b>SEE STATEMENT 6</b>	<b>25a</b>	<b>29,328.</b>
	<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>	<b>29,328.</b>
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return <b>STATEMENT 7</b>	<b>26</b>	<b>458,093.</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>335,000.</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>335,000.</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	<b>822,421.</b>	

<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>	<b>361,028.</b>
	<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>	
	<b>b</b>	Routing number <input type="text"/> <b>c Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <input type="text"/>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	<b>361,028.</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 <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 **CHAD THOMPSON** Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]

**Sign Here**

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **GOVERNOR**

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 **HOMEMAKER**

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 **CHAD THOMPSON** Preparer's signature *Chad Thompson* Date **09/23/24** PTIN [REDACTED]

Check it:  Self-employed

Firm's name **RSM US LLP** Firm's EIN [REDACTED]

Firm's address **30 SOUTH WACKER DR, SUITE 3300 CHICAGO, IL 60606-3392**