

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning 2017, ending , 20 See separate instructions.

Your first name and initial PHILIP D Last name MURPHY Your social security number [REDACTED]

If a joint return, spouse's first name and 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 STA Apt. no. [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). NEW YORK NY 10274-0073 Presidential Election Campaign

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

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here.
 Check only one box. 3 Married filing separately. Enter spouse's SSN above and full name here.
 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } Boxes checked on 6a and 6b 2
 b Spouse } No. of children on 6c who:
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
 EMMANUELLE MURPHY [REDACTED] DAUGHTER
 CHARLES D MURPHY [REDACTED] SON
 SAMUEL S MURPHY [REDACTED] SON
 If more than four dependents, see instructions and check here Dependents on 6c not entered above
 d Total number of exemptions claimed Add numbers on lines above 5

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
 8a Taxable interest. Attach Schedule B if required 8a 142,314.
 b Tax-exempt interest. Do not include on line 8a . . . STMT. 1. 8b 663,306.
 9a Ordinary dividends. Attach Schedule B if required 9a 1,007,521.
 b Qualified dividends STMT. 2. 9b 358,535.
 10 Taxable refunds, credits, or offsets of state and local income taxes STMT. 4. 10 NONE
 11 Alimony received. 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 5,805,114.
 14 Other gains or (losses). Attach Form 4797. 14 49,078.
 15a IRA distributions 15a b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b NONE
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -233,872.
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount SEE STATEMENT 2 21 23,495.
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 6,793,650.

Adjusted Gross Income 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917. 34
 35 Domestic production activities deduction. Attach Form 8903. 35 322.
 36 Add lines 23 through 35 36 322.
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 6,793,328.

Table with 3 columns: Line number, Description, and Amount. Includes sections for Tax and Credits (lines 38-56), Other Taxes (lines 57-63), Payments (lines 64-74), and Refund (lines 75-77).

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No

Third Party Designee: Designee's name WILLIAM RABETZ, Phone no. 212-440-0800, Personal identification number (PIN) 12345

Sign Here: 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 accurately list all amounts and sources of income I received during the tax year.

Print/Type preparer's name WILLIAM RABETZ, Preparer's signature William Rabetz, Date 09/28/2018, Firm's name ERNST & YOUNG U.S. LLP, Firm's address 77 WATER STREET, 9TH FL NEW YORK, NY 10005