E 104	U	J.S. Individual Incom	e Tax Return	ZU	00	AB No. 1545-0074	IRS Use Only - D	o not write	or staple in this sp	ace .	
		2017, or other tax year beginning				17, ending	. 20		See separate		
Your first name a	and initi	al	l ast name	The state of the s			, 60		Your social secu		ns.
DONALD J.			TRUMP								
If a joint return, s	spouse's	s first name and initial	Last name	//	70000				Spouse's social	security num	ber
MELANIA			TRUMP								
Home address (n	umber	and street). If you have a P.O.	oox, see instructions	S.			Ap	t. no.	▲ Make sure th	e SSN(e) ab	01/0
			-		green.				and on line 6	c are correct	t.
		e, and ZIP code. If you have a foreign	address, also complete	e spaces below.					Presidential Elec		
NEW YORK, N		022							Check here if you if filing jointly, wa this fund, Checki	ant \$3 to go t	0
Foreign country r	name		Foreign p	rovince/state	county		Foreign pos	tal code	will not change y	our tax or ref	und.
-		Civil							X You	X Spor	use
Filing Status	$s \frac{1}{2}$	Single  X Married filing jointly (ex		pagina productiva sistema ()					ing person). If t	he qualifyir	ng
X	3							ot your de	ependent, enter	this child's	
Check only one box.	o	Married filing separatel		SN above			ere. >				
	6a	and full name here.					ng widow(er) (s		7 2		
Exemptions	774025	V 0			not check be	ox 6a			Boxes che on 6a and		2
		Dependents:	······································	MANAGEMENT IN		(3) De	pendent's	(4)√ii (	No. of child		
:	ŭ	(1) First name	Last name	(2) Dependence security		relati	onship to	under ag qualifying	e 17 lived wi	tii you	1
	35 33	· · · · · · · · · · · · · · · · · · ·				SON	you	fax cre	did not I you due to or separati	divorce	
If more than four		·				- BOIN			(see instru		
dependents, see instructions and _									Dependent	s on 6c	
check here							TOTAL THE STATE OF		not entered	-	
	d	Total number of exemptions	claimed						Add numb on lines above	ers .	3
Income	7	Wages, salaries, tips, etc. At	tach Form(s) W-2				STMT 8	7	above -	373,62	
	8a	Taxable interest. Attach Sch	edule B if required					8a	6	,758,49	
Attach Form(s)	b	rax-exempt interest. Do not	include on line 8a			8b	43	5.	50	1 1	<u>.</u>
W-2 here. Also	9a	Ordinary dividends. Attach S	chedule B if require	d				9a	87	21,98	4.
attach Forms	b	Quantied dividends				9b	14,30		STMT 7		
W-2G and 1099-R if tax	10	Taxable refunds, credits, or o	offsets of state and I	local income t	axes	STMT 4	STMT 5	. 10		1	0.
was withheld.	11	Alimony received						. 11			
	12	Business income or (loss). A	Attach Schedule C or	C-EZ				12	1	433,030	0.
If you did not	13	Capital gain or (loss). Attach	Schedule D if requir	red. If not rec	uired, check	here		13	7,	528,298	8.
get a W-2,	14	Other gains or (losses). Attac	ch Form 4797					. 14	. ,	33,740	ο.
see instructions.	15a	IRA distributions	15a			<b>b</b> Taxable amou	nt	15b			N 107500
	16a	Pensions and annuities	16a			<b>b</b> Taxable amou	nt	16b		84,351	
	17	Rental real estate, royalties, p	partnerships, S corp	orations, trus	ts, etc. Attac	h Schedule E		17	-16,	746,815	5.
	18 19	Farm income or (loss). Attack Unemployment compensation	n Schedule F					. 18			
	20a	Casial assessment of									
	21	Other income. List type and a		STATEMENT	1	<b>b</b> Taxable amou	nt		10	200	_
	22	Combine the amounts in the				Nous tatal:		21		306,111	
,	23	Educator expenses	rigitt Goldmin (U)	mios i uliuu	JII 2 1. 11115 15	23	me	22	-12,	819,400	-
Adjusted	24	Educator expenses Certain business expenses of resei officials. Attach Form 2106 or 2106	rvists, performing artists -EZ	s, and fee-basis	government	24					
Gross	25	Health savings account deduc		8889		25					
ncome	26	Moving expenses. Attach For				26		ALKSON.			
	27	Deductible part of self-employ		chedule SE		27	97,54	В.			
*	28	Self-employed SEP, SIMPLE,	and qualified plans	,		28					
	29	Self-employed health insuran	ce deduction			29	-			¥	
	30	Penalty on early withdrawal o	f savings			30					
	31a	Alimony paid <b>b</b> Recipient's	SSN >	ii		31a		1000			
	32	IRA deduction				32				8	
	33	Student loan interest deduction	on			33		148			
	34	Tuition and fees. Attach Form	8917			34		197-11 202-11			
	35	Domestic production activities	s deduction. Attach I	Form 8903		35	Windows and	STEEL STEEL			
	36	Add lines 23 through 35	***************************************					36		97,548	
10001 02-22-18	37	Subtract line 36 from line 22	This is your adjusts	od aroso inco	m o			07	1.0	016 010	-

Page 2

#### SCHEDULE A (Form 1040)

Name(s) shown on Form 1040

(99)

## **Itemized Deductions**

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

Attach to Form 1040. Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28

OMB No. 1545-0074

DONALD J. & MELANIA TRUMP Medical Caution: Do not include expenses reimbursed or paid by others. and Medical and dental expenses (see instructions) 1 Dental Expenses Multiply line 2 by 7.5% (0.075) 3 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 Taxes You State and local (check only one box): Paid a X Income taxes, or SEE STATEMENT 15 4,332,489. 5 General sales taxes Real estate taxes (see instructions) SEE STATEMENT 18 911,201 6 Personal property taxes ..... 7 Other taxes. List type and amount Add lines 5 through 8 .. 5,243,690. 9 Interest Home mortgage interest and points reported to you on Form 1098 10 You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address Note: Your mortgage 11 12 Points not reported to you on Form 1098. See instructions for special rules interest 12 deduction may 13 Mortgage insurance premiums (see instructions) 13 be limited (see Investment interest. Attach Form 4952 if required. See instructions STMT 17 14 881,759. instructions). 15 Add lines 10 through 14. 15 881,759. Gifts to Gifts by cash or check. If you made any gift of \$250 or more, see instructions ..... 1,860,963. 16 Charity Other than by cash or check. If any gift of \$250 or more, see instructions. STMT 16 You must attach Form 8283 if over \$500 If you made a gift and got a benefit for it, 17 Carryover from prior year see instructions. 19 Add lines 16 through 18 19 0. Casualty and Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and Theft Losses enter the amount from line 18 of that form. See instructions 20 Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. See instructions. Miscellaneous Deductions 21 Tax preparation fees 22 Other expenses - investment, safe deposit box, etc. List type and amount 4,096,981 Add lines 21 through 23 24 4,096,981 24 25 Multiply line 25 by 2% (0.02) 0 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 4,096,981. Other Other - from list in instructions. List type and amount Miscellaneous SEE STATEMENT 14 **Deductions** 28 15,491. Is Form 1040, line 38, over \$156,900? X No. Your deduction is not limited. Add the amounts in the far right column Total for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 10,237,921. 29 Itemized Yes. Your deduction may be limited. See the Itemized Deductions **Deductions** Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction,

Schedule A - Charitable Contributions Worksheet Page 1

NAME

DONALD J. & MELANIA TRUMP

					50% of AGI		O. AGI Total	-12,916,94 Total
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Contributions Allowed	Contributions Carryover
006 Co	ntributions							
	owed							
	L Abs. CRP							
	RP C/O							
1011								
007	ntributions							
	owed							
The second of the second	DL Abs. CRP							
	RP C/O					The state of the s	110	
lon	1 0/0							
വളിറ	ontributions							
	lowed							
9.57	DL Abs, CRP							
Uh	RP C/0							
2000	ontributions							
	lowed	The same and the s		Annual Communication (Communication Communication Communic				
	DL Abs. CRP							
CH	RP C/0	VIII.						
	ontributions							
	lowed							
	DL Abs. CRP							
CF	RP C/0							
- 1	ontributions							
	lowed							1
	OL Abs. CRP							
CF	RP C/O							
								1
	ontributions						1	
	llowed							1
Less: N	OL Absorb.					<u> </u>	•	
Less: No	OL Abs. CRP						1	
	arryover						+	
CI	RP C/0							
			p#1			100		
<b>2013</b> C	ontributions						1	
	llowed							-
	IOL Absorb.						4	
10.00	OL Abs. CRP	175					-	
	arryover						-	
	RP C/0	and the same of th						

Schedule A - Charitable Contributions Worksheet Page 2

NAME

DONALD J. & MELANIA TRUMP

	14				50% of AGI		O. AGI	-12,916,948
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2014	Contributions						Allowed	Gurryover
Less:	Allowed			The second secon				
Less:	NOL Absorb.			The state of the s				
Less:	NOL Abs. CRP			The same and the s				
	Carryover							
	CRP C/O							
2015	Contributions							
	Allowed							'
	NOL Absorb.						***************************************	1
	NOL Abs. CRP							
	Carryover							
	CRP C/O							
2016	Contributions							
	Allowed			The state of the s				
	NOL Absorb.						"Samuel Control of the Control of th	
	NOL Abs. CRP							
	Carryover							
	CRP C/O							
2017	Contributions		1,358,563.	502,400.				
	Allowed	***************************************	0.	0.	0.	0.		
			1,358,563.	502,400.				
Less:	NOL Absorb. NOL Abs. CRP and Disaster			•				
	Carryover							
1	CRP C/0							
- 1	Disaster C/O							

	edule A Charitable Contributions Limitation	_
NAM	E DONALD J. & MELANIA TRUMP	_
50%	Contributions 0.	
	50% of AGI	
2.	Contributions qualifying for 50% limit	
3.	Allowable 50% contributions –	0,
30%	Contributions	
4.	Remaining 50% limit (Line 1 - Line 3)	
	Less capital gain property - special 30% limits	
	Balance of 50% of AGI	
	30% of AGI	
	Contributions qualifying for 30% limit 502,400.	
9.	Allowable 30% contributions (lesser of Line 6, 7 or 8)	0.
000/	Curacial Contributions	
	Special Contributions	
10.	30% of AGI	
	Contributions qualifying for 30% special limit	
12.	Remaining 50% limit (line 1 less lines 3 and 9)	
13.	Allowable 30% special contribution (lesser of Line 10, 11 or 12)	0.
000/	Q.,, billiustiana	
	Contributions	
	20% of AGI	
	30% of AGI	
16.	Allowed 30% regular contributions	
47	Line 15 less line 16	
18.	Allowed 30% special contributions	
10	Line 15 less line 18	*
	Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)	
21.	Contributions subject to the 20% limitation	
22.	Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)	0.
50%	and 100% Conservation Real Property Contributions	
20/0	Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)	
24	Conservation real property contribution subject to 50% limit	
24.	Conservation real property contribution easy, each conservation real property contribution and contribution real property contribution and contribution real property contribution rea	25%
25.	Allowable 50% conservation real property contribution (lesser of Line 23 or 24)	0.
26	Remaining 100% of AGI	
	Conservation real property contribution subject to 100% limit	
28.	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	0.
	alified Disaster Contributions	
	Remaining 100% of AGI	
30.	Qualified disaster contributions subject to 100% limit	
31.	Allowable qualified disaster contributions (lesser of Line 29 or 30)	0.
30	Total 2017 contributions allowed on Schedule A	
33.	Total prior year carryovers allowed on Schedule A	
34.	Total charitable contributions to Schedule A, Line 19	
7220	121 01-23-18	

#### SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

## **Interest and Ordinary Dividends**

Attach to Form 1040A or 1040.

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

2017 Attachment Sequence No. 08

Your social security number

#### DONALD J. & MELANIA TRUMP Part I 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the Amount property as a personal residence, see the instructions and list this interest first. Also, show that Interest buyer's social security number and address SEE STATEMENT 19 6,758,494. Note: If you received a Form 1099-INT. Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that 2 Add the amounts on line 1 2 6.758.494. form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 6,758,494. 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer JP MORGAN CHASE 941. Ordinary DEUTSCHE BANK TRUST CO 7,000. **Dividends** STIFEL, NICOLAUS & COMPANY 241. FROM K-1 - TIPPERARY REALTY CORP 1. FROM K-1 - DONALD J TRUMP ELIZABETH TRUST 3,600. FROM K-1 - DONALD J TRUMP 'FRED' TRUST 4.004. FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD 5,519. FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO 671. Note: If you received a Form FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP 7. 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form. 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a 21,984. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign Yes No account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such Accounts as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X and If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Trusts to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements X b .If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located \_\_\_\_\_ UNITED KINGDOM, IRELAND, CHINA During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions 727501 10-25-17

Software ID: Software Version:

SSN: Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Form 1040 Schedule B, Part I, Group 2

#	Payer	Amount
1	CAPITAL ONE BANK	256,701
2	JP MORGAN CHASE .	1,528
3	BANK UNITED	1,572
4	CITIBANK	16
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	24,000
8	FIRST REPUBLIC BANK	16
9	SIGNATURE BANK	1,531
10	ONEWEST BANK	23
11	STATE OF CALIFORNIA	12,670
1.2	STATE OF NORTH CAROLINA	8,378
13	FROM K-1 - PARK BRIAR ASSOCIATES LLC	1,141
14	FROM K-1 - MAR-A-LAGO CLUB LLC	1,872
15	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	116,498
16	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	2,385,332
17	FROM K-1 - TRUMP CPS LLC	57
18	FROM K-1 - TRUMP PLAZA LLC	598
19	FROM K-1 - TIPPERARY REALTY CORP	25
20	FROM K-1 - TRUMP PLAZA MEMBER INC	6
21	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	1,122
22	FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	175
23	FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	- 589
24	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	647
25	FROM K-1 - TRUMP MANAGEMENT INC	227
26	FROM K-1 - STARRETT CITY ASSOCIATES	1,697
27	FROM K-1 - HUDSON WATERFRONT ASSOC III LP	3,608,457
28	FROM K-1 - TIHT COMMERCIAL LLC	287
29	FROM K-1 - SC LP SHOPPING CENTER LLC	265
30	FROM K-1 - TRUMP FERRY POINT MEMBER CORP	15
31	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	47,313
32	FROM K-1 - DJT HOLDINGS LLC - 401 MEZZ	119,483
33	FROM K-1 - CHARLOTTESVILLE CATERING & EVENTS LLC	59,679
34	FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	47,249
35	FROM K-1 - TRUMP 845 UN GP LLC	132
36	FROM K-1 - 845 UN LIMITED PARTNERSHIP - 845 LP LLC	197
37	FROM K-1 - TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	2,389
38	FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	2,384
-	FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	2,181
	FROM K-1 - TRUMP PALACE PARC LLC	77
	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	
	FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP	25,171

Software ID: Software Version: SSN: Spouse SS

Name: DONALD J & MELANIA<TRUMP

### efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production SCHEDULE C

(Form 1040)

DLN: 16221685381668

**Profit or Loss From Business** 

(Sole Proprietorship)

Department of the Treasury | Information about Schedule C and its separate instructions is at IRS.gov/ScheduleC.

OMB No. 1545-0074

2017

Internal Revenue Service	to Form 1	040, 1040NR, or 1041; partnerships generally must file For	n 1065.	Attachment Sequence No. <b>09</b>
Name of proprietor			Social sec	urity number (SSN)
DONALD J TRUMP		Į.		and number (55N)
A Principal business or profession, i	including pro	oduct or service (see instructions)	-	
AVIATION	75.0°		Enter code	from instructions 532289
C Business name. If no separate bu	sinose nom	a leave block	_	
DJT AEROSPACE LLC	isiness nam	e, leave blank.	Employer I	
			(EIN)/(see	ilisu.)
E Business address (including suite City, town or post office, state, an		C/O MAZARS WOODBURY, NY 11797		
F Accounting method: (1) 🗹 Ca		☐ Accrual (3) ☐ Other (specify) ▶		
G Did you "materially participate" in	the operati	on of this business during 2017? If "No," see instructions for limit	on losses	· Yes V No
H If you started or acquired this bus	siness durin	g 2017, check here		► □
1 If "You " did you ar will you file as	017 that wo	uld require you to file Form(s) 1099? (see instructions)		· Ves No
Dart I Treeme	quirea Form	ns 1099?		· Ves No
Part I Income  1 Gross receipts or sales. See in	structions f	or line 1 and check the box if this income was reported		
to you on Form W-2 and the '	Statutory e	mployee" box on that form was checked	1	42,96
2 Returns and allowances .			. 2	
3 Subtract line 2 from line 1		* * * * * * * * * * * * * * * * * * * *	. 3	42,96
<ul><li>4 Cost of goods sold (from line</li><li>5 Gross profit. Subtract line 4</li></ul>	30 to 10	*	. 4	
		gasoline or fuel tax credit or refund (see instructions)	. 5	42,96
7 Gross income. Add lines 5 ar		gasonine of fuel tax credit of refund (see instructions)	6 > 7	42.00
		business use of your home <b>only</b> on line 30.	P /	42,96
8 Advertising	. 8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see		19 Pension and profit-sharing plans	19	
instructions)	. 9	20 Rent or lease (see instructions):		
10 Commissions and fees 11 Contract labor (see instructions)	. 10	a Vehicles, machinery, and equipment	· 20a	
33		<b>b</b> Other business property	20b	
12 Depletion	. 12	21 Repairs and maintenance	21	
expense deduction (not		22 Supplies (not included in Part III)	22	
included in Part III) (see		23 Taxes and licenses	23	
instructions)	13	24 Travel, meals, and entertainment:		
14 Employee benefit programs (other than on line 19)	14	a Travel	24a	
15 Insurance (other than health)	15	<b>b</b> Deductible meals and entertainment (see instructions)	24b	
16 Interest:		25 Utilities	25	
a Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits)	26	
<b>b</b> Other	. 16b	27a Other expenses (from line 48)	27a	42,965
17 Legal and professional services	17	b Reserved for future use	27b	
28 Total expenses before expen	ses for busi	ness use of home. Add lines 8 through 27a	▶ 28	42,965
29 Tentative profit or (loss). Subt	ract line 28	from line 7	29	12,303
30 Expenses for business use of y	our home. I	Do not report these expenses elsewhere. Attach Form 8829 unless		
using the simplified method (s Simplified method filers onl	v: enter the	ons). E total square footage of: (a) your home: and (b)	the	
part of your home used for bus	siness:	. Use the Simplified Method Worksheet in the instruction	ns	
to figure the amount to enter of Net profit or (loss). Subtract		a line 30	30	
<ul> <li>If a profit, enter on both Form</li> </ul>	1040, line	12, (or Form 1040NR, line 13) and on Schedule SE line	1	
<ul> <li>If you checked the box on</li> <li>If a loss, you must go to line 3</li> </ul>	line 1, see ii	nstructions). Estates and trusts, enter on Form 1041, line 3.	1	
SU 63			31	0
If you checked 32a enter the	ox that desi	cribes your investment in this activity (see instructions).  Form 1040, line 12, (or Form 1040NR, line 13) and on	m	2 2 2
Schedule SE, line 2. (If you o	hecked the	box on line 1, see the line 31 instructions). Estates and trusts,	32a ∟I All	investment is at risk.
<ul> <li>enter on Form 1041, line 3.</li> <li>If you checked 32b, you must</li> </ul>	attach Forr	n 6198. Your loss may be limited.	32b 🗆 Sor	ne investment is not at risk.
		and the second s		

Sched	dule C (Form 1040) 2017			Page 2
Par	t III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory:  a   Cost  b   Lower of cost or market  c   Ott	ner (attac	ch explanati	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.		Yes	□No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		0
	t IV Information on Your Vehicle.  Complete this part only if you are claiming car or truck expenses on line 9 and are not requestive business. See the instructions for line 13 to find out if you must file Form 4562.	ired to f	file Form 4	562 for
43	When did you place your vehicle in service for business purposes? (month, day, year)	icle for:		
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle during (see instructions)  b Commuting (see instructions)  c Oth	er		
а	Business — D community (See instructions)	Yes	□No	
45	Was your vehicle available for personal use during off-duty hours?			
46	Do you (or your spouse) have another vehicle available for personal use?	∐ Yes	James	
47a	Do you have evidence to support your deduction?	Yes		
b	If "Yes," is the evidence written?	☐ Yes	; □ No	
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			42,965
HELI	COPTER EXPENSES			42,505
48	Total other expenses. Enter here and on line 27a	48		42,965
		Sched	dule C (Form	1040) 2017

#### SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

## **Profit or Loss From Business**

(Sole Proprietorship)

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

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2017 Attachment 09

Name of proprietor Bodial acounty number (88N) DONALD J. TRUMP A Principal business or profession, including product or service (see instructions) R Enter code from instructions MANAGEMENT SERVICES 541600 C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) DONALD J. TRUMP Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 (1) X Cash Accounting method: Accrual (3) Other (specify) (2) Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses G Yes X No Н If you started or acquired this business during 2017, check here Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ı No If "Yes," did you or will you file required Forms 1099? No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 17,875. 2 Returns and allowances 2 3 Subtract line 2 from line 1 3 17,875. Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 5 17,875. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 20 6 6 31,129. Gross income. Add lines 5 and 6 49,004. Part II Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 18 Office expense 18 9 Car and truck expenses 19 Pension and profit-sharing plans ..... 19 (see instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a Contract labor (see instructions) 11 11 Other business property 20b Depletion 12 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) expense deduction (not included in Taxes and licenses 23 31,129. 23 Part III) (see instructions) ..... 13. 24 Travel, meals, and entertainment; Employee benefit programs (other 24a than on line 19) Deductible meals and Insurance (other than health) ..... 15 15 entertainment (see instructions) 16 Interest: 25 Utilities 25 Mortgage (paid to banks, etc.)... 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) 27a 17 Legal and professional services 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 31,129. 28 Tentative profit or (loss). Subtract line 28 from line 7 29 29 17,875. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 17,875. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. All investment 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. 32b If you checked 32b, you must attach Form 6198. Your loss may be limited.

	e C (Form 1040) 2017 DONALD J. TRUMP	-		Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory a Cost b Lower of cost or market c C	other (a	ttach explanation	)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If "Yes," attach explanation	i	Yes	No No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		( )
36	Purchases less cost of items withdrawn for personal use	36		-
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39	Abbandani	
40	Add lines 35 through 39	40	<b>40</b> 7-0-1-0-0	•
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck	expe	enses on line	e 9 and
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find c	out if you mu	ıst file ————
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:			
a	Business b Commuting c Other			
45 .	Was your vehicle available for personal use during off-duty hours?			No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No
47 a	Do you have evidence to support your deduction?		Yes	No
b	If "Yes." is the evidence written?		Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
NYS F	ILING FEE			25.
	the state of the s	· · · · ·		
-				
			Sec.	
				£1. 4
-	end of the section of		V. (5)22.22.23.29	9119
48	Total other expenses. Enter here and on line 27a	48	Edward was	25.
70	Total value orpanious and the same and the s	5	Schedule C (Forn	n 1040) 2017

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production

DLN: 16221685381668

OMB No. 1545-0074

SCHEDULE C

SCHEDULE C			Profit or Loss	From Busines	C		OMB No. 1545-0074
(Form 1040)				oprietorship)	3		2017
Department of the Treasury Internal Revenue Service	►Informatio  Attach to	n abou Form 1	ut Schedule C and its s 1040, 1040NR, or 1041	eparate instructions is a ; partnerships generall	at <i>IRS.gov/Schedu</i> y must file Form 1	<u>ıleC</u> . 065.	Attachment Sequence No. 09
Name of proprietor					Soci	ial seci	urity number (SSN)
DONALD J TRUMP							
A Principal business or MANAGEMENT SERVI	profession, inclu CES	ding pr	oduct or service (see ins	tructions)	B Ent	er code	from instructions 541600
C Business name. If no DONALD J TRUMP	separate busine	ss nam	e, leave blank.			ployer I N)/(see	D number instr.)
E Business address (inc City, town or post off				10022			
F Accounting method:	(1) 🗹 Cash	(2)	Accrual (3)	Other (specify)	h.		
G Did you "materially pa	articipate" in the	operat	ion of this business durin	ng 2017? If "No," see instru	ictions for limit on l		
H If you started or acqu	ired this busines	s durin	g 2017, check here.		actions for millicon i	05565	· Yes V No
I Did you make any par	ments in 2017 t	hat wo	ould require you to file Fo	rm(s) 1099? (see instructi	nne)	•	
J If "Yes," did you or w	II you file require	ed Forn	ns 1099?		0113)		· Yes No
Part I Income						• •	· Yes No
Gross receipts or	sales. See instru	ctions	for line 1 and check the l	oox if this income was repo	orted		No. of the control of
to you on Form W	-2 and the "Stat	utory e	employee" box on that fo	rm was checked	. ▶ □	1	17,875
<ul><li>Returns and allow</li><li>Subtract line 2 from</li></ul>						2	(
						3	17,875
4 Cost of goods sold 5 Gross profit. Sul		1: 5				4	0
						5	17,875
7 Gross income. A	luding rederal an			lit or refund (see instruction		6	31,129
		• •			🕨	7	49,004
			business use of your	home only on line 30.		1 1	
9 Car and truck expen		8		18 Office expense (see		18	
instructions)	>=> (566	9		19 Pension and profit-s		19	
10 Commissions and fe	26	10		20 Rent or lease (see i	nstructions):	1 1	

8 Advertising	8	18 Office expense (see instructions)	18	
<b>9</b> Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):  a Vehicles, machinery, and equipment	20a	
11 Contract labor (see instructions)	11	<b>b</b> Other business property	20b	
<b>12</b> Depletion	12	21 Repairs and maintenance	21	
13 Depreciation and section 179		22 Supplies (not included in Part III)	22	
expense deduction (not included in Part III) (see	1 1	23 Taxes and licenses	23	31,129
instructions)	13	24 Travel, meals, and entertainment:	25	31,123
14 Employee benefit programs	14	a Travel	24a	Ť.
(other than on line 19)	-	<b>b</b> Deductible meals and		
15 Insurance (other than health)	15	entertainment (see instructions)	24b	
16 Interest:		25 Utilities	25	
<ul> <li>Mortgage (paid to banks, etc.)</li> </ul>	16a	26 Wages (less employment credits)	26	
<b>b</b> Other	16b	27a Other expenses (from line 48)	27a	
17 Legal and professional services	17	b Reserved for future use	27b	
		ness use of home. Add lines 8 through 27a	28	31,129
29 Tentative profit or (loss). Subtrac			29	17,875
Simplified method filers only: part of your home used for busine	enter the	Do not report these expenses elsewhere. Attach Form 8829 unless ons).  e total square footage of: (a) your home: and (b) the Use the Simplified Method Worksheet in the instructions		
to figure the amount to enter on I	ine 30.		30	
If a profit, enter on both Form 10	40, line	e 12, (or Form 1040NR, line 13) and on Schedule SE, line instructions). Estates and trusts, enter on Form 1041, line 3.		
<b>55</b>	10 11 01		31	17,875

If you checked 32b, you must attach Form 6198. Your loss may be limited.

If you have a loss, check the box that describes your investment in this activity (see instructions).
 If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

32a All investment is at risk. 32b Some investment is not at risk.

17,875

	dule C (Form 1040) 2017	rage <b>Z</b>
Part	t III Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory:  a   Cost  b   Lower of cost or market  c   0	ther (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	☐Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	<b>40</b> 0
40	Add lines 35 through 39	41
41	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 0
	t IV Information on Your Vehicle.  Complete this part only if you are claiming car or truck expenses on line 9 and are not req this business. See the instructions for line 13 to find out if you must file Form 4562.	uired to file Form 4562 for
43	When did you place your vehicle in service for business purposes? (month, day, year)	
43	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle	hicle for:
а	Business b Commuting (see instructions) c Ott	her
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	
47a	Do you have evidence to support your deduction?	Yes No
b	If "Yes," is the evidence written?	Yes No
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
48	Total other expenses. Enter here and on line 27a	48   Schedule C (Form 1040) 2017

#### SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

	от ргарието					boolal se	scurity number (6614)
DON.	ALD J. TRUMP						
A AVI	Principal business or profession, including prod ATION	uct or service (see instru	ctions)			B Enter o	code from instructions 532289
С	Business name. If no separate business name, I	eave blank.				D Emplo	yer ID number (EIN) (see instr.)
DJT	OPERATIONS I LLC					2	7-3212458
È	Business address (including suite or room no.)						
	City, town or post office, state, and ZIP code						
	Accounting method: (1) X Cash (	2) Accrual (3)	Oth	ner (specify)			==
G H	Did you "materially participate" in the operation of If you started or acquired this business during 2						
1	Did you make any payments in 2017 that would			) /			
J	If "Yes," did you or will you file required Forms 1	uado Ledane Ann to me L'oitul(s	5) 1099?	(see instructions)			X Yes No
	rt I Income	000:					X Yes No
1	Gross receipts or sales. See instructions for line	1 and check the box if th	is incom	ne was reported to you on Form W-2		T	
•	and the "Statutory employee" box on that form w					1	
2	Returns and allowances		**********			2	
3	Subtract line 2 from line 1					3	
4	Cost of goods sold (from line 42)				*******	4	
5	Gross profit. Subtract line 4 from line 3					5	
6	Other income, including federal and state gasoling	ne or fuel tax credit or ref	und (see	instructions) SEE STATEMENT 21		6	482,155.
7	Gross income. Add lines 5 and 6					7	482,155.
Pa	rt II Expenses. Enter expenses fo	r business use of	your l	nome only on line 30.			A
8	Advertising 8		18	Office expense		-18	
9	Car and truck expenses		19	Pension and profit-sharing plans		19	
	(see instructions) 9		20	Rent or lease (see instructions):			
10	Commissions and fees. 10		_ a	Vehicles, machinery, and equipment		20a	
11	Contract labor (see instructions) 11			Other business property		20b	
12	Depletion 12		21	Repairs and maintenance		21	
13	Depreciation and section 179		22	Supplies (not included in Part III)		22	
	expense deduction (not included in		23	Taxes and licenses		23	423.
	Part III) (see instructions) 13	182,737,	2.4	Travel, meals, and entertainment:			
14	Employee benefit programs (other		a	Travel		24a	
	than on line 19)14		b	Deductible meals and			
15	Insurance (other than health)15			entertainment (see instructions)		24b	
16	Interest:		25	Utilities		25	
a	Mortgage (paid to banks, etc.) 16a		26	Wages (less employment credits)		26	
b	Other 16b	2 110		Other expenses (from line 48)		27a	25.
17	Legal and professional services 17	3,410.		Reserved for future use		27b	
28	Total expenses before expenses for business us		-	***************************************	583	28	186,595.
29 30	Tentative profit or (loss). Subtract line 28 from li Expenses for business use of your home. Do not			AU LE 2000		_29	295,560.
3U ·	unless using the simplified method (see instructi	The state of the s	sewnere	. Attach Form 8829.		3	100 Mil 2 0
	Simplified method filers only: enter the total sq	5-0.3 ( 5-0. <b>E</b> . 5)	. a.m.a.				
	and (b) the part of your home used for business:		ionie	The state of the s			
	Use the Simplified Method Worksheet in the insti		unt to a	pter on line 20	<b>-</b> ·	00	
31	Net profit or (loss). Subtract line 30 from line 29		inur in ë	nter on line 30		30	
01	• If a profit, enter on both Form 1040, line 12 (o		\ and on	Cabadula CE line 9	)		
	(If you checked the box on line 1, see instruction					24	295,560.
	<ul> <li>If a loss, you must go to line 32.</li> </ul>	o,. comico anu il usis, till	.ui UII <b>F</b> I	om 1041, me 3.		31	293,360.
32	If you have a loss, check the box that describes y	our investment in this act	tivity (co	e instructions)	) )		
	• If you checked 32a, enter the loss on both For					. 32a	All investment
	(If you checked the box on line 1, see the line 31	instructions). Estates and	trusts	enter on Form 1041 line 3	>	32b	Some investment
	• If you checked 32b, you must attach Form 619					520	is not at risk.

Art III Cost of Goods Sold (see instructions)  Method(s) used to value closing inventory:  a Cost b Lower of cost or market o			
	Other (a	ttach explanatio	n)
Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If "Yes," attach explanation		Yes	No.
5. Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
6 Purchases less cost of items withdrawn for personal use	36		
7 Cost of labor. Do not include any amounts paid to yourself	37	- Anne	
8 Materials and supplies	38		
9 Other costs	39		
O Add lines 35 through 39	40		-
1 Inventory at end of year	41		
Ocat of reads cold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
art IV Information on Your Vehicle. Complete this part only if you are claiming car or true are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	ck exp	enses on lir out if you m	e 9 and ust file
3 When did you place your vehicle in service for business purposes? (month, day, year)			
Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:  a Business b Commuting c Other			
5. Was your vehicle available for personal use during off-duty hours?		Yes	1
Do you (or your spouse) have another vehicle available for personal use?		Yes	
17 a Do you have evidence to support your deduction?  b If "Yes," is the evidence written?		Yes Yes	
art V Other Expenses. List below business expenses not included on lines 8-26 or line 30	). ·	Т	
LICOPTER EXPENSES			42,96
			university of the second
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		21 -	
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DLN: 16221685381668

## SCHEDULE C

## **Profit or Loss From Business**

OMB No. 1545-0074

(Form 1040)			(Sole Pro	pprietorship)			2017
Department of the Treasury Internal Revenue Service	► Information ► Attach to F	n abou form 1	it Schedule C and its se 040, 1040NR, or 1041,	eparate instructions is at <u>IRS.gov/Sc</u> partnerships generally must file Fo	<i>hedul</i> rm 10	<u>eC</u> . 65.	Attachment Sequence No. 09
Name of proprietor					Socia	l secu	rity number (SSN)
DONALD J TRUMP				9			
	profession, includ	ding pr	oduct or service (see inst	ructions)	b Ence	<b></b>	om instructions 532289
C Business name. If no	separate busines	s nam	e. leave blank		D Empl	over ID	number
DJT OPERATIONS I LI			ey laate blattic	Ĭ		/(see i	
						21245	
E Business address (inc City, town or post off				Y 11797			
F Accounting method:	(1) 🗹 Cash	(2)	☐ Accrual (3)	Other (specify)			
G Did you "materially p	articipate" in the	operat	on of this business durin	g 2017? If "No," see instructions for limi	t on lo	- sses	· Yes V No
H If you started or acqu	ired this busines	s durin	g 2017, check here			. )	Yes Mo
I Did you make any pa	yments in 2017 t	hat wo	uld require you to file For	rm(s) 1099? (see instructions) .			· Yes 🗆 No
J If "Yes," did you or w	ill you file require	ed Forn	ns 1099?				· Yes No
Part I Income							
1 Gross receipts or to you on Form W	sales. See instru-	ctions	for line 1 and check the b employee" box on that for	ox if this income was reported	-1	1	
2 Returns and allow	ances		• • • • • • • •	iii was checkeu	٠. ١	2	0
3 Subtract line 2 fro	om line 1 .					3	
4 Cost of goods sole	d (from line 42)					4	0
5 Gross profit. Su	btract line 4 from	line 3			. [	5	
	luding federal an	d state	gasoline or fuel tax cred	it or refund (see instructions)	. [	6	482,155
7 Gross income. A					<b>&gt;</b>	7	482,155
			business use of your	home only on line 30.			
		8		18 Office expense (see instructions)	1	18	
9 Car and truck exper instructions)	ises (see	9		19 Pension and profit-sharing plans		19	
10 Commissions and fe	es	10		20 Rent or lease (see instructions): a Vehicles, machinery, and equipment			
11 Contract labor (see	instructions)	11		B. NEWS TRANSPORTS	- 1	20a	
12 Depletion .		12	-4	6 Other business property		20b	
13 Depreciation and se	ction 179			21 Repairs and maintenance	.	21	
expense deduction			,	22 Supplies (not included in Part III) 23 Taxes and licenses	}	22	
included in Part III) instructions)		13	102 727	24 Travel, meals, and entertainment	. 1	23	423
14 Employee benefit pr		13	182,737	a Travel	١. ا	24a	
(other than on line		14	Employees	b Deductible meals and	. 1	240	
15 Insurance (other tha	an health)	15		entertainment (see instructions)	1	24b	
16 Interest:				25 Utilities		25	
a Mortgage (paid to I	oanks, etc.)	16a		26 Wages (less employment credits)	- 1	26	
<b>b</b> Other		16b	4 18.7	27a Other expenses (from line 48)		27a	25
17 Legal and profession		17	3,410	b Reserved for future use		27b	
			iness use of home. Add I	ines 8 through 27a	<b>&gt;</b>	28	186,595
29 Tentative profit or						29	295,560
using the simplifie	ed method (see in od filers only: e used for busines	nstruct inter th	ions). ne total square footage of	enses elsewhere. Attach Form 8829 unle : (a) your home: and (t mplified Method Worksheet in the instruc	o) the	30	
31 Net profit or (lo	ss).Subtract line	30 fro					
<ul> <li>If a profit, enter of</li> <li>2. (If you checked</li> <li>If a loss, you must</li> </ul>	the box on line	<b>40, li</b> n 1, see	e 12, (or Form 1040NR instructions). Estates and	, line 13) and on Schedule SE, line trusts, enter on Form 1041, line 3.	}		
		hak J			ار	31	295,560
<ul> <li>If you checked 32</li> <li>Schedule SE, linenter on Form 10</li> </ul>	a, enter the loss e 2. (If you chec 041, line 3.	on bot ked the	h Form 1040, line 12, ( e box on line 1, see the li	n this activity (see instructions). or Form 1040NR, line 13) and on ne 31 instructions). Estates and trusts,	}		investment is at risk.
			m 6198. Your loss may our tax return instruct				
raperwork Reduc	and Act House,	see y	our tax return metruct	ions. Cat. No. 11334P	Sc	nedule	C (Form 1040) 2017

Sche	dule C (Form 1040) 2017		Pag	e <b>2</b>
Par	t III Cost of Goods Sold (see instructions)			_
33	Method(s) used to			
55	value closing inventory: ${f a} \ \square \ {\sf Cost} \ {f b} \ \square \ {\sf Lower of cost or market} \ {f c} \ \square \ {\sf Option of cost or market}$	ther (a	ttach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.		☐Yes ☐No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		_
36	Purchases less cost of items withdrawn for personal use	36		_
37	Cost of labor. Do not include any amounts paid to yourself	37		_
38	Materials and supplies	38		_
39	Other costs	39		_
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0
Par	t IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not req	uired f	to file Form 4562 for	_
	this business. See the instructions for line 13 to find out if you must file Form 4562.	uncu		
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle	nicle fo	r:	
а	Business <b>b</b> Commuting (see instructions) <b>c</b> Ot	ner _		
45	Was your vehicle available for personal use during off-duty hours?		res 🗆 No	
46	Do you (or your spouse) have another vehicle available for personal use?		res 🗌 No	
47a	Do you have evidence to support your deduction?		res 🗆 No	
b	If "Yes," is the evidence written?		res 🗆 No	
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
NYS	FILING FEE			25
				_
				_
				_
				_
		·		_
				_
48	Total other expenses. Enter here and on line 27a	48		25

Schedule C (Form 1040) 2017

48 Total other expenses. Enter here and on line 27a

#### SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

### **Profit or Loss From Business**

(Sole Proprietorship)

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

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2017 Attachment

Social accurity number (99N) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) A R Enter code from instructions AVIATION 532289 C Business name. If no separate business name, leave blank. n Employer ID number (EIN) (see instr.) DT ENDEAVOR I LLC 35-2555712 E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 F (1) X Cash (2) Accrual (3) Other (specify) Accounting method: Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses G If you started or acquired this business during 2017, check here Н Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) 1 Yes X No If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 132,513. 2 Returns and allowances 2 Subtract line 2 from line 1 3 132,513. Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 5 132,513. 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 22 1,558,482. 6 Gross income. Add lines 5 and 6 7 1,690,995. Part II Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 18 Office expense 18 9 Car and truck expenses Pension and profit-sharing plans ..... 19 19 (see instructions) 9 20 Rent or lease (see instructions): 10 Commissions and fees ..... 10 a Vehicles, machinery, and equipment 29,097. 20a 11 Contract labor (see instructions) 11 b Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 115,878. 13 Depreciation and section 179 22 Supplies (not included in Part III) 29,661. 22 expense deduction (not included in Taxes and licenses 23 2,000. 23 Part III) (see instructions) 254,023. 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other 24a 21,821. than on line 19) 14 Deductible meals and Insurance (other than health) 15 12,709. 15 entertainment (see instructions) 798. 24b 16 Interest: 25 Utilities 25 Mortgage (paid to banks, etc.) .16a Wages (less employment credits) 3 28,235. 26 Other 16b 27 a Other expenses (from line 48) 76,385. 27a 793. 17 Legal and professional services 17 b Reserved for future use 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 571,400. 28 Tentative profit or (loss). Subtract line 28 from line 7 29 1,119,595. 29 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 Net profit or (loss). Subtract line 30 from line 29. 31 • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 1,119,595. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). All investment • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. 32b If you checked 32b, you must attach Form 6198. Your loss may be limited.

	EC (Form 1040) 2017 DONALD J. TRUMP  III Cost of Goods Sold (see instructions)	_		Page 2
	· · · · · · · · · · · · · · · · · · ·			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c 0	ther (a	ttach explanation	)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If "Yes," attach explanation		. Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		•
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		,
. 41	Inventory at end of year	41	-	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	onege on lin	e 9 and
Part	IN Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find c	out if you m	ust file
43	When did you place your vehicle in service for business purposes? (month, day, year)  I / /  Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:			
44 a	Business b Commuting c Other			
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No
. 47 a	Do you have evidence to support your deduction?  If "Yes," is the evidence written?		Yes Yes	No No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
FUEL	EXPENSE			62,868.
LICEN	SES & PERMITS			. 113.
TELEP	HONE			13,404.
				1.
S				V
48	Total other expenses. Enter here and on line 27a	48		76,385.

Schedule C (Form 1040) 2017

#### SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# **Capital Gains and Losses**

Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Name(s) shown on return

Your social security number

Schedule D (Form 1040) 2017

DONALD J. & MELANIA TRUMP

Pa	rt I Short-Term Capital Gains and Lo	sses - Assets Held	one rear or Less	i e	
ente This	instructions for how to figure the amounts to ron the lines below.  form may be easier to complete if you round off s to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part line 2, column (g)	I, combine the result
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		-		
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked			A Control Con	M-1003
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, S from Schedule(s) K-1	corporations, estates, a	nd trusts		4
6	Short-term capital loss carryover. Enter the amou	nt, if any, from line 8 of y	our Capital Loss		
7	Carryover Worksheet in the instructions  Net short-term capital gain or (loss). Combine capital gains or losses, go to Part II below. Other	long-term			
Pai	t II Long-Term Capital Gains and Los				7 1
Sagi	nstructions for how to figure the amounts to		*		
	on the lines below.	(d)	(e)	(g) Adjustments	(h) Gain or (loss) Subtract column (e)
enter This		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)	Subtract column (e) from column (d) and
enter This	on the lines below.  form may be easier to complete if you round off	Proceeds	Cost	Adjustments to gain or loss from Form(s) 8949, Part II	Subtract column (e) from column (d) and combine the result
This cents	form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 86.  Totals for all transactions reported on Form(s)	Proceeds (sales price)	Cost (or other basis)	Adjustments to gain or loss from Form(s) 8949, Part II	Subtract column (e) from column (d) and combine the result with column (g)
This cents	on the lines below.  form may be easier to complete if you round off it to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 86.	Proceeds	Cost	Adjustments to gain or loss from Form(s) 8949, Part II	Subtract column (e) from column (d) and combine the result
This cents	form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.	Proceeds (sales price)	Cost (or other basis) 1,368,794.	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)	Subtract column (e) from column (d) and combine the result with column (g)
This cents 8a  8b	on the lines below.  form may be easier to complete if you round off it to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s)	Proceeds (sales price) 2,010,922.	Cost (or other basis)  1,368,794.  3,762,000.  und long-term gain or (los	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)	Subtract column (e) from column (d) and combine the result with column (g)  642,128.
enter This: cents 8a  8b  9	form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Totals for all transactions reported on Form(s) 8949 with Box F checked.  Gain from Form 4797, Part I; long-term gain from	Proceeds (sales price)  2,010,922.  Forms 2439 and 6252; a SEE STATE	Cost (or other basis)  1,368,794.  3,762,000. and long-term gain or (losment 23	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)	Subtract column (e) from column (d) and combine the result with column (g)  642,128.  <3,762,000.>  10,648,170.
enter This cents 8a 8b 9 10 11 12 13	on the lines below.  form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S contains the same statement of	Proceeds (sales price)  2,010,922.  Forms 2439 and 6252; a SEE STATE corporations, estates, and	Cost (or other basis)  1,368,794.  3,762,000.  and long-term gain or (los MENT 23)  d trusts from Schedule(s	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)	Subtract column (e) from column (d) and combine the result with column (g)  642,128.  <3,762,000.>  10,648,170.
enter This cents 8a 8b 9 10	on the lines below.  form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S concepted again distributions  Long-term capital loss carryover. Enter the amount	Proceeds (sales price)  2,010,922.  Forms 2439 and 6252, a SEE STATE corporations, estates, and	Cost (or other basis)  1,368,794.  3,762,000.  Ind long-term gain or (los MENT 23)  d trusts from Schedule(seyour Capital Loss Carr	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)  ss)  11  X-1 12  Yover	Subtract column (e) from column (d) and combine the result with column (g)  642,128.  <3,762,000.>  10,648,170.
enter This cents 8a 8b 9 10 11 12 13	on the lines below.  form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S conditional gain distributions  Long-term capital loss carryover. Enter the amount Worksheet in the instructions	Proceeds (sales price)  2,010,922.  Forms 2439 and 6252; a SEE STATE corporations, estates, and	Cost (or other basis)  1,368,794.  3,762,000. Ind long-term gain or (los MENT 23  d trusts from Schedule(seyour Capital Loss Carr	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)  ss)  11  X-1 12  Yover	Subtract column (e) from column (d) and combine the result with column (g)  642,128.  <3,762,000.>  10,648,170.
enter This; cents 8a 8b 9 10 11 12 13 14	on the lines below.  form may be easier to complete if you round off is to whole dollars.  Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  Totals for all transactions reported on Form(s) 8949 with Box D checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Totals for all transactions reported on Form(s) 8949 with Box E checked.  Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S concepted again distributions  Long-term capital loss carryover. Enter the amount	Proceeds (sales price)  2,010,922.  Forms 2439 and 6252; a SEE STATE corporations, estates, and	Cost (or other basis)  1,368,794.  3,762,000. and long-term gain or (los MENT 23  d trusts from Schedule(strusts from Schedule(strusts))	Adjustments to gain or loss from Form(s) 8949, Part II line 2, column (g)  ss)  11  3  yover  14	Subtract column (e) from column (d) and combine the result with column (g)  642,128.  <3,762,000.>  1 10,648,170.

Par	till Summary		
	Combine lines 7 and 15 and enter the result	16	7,528,298.
16	Combine lines 7 and 15 and enter the result	LEGIS.	
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14.		
	Then go to line 17 below.  If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete		
	line 22.		
	<ul> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 both gains?		4
17	X Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
		Marian Co	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the		27
	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see		. ·
10	instructions), enter the amount, if any, from line 18 of that worksheet  SEE STATEMENT 24	19	1,316,464.
	modulosof, onto the amount, many,	71.42	
20	Are lines 18 and 19 both zero or blank?		
20	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines		
	21 and 22 below.		
	21 dild 22 bolow.		
	X No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21		
	and 22 below.		
	and 22 below.		
04	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
21	If the folis a loss, enter fiele and official force, and folial f		
	The loss on line 16 or	21	(
	• (\$3,000), or if married filing separately, (\$1,500)		
	(\$5,000), of it married ming separatory, (\$1,000)		
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	i. Radi	
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes, Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		
		100 TO 100	CHEST AND ADDRESS OF THE PARTY

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpaver identification no.

#### DONALD J. & MELANIA TRUMP

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your and may even tell you which hox to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions no	t reported to you	on Form 1099-E	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
ACCRETION OF THE PROPERTY OF T				see Column (e) in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
7000.000 SH - APPLE INC	10/08/13	01/09/17	833,118.	481,505.			351,613.
2800.000 SH - CATERPILLAR							
INC	12/20/13	01/10/17	263,889.	248,253.			15,636.
1000.000 SH - EXXON MOBIL						The state of the s	
CORP	02/18/15	01/10/17	87,106.	91,951.			<4,845.>
2250.000 SH - HALLIBURTON							
COMPANY	10/07/13	02/18/15	124,575.	99,770.		The state of the s	24,805.
7400.000 SH - MICROSOFT				-			
CORP	10/07/13	01/09/17	464,558.	248,867.			215,691.
1300.000 SH - PHILLIPS 66	02/18/15	01/10/17	110,395.	99,293.			11,102.
1250.000 SH - PEPSICO INC	10/08/13	01/12/17	127,281.	99,155.			28,126.
						All The Court has been been been been been been been bee	
						14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			CONTRACTOR OF THE PROPERTY OF			THE RESERVE OF THE PROPERTY OF	
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		vanter-renning-entric cie.					
2. Totale Add the emounts in anti-	mno (d) (a) (a)	nd (b) (a: -1-1					
2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 8b (if Box D ab	otal here and incl	lude on your				*	
above is checked), or line 10 (if	Box F above is o	checked)	2,010,922.	1,368,794.			642 128.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or

C.TAMOC	.T	2	MET.ANT	A TRIMP

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which hox to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions no	t reported to you	on Form 1099-E	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	scription of property Date acquired Date sold or		(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If y in column column (f	nt, if any, to gain or you enter an amount (g), enter a code in ). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
				see <i>Column (e)</i> in the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
10500.000 SH - GLOBAL							
FASHION TECHNOLOGIES	VARIOUS	01/18/17	0.	3,762,000.			<3,762,000.>
						A THE REAL PROPERTY OF THE PARTY OF THE PART	
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			) B. 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 -				
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		0.00					
2 Totals. Add the amounts in colunegative amounts). Enter each to	otal here and incl	ude on your					
Schedule D, line 8b (if Box D ab		And the second s		3,762,000.			<3,762,000.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Software ID: Software Version: SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

# SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

## Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

Name(s) shown on return Your social security number DONALD J. & MELANIA TRUMP Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No B If "Yes," did you or will you file required Forms 1099? No 1a Physical address of each property (street, city, state, ZIP code) PALM BEACH, FL 33480 A PALM BEACH, FL 33480 В C 1b Type of Property 2 For each rental real estate property listed Fair Rental Personal QJV above, report the number of fair rental and (from list below) Davs Use Days personal use days. Check the QJV box 1 Α only if you meet the requirements to file as 365 a qualified joint venture. See instructions. 1 В 365 В 6 C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: A C Rents received 3 Royalties received 4 93. Expenses: 5 Advertising Auto and travel (see instructions) 6 6 Cleaning and maintenance 7 7 8 8 9 Insurance 9 Legal and other professional fees 10 10 Management fees 11 11 Mortgage interest paid to banks, etc. (see instructions) 12 430 202 Other interest 13 ..... 13 14 Repairs 127. 127. 15 Supplies 15 16 16 17 17 1,206. 703 Depreciation expense or depletion 18 18 Other (list) STMT 28 STMT 29 19 1,122 304 19 Total expenses. Add lines 5 through 19 20 2,885. 1,336. 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a 21 (loss), see instructions to find out if you must file Form 6198 -2,885, 21 -1,336 93. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 2 885 1,336 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line

#### SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

# **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on return

Your social security number

מסח	LD J. & MELANIA TR	UMP								
Pai	t I Income or Lo	ss From Rental Real Esta								
	Schedule C or C	-EZ (see instructions). If you are a	n individual, rep	ort fari	m rental income o	or loss	from Form	<b>4835</b> on pa	ge 2, line 40.	
A [		nts in 2017 that would require you								No
		ou file required Forms 1099?							Yes	No
		property (street, city, state, ZIP o						75C0.5C0C496.401 P.A11 B.A14 B.A14 B.A14 P.A15 C.C		
A										
В			emeaning in the decarring							
C	The state of the s									
1b	Type of Property	2 For each rental real estate p	roperty listed			Hilling-Jung		Fair Renta	al Personal	QJV
"	(from list below)	above report the number of	f fair rental and					Days	Use Days	
Α	6	personal use days. Check the only if you meet the requirer	ments to file as				Α			
В	6	a qualified joint venture. See	e instructions.				В			
c	Part	1					С			
	e of Property:				***************************************					
	ngle Family Residence	3 Vacation/Short-Term Rental	5 Land		7 Self-Rental					
	ulti-Family Residence	4 Commercial	6 Royaltie	S	8 Other (desc	ribe)				
	ome:	·	Properties:		Α	1	В		С	
			•	3						
4			presentation and provide state of the second state of the	4	535,5	516.	20	9,428.		
	enses:			•	·					
1500				5						
5		tructions)		6	The state of the s					
6		nce		7						
7				8						
8.	Section 19 and All Control of Con		THE RESERVE THE PROPERTY OF THE PROPERTY OF	9					· · · · · · · · · · · · · · · · · · ·	
9				10						
10		sional fees								
11				11						
12		to banks, etc. (see instructions)		12						
13	Other interest			13						
14	57-17-18-7-17-17-17-17-17-17-17-17-17-17-17-17-1			14						
15				15						
16	Taxes			16						
17				17						-
18		or depletion		18	010		.1		-	• •
19	Other (list) STMT 3			19	210,	-				
20		es 5 through 19		20	210,	442.				
21		ne 3 (rents) and/or 4 (royalties). If r			205	074	2.0	0 420		
		to find out if you must file Form 6		21	325,	0/4.	20	9,428.		
22	Deductible rental real e	state loss after limitation, if any, or	n					1		
	Form 8582 (see instruc			22	(	)	(	150		e albie
23a	Total of all amounts rep	orted on line 3 for all rental prope	rties			23a		F 025		
b		orted on line 4 for all royalty prop	erties			23b	74	5,037.		
С		oorted on line 12 for all properties				23c		632.		
d	Total of all amounts rep	oorted on line 18 for all properties				23d		1.655		
е		oorted on line 20 for all properties				23e	21	4,663.		F.0.5
24	Income. Add positive a	mounts shown on line 21. Do not	t include any los	ses						,595.
25	Losses. Add royalty los	sses from line 21 and rental real es	state losses from	line 2	2. Enter total los	ses he	ere		4	,221.
26	Total rental real estate	e and royalty income or (loss). C	Combine lines 24	and 2	<ol><li>Enter the resu</li></ol>	It here	e. If Parts II, III	,		
	IV, and line 40 on page	2 do not apply to you, also enter	this amount on F	orm 1	040, line 17, or F	orm 1	1040NR, line			
		this amount in the total on line 41						26	530	,374.

Schedule E (Form 1040) 2017 Attachment Sequence No. 13 Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number DONALD J. & MELANIA TRUMP Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. (b) Enter P for (c) Check partnership, S if foreign (e) Check if (d) Employer 28 partnership; S if foreign partnership (a) Name any amount is identification number not at risk SEE STATEMENT 31 A В C D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (g) Passive income (h) Nonpassive loss (i) Section 179 expense (j) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 A В C D Totals 29a 70,349,364. 10,287,680. Totals ..... 46,734,734. b 30 Add columns (g) and (j) of line 29a 80,637,044, 30 31 Add columns (f), (h), and (i) of line 29b 97,914,233. 31 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below -17,277,189. Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number SEE STATEMENT 32 Α В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals ..... b Totals ..... Add columns (d) and (f) of line 34a 35 35 36 Add columns (c) and (e) of line 34b 36 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (d) Taxable income (net loss) from Schedules Q, Excess inclusion from (b) Employer (e) Income from 38 (a) Name Schedules Q, line 2c identification number Schedules Q, line 3b (see instructions) line. 1b Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below Part V | Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below .... 41 Total income of (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 1 -16.746.815 41 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate

43

activities in which you materially participated under the passive activity loss rules

Software ID: Software Version: SSN:

Spouse SSN

Name: DOIVALD J & MELANIA < TRUMP

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk	
F	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	Р	П	27-4162308		
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	Р	口	27-4162308	П	
F	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р		27-4162308		
F	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	Р		27-4162308		
F	DJT HOLDINGS LLC - TRUMP BOOKS LLC	Р	П	27-4162308	П	
F	CHARLOTTESVILLE CATERING & EVENTS LLC	Р		38-3862571		
F	DIT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	Р		27-4162308		
F	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S		27-4162256		
F	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S		27-4162256	П	
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S		27-4162256	П	
G	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	. S	□ .	27-4162256		
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S		27-4162256		
G	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S		27-4162256		
G	TAG AIR INC	S		95-4464111		
G	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER	S		27-4162256		
G	TRUMP OLD POST OFFICE MEMBER CORP	S	П	45-2671826		9
G	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S		27-4162256		
G	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS	S	П	27-4162256		
G	MANAGER CORP  DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB MEMBER	S		27-4162256		
G	CORP			00000		
G	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	Р		27-4162308	. []	an a a
G	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	Р		27-4162308		
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S		27-4162256		-
G	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP .	S		27-4162256	, О	p 2
G	TRUMP MARKS PUNE MANAGING MEMBER CORP	S		27-4162256		
G	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S		27-4162256		
G	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER	S		27-4162256		
G	MIDOCEAN CREDIT OPPORTUNITY FUND LP	P		26-4254073		
G	T INTERNATIONAL REALTY LLC	P		90-0883344	П	
G	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	P		27-4162308		
G	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	Р		27-4162308		
G	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	Р		27-4162308		
G	DJT HOLDINGS - WHITE COURSE LLC	Р	П	27-4162308		
G	DJT HOLDINGS 4 SHADOW TREE LANE	P		27-4162308		_
G	DJT HOLDINGS JUPITER GOLF CLUB	Р		27-4162308	П	
G	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	Р		27-4162308		
G	DJT HOLDINGS OPO HOTEL MANAGER LLC	Р		27-4162308	П	
н	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	Р		27-4162308		
Н	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	Р	П	27-4162308		
н	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	P		27-4162308		
н	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	P		27-4162308		
	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	. Р		27-4162308		

	Physical address of each property (street, city, stat	Type of Property (from list below)		Fair Rental Days	Personal Use Days	VĽQ		
Α	IPALM BEACH, FL 33480	SINGLE FAMILY RESIDENCE		365				
В				SINGLE FAMILY RESIDENCE				
С	TABLE DESIGNATION OF THE STATE			-				
D			ROYALTIES	LTIES				
E		ROYALTIES		Wildeless Control of the Control of				
orm	1040 Schedule E, Part II , Line 28 - Income or Lo (a) Name	(b) Enter P	ship and S (	<b>***********************************</b>	ns' iplover	1 ' ( ) a		
	(a) Name	for partnership; S for S corporation	foreign partnership	identification number		(e) Check if any amount i not at risk		
A	THE EAST 61 ST COMPANY	Р		13-3057745				
В	UNREIMBURSED EXPENSES	Р		13-3057745				
С	THE EAST 61 ST COMPANY	Р		13-3057745				
D	PARK BRIAR ASSOCIATES LLC	Р	П	11-6160410		П		
E	MAR-A-LAGO CLUB LLC	P	П	65-0567671				
F	UNREIMBURSED EXPENSES	Р		65-0567671				
G	40 WALL DEVELOPMENT ASSOC LLC	Р		13-3845249		П		
н	UNREIMBURSED EXPENSES	P		13-3845249				
I	HUDSON WATERFRONT ASSOC I LP	P		13-3796302				
נ	HUDSON WATERFRONT ASSOC V LP	P		13-3796322				
к	HUDSON WATERFRONT ASSOC II LP	Р		13-3796305				
L	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315				
м	HUDSON WATERFRONT ASSOC IV LP	Р		13-3796319				
N	TRUMP CPS LLC	P		13-3917414		П		
0	UNREIMBURSED EXPENSES	Р		13-3917414				
Р	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	Р		27-4162308				
Q	TRUMP PLAZA LLC	Р		13-39	72488			
R	UNREIMBURSED EXPENSES	Р		13-3972488		О		
s	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	Р		27-4162308				
г	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	Р		27-4162308		П		
U	TRUMP 845 UN LIMITED PARTNERSHIP	Р		13-3958323				
v	UNREIMBURSED EXPENSES	P		13-3958323				
w	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	P		27-4162308				
ĸ	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	P		27-41	62308			
Y	TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	Р		13-40-	40286			
Z	UNREIMBURSED EXPENSES	Р		13-40	40286			
AA	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-41	62308			
AΒ	UNREIMBURSED EXPENSES	Р		27-410	62308			
AC.	REG TRU EQUITIES LTD	S		11-248	82098			
AD	TIPPERARY REALTY CORP	S		11-240	05629	. 🗆		
A.E	PLAZA CONSULTING CORP .	S		13-338	13-3385468			
AF	THE TRUMP CORPORATION	S		13-30	38887			
٩G	UNREIMBURSED EXPENSES	S		13-30	38887			
AΗ	TRUMP PROJECT MANAGEMENT CORP	S		13-37	75593			
AI.	UNREIMBURSED EXPENSES	S		13-37	75593			

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
AJ	TRUMP'S CASTLE MANAGEMENT CORP	S		22-3167829	П
AK	TRAVEL ENTERPRISES MANAGEMENT INC	S		13-3345689	
AL	THE TRUMP HOTEL CORP	S		13-3430478	
вм	TRUMP ICE INC	S		13-3355527	
BN	HELICOPTER AIR SERVICES INC	S		13-3478858	П
во	DJT HOLDINGS MM LLC - PARC CONSULTING INC	S		27-4162256	
ВР	THE TRUMP ORGANIZATION INC	S		13-3070440	
ВQ	TRUMP EMPIRE STATE INC	S		13-3766196	П
BR	FIFTY-SEVEN MANAGEMENT CORP	S		13-3860845	П
BS	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC	S		27-4162256	П
вт	TRUMP VILLAGE CONSTRUCTION CORP	S		11-1993421	
BU	TRUMP CPS CORP	S		13-3917416	П
в۷	FIRST MEMBER INC	S		13-3914818	
BW	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S		27-4162256	П
вх	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S		27-4162256	
ву	TRUMP PAYROLL CORP	S		13-3494471	П
BZ	FLIGHTS INC	S		13-3929051	П
В	TRUMP PLAZA MEMBER INC	S		13-3979038	
В	TRUMP VILLAGE CONST CORP-DJT GR TR	S		11-1993421	П
В	TRUMP TOWER MANAGING MEMBER INC	S		13-3981225	
В	TRUMP 845 UN MGR CORP	S		13-4026239	
В	BEACH HAVEN APARMTENTS #1 INC DJT GR TR	S		11-1681481	П
В	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S		11-1582802	
В	TRUMP MANAGEMENT INC	S		11-2196835	П
В	TRUMP PARK AVENUE LLC (DELMONICO)	, Р		01-0580204	
В	UNREIMBURSED EXPENSES	Р		01-0580204	
В	TRUMP TORONTO DEVELOPMENT INC	S		20-0005703	
В	STARRETT CITY ASSOCIATES	Р		11-6189342	
В	TRUMP LAS VEGAS SALES & MARKETING INC	S		20-1866514	
С	TRUMP PARK AVENUE LLC	Р		20-1908009	П
С	UNREIMBURSED EXPENSES	Р		20-1908009	
С	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S		27-4162256	
С	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р		27-4162308	
С	UNREIMBURSED EXPENSES	P		27-4162308	
С	DIT HOLDINGS LLC - DIT ENTREPRENEUR MANAGING MEMBER	Р		27-4162308	
С	LLC UNREIMBURSED EXPENSES	P		27-4162308	
С	TRUMP INTERNATIONAL GOLF CLUB LLC	P		65-0750446	
С	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S		27-4162256	
С	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	. P	l	27-4162308	
С	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING	S		27-4162256	
С	MEMBER INC  DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS	P	<del>                                     </del>	27-4162308	
	MANAGEMENT LLC	S		27-4162256	
С	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP		П	27-4102230	<b>└</b>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk	
С	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S	П	27-4162256		
С	TIHM MEMBER CORP	S		20-5074158		
С	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	Р	П	27-4162308		
С	TRUMP FLORIDA MANAGER CORP	S		27-4162256		
С	TRUMP 55 WALL CORP	S		13-3922525		
С	TIHT MEMBER LLC	S		20-5315528		
С	TIHT COMMERCIAL LLC	Р		13-4038061		
С	UNREIMBURSED EXPENSES	Р	П	13-4038061		
С	DJT HOLDINGS LLC -TRUMP LAS OLAS LLC	Р		27-4162308	П	
С	DJT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB	Р		27-4162308	П	
С	TRUMP MARKS PHILADELPHIA LLC	Р		20-8882513		
С	TRUMP MARKS WAIKIKI LLC	Р		20-8882101		
С	TRUMP MARKS WAIKIKI CORP	S		20-8858096		
D	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S		27-4162256		
D	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S		27-4162256	П	
D	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER CORP	S		27-4162256		
D	TRUMP MARKS PHILADELPHIA CORP	S		20-8881726		
D	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S		27-4162256		
D	DJT HOLDINGS LLC -TRUMP GOLF COCO BEACH LLC	Р		27-4162308		
D	DJT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER	S		27-4162256		
D	DJT HOLDINGS LLC - 809 NORTH CANON LLC	Р		27-4162308	П	
D	TRUMP CANOUAN ESTATE MEMBER CORP *	S		26-1624146		
D	DJT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S		27-4162256	П	
D	DJT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S		27-4162256		
D	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK	Р		27-4162308		, .
D	DJT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S		27-4162256		
D	DJT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S		27-4162256		w.
D	DJT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S		27-4162256		
D	DJT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	Р		27-4162308		
D	SENTIENT JETS MEMBER CORP	S		26-3467929		
D	TRUMP MARKS PUERTO RICO II MEMBER CORP	S		26-2982043		9
D	DJT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	Р		27-4162308		
D	DIT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER CORP	S		27-4162256		
D	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER CORP	S		27-4162256		0 8880 581 00
D	DJT HOLDINGS LLC - GOLF PRODUCTIONS LLC	Р		27-4162308		
D	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	S		27-4162256		
D	MELANIA MARKS ACCESSORIES LLC	Р		27-0226891		· ·
D	DJT HOLDINGS LLC - TRUMP ACQUISITION LLC	Р		27-4162308		2
D	MELANIA MARKS ACCESSORIES MEMBER CORP	S		27-0226852	П	
E	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEMBER CORP	S		27-4162256		
E	DJT HOLDINS MM LLC - TRUMP MARKS MENSWEAR MEMBER CORP	S		27-4162256		

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
E	SC LP SHOPPING CENTER LLC	Р		27-1551456	
E	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	Р		27-4162308	
Е	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S		27-4162256	
E	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	Р		27-4162308	
E	TRUMP INTERNATIONAL GOLF CLUB LLC	Р		65-0750446	
E	UNREIMBURSED EXPENSES	Р		65-0750446	
E	TRUMP INTERNATIONAL HOTEL HAWAII LLC	Р		27-0963857	
E	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S		27-4162256	
E	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S		27-4162256	
E	TRUMP FERRY POINT MEMBER CORP	S		27-8202438	П
E	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	S		27-4162256	
E	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S		27-4162256	
E	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S		27-4162256	· 🗆
E	TIHH MEMBER CORP	S		27-0963803	
E	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER CORP	S		27-4162256	
E	TRUMP TORONTO HOTEL MANAGEMENT CORP	S		26-4450770	
E	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	Р		27-4162308	П
E	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	Р		27-4162308	П
E	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	Р		27-4162308	
E	DJT HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	Р		27-4162308	
F	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S		27-4162256	О
F	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S		27-4162256	
F	TRUMP MARKS MEMBER CORP	S		27-1357658	
F	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256	
F	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S		27-4162256	П
F	DJT HOLDINGS LLC - 401 MEZZ	Р		27-4162308	. <sub>□</sub>
F	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	Р		27-4162308	П
F	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	Р		27-4162308	
F.	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	Р		27-4162308	
F	UNREIMBURSED EXPENSES	Р		27-4162308	
F	DJT HOLDINGS LLC - LFB ACQUISITION LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TNGC PINE HILL LLC	Р		27-4162308	П

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount i not at risk
H					
H	DT MARKS VANCOUVER LP	Р		90-0930859	П
1	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	Р		27-4162308	
1	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	Р		27-4162308	
1	DJT HOLDINGS LLC - THC RIO MANAGER LLC	Р		27-4162308	
1	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	Р		27-4162308	
1	TRUMP HOTEL MANAGEMENT CORP	S		13-3489501	
1	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S		27-4162256	
ł	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S		27-4162256	
1	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S		27-4162256	
ł	DJT HOLDINGS MM LLC - THC RIO MANAGING MEMBER CORP	S		27-4162256	
1	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S	П	27-4162256	
ı	DJT HOLDINGS MM LLC - EXCEL VENTURE I CORPORATION	S		27-4162256	
1	OPO HOTEL MANAGER MEMBER CORP	S	П	46-3066239	
ĺ	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	О	27-4162256	
1	DJT HOLDINGS MM LLC - THC SALES & MARKETING MEMBER CORP	S		27-4162256	
	THC VANCOUVER MANAGEMENT CORP	S		46-1843645	
	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S		27-4162256	
	TW VENTURE I MANAGING MEMBER CORP	S		46-4146150	П
	HUDSON WATERFRONT ASSOCIATES V LP	Р	П	13-3796322	
	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315	
ı	TRUMP 845 UN GP LLC	Р		13-3958321	
	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	Р		27-4162308	
	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256	. П
	845 UN LIMITED PARTNERSHIP - 845 LP LLC	Р		13-3958323	
	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	Р		01-0580204	
	TRUMP PARK AVENUE LLC - ACQUISITION	Р		01-0580204	П
	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S		27-4162256	
	DT CONNECT II MEMBER CORP	S		47-1519047	
	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S		27-4162256	
	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	П	47-2191989	
	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S		27-4162256	
	THC BAKU HOTEL MANAGER SERVICE MEMBER	s		27-4162256	
	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S		27-4162256	
	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S		27-4162256	
	DJT HOLDINGS MM LLC - THC QATAR HOTEL MANAGER MEMBER CORP	S		27-4162256	
	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S		27-4162256	
	TTTT VENTURE MEMBER CORP	S		47-2297906	
	DJT HOLDINGS MM LLC - TNGC CHARLOTTE MANAGER CORP	S		27-4162256	
	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGING MEMBER CORP	S		27-4162256	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
I	TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	S		26-2979757	
I	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S	П	27-4162256	
I	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	P	О	27-4162308	
I	DJT HOLDINGS-D B PACE ACQUISITION LLC	Р	П	27-4162308	
I	DT DUBAI II GOLF MANAGER LLC	Р	П	47-2265157	
I	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	Р	П	27-4162308	
I	DJT HOLDINGS LLC - THC QATAR HOTEL MANAGER LLC	Р	П	27-4162308	
I	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	Р	П	27-4162308	П
J	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	Р	П	27-4162308	
J	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	Р		27-4162308	
J	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	Р	О	27-4162308	
J	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	Р	口	27-4162308	
J	DJT HOLDINGS LLC (TW VENTURE I LLC)	Р	П	27-4162308	П
J	DJT HOLDINGS LLC -TW VENTURE II LLC	Р	П	27-4162308	О
J	DT CONNECT II LLC	Р		36-4791039	口
J	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	Р		27-4162308	П
J	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S		27-4162256	
J	DT TOWER GURGAON LLC	Р		47-3351290	
J	MOBILE PAYROLL CONSTRUCTION LLC	Р	П	36-4813676	
J	DT BALI TECHNICAL SERVICES MANAGER LLC	Р		36-4812795	
	DT LIDO HOTEL MANAGER LLC	Р		61-1769144	О.
)	DT LIDO TECHNICAL SERVICES MANAGER LLC	P		30-0881420	
3	DT JEDDAH TECHNICAL SERVICES MANAGER LLC	P		61-1771503	
3	WILLIAM M TRUMP MEDICAL FUND LLC	Р		47-5214076	П
)	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S		27-4162256	
J	THC JEDDAH HOTEL MANAGER MEMBER CORP	S	О	47-5150947	
J	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S	П	27-4162256	
J	DJT HOLDINGS MM*LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S	П	27-4162256	
<b>.</b>	DTW VENTURE MANAGING MEMBER CORP	S		46-5292006	
J	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	S		27-4162256	
)	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	S		27-4162256	
3	DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S		27-4162256	
K	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S		27-4162256	
K	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S		27-4162256	
K	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S		27-4162256	П
K	EID VENTURE II MEMBER CORP	S		81-1201049	
K	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S	П	27-4162256	
	DT TOWER II MEMBER CORP	S		81-1112510	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk	
K	DT VENTURE II MEMBER CORP	S	П	81-1743521		Ĺ
K	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S	П	27-4162256		
K	HUDSON WATERFRONT ASSOCIATES IV LP	Р		13-3796319		
K	DT TOWER GURGAON LLC	Р		47-3351290		
K	EID VENTURE II LLC	Р		32-0488634		
K	DJT HOLDINGS LLC - DT TOWER I LLC	Р		27-4162308		
K	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	Р	П	27-4162308		
K	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S		27-4162256		
К	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	Р		27-4162308		
к	DJT HOLDINGS LLC - DT CONNECT II LLC	Р	П	27-4162308		
К	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S		27-4162256		
К	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S		27-4162256		
К	TRUMP PALACE PARC LLC	Р		13-3913538		
K	UNREIMBURSED EXPENSES	P		13-3913538		
К	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	P		27-4162308		
K	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	P	П	27-4162308		
K	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	P		27-4162308		
K	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	P	П	27-4162308		
K	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	P		27-4162308		
K	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	P		27-4162308		
L	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	P	П	27-4162308		
L	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	P		27-4162308		
L	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	P		27-4162308		
	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	P				
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	P		27-4162308		
L	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC			27-4162308		T.
L	2.00 (0.0	Р		27-4162308		
	DIT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308		8
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	. P		. 27-4162308	···· ·□	MIN N.
L	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - TRUMP ICE LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	Р		27-4162308		Si Caralla de Caralla
L	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308		
L	DJT HOLDINGS LLC - DTW VENTURE LLC	Р		27-4162308	Π.	*
L	TRUMP EQUITABLE FIFTH AVE CO	Р		13-3014138		
L	UNREIMBURSED EXPENSES	Р		13-3014138		180
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	Р		27-4162308		
L	DJT HOLDINGS LLC	Р	П	27-4162308		
L	TRUMP FERRY POINT LLC	Р		27-2802479		

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
L	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S		27-4162256	
L	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	5	П	27-4162256	
L	DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP	S		27-4162256	
L	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S	П	27-4162256	
М	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S	П	27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	П	27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	5		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC	S		27-4162256	- П
М	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S	П	27-4162256	
M	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	S		27-4162256	
M	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT	S		27-4162256	· 🗓
М	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT	S		27-4162256	
м	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S		27-4162256	
M	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S		27-4162256	
м	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S		27-4162256	i i i
М	DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC	S		27-4162256	
м	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S		27-4162256	
м	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S		27-4162256	
М	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S		27-4162256	
м	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S		27-4162256	
M	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S			
M	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S		27-4162256	П
N	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S.	. П	27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S			
N	DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S		27-4162256	

According to the second state of the second st	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk	
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N	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	П	27-4162256		
N	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S	П	27-4162256		
N	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S	П	27-4162256		
N	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S	П	27-4162256		
N	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S	П	27-4162256		
0	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S		27-4162256		
0	DJT HOLDINGS MM LCCLLÇ - SINGLE FAMILY RESIDENCE - 124	S		27-4162256	П.	840
0	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S	П	27-4162256		
0	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S		27-4162256		-
0	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S		27-4162256		
0	DJT.HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S	П	27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S .		27-4162256		
0	DIT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER LLC	. 9		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S	П	27-4162256		
0	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S		27-4162256		
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S		27-4162256		
	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S		27-4162256		

DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC  DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC  DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL  S  27-4162256  DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL  S  27-4162256	
DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC S 27-4162256	П
DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL S 27-4162256	
	П
DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES S 27-4162256	
DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC S 27-4162256	П
DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER MANGING S 27-4162256  MEMBER LLC	
DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT S 27-4162256	П
DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC 5 27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS S 27-4162256 NECK 27-4162256	
DIT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS S 27-4162256	П
DJT HOLDINS MM LLCLLC - THC CENTRL RESERVATIONS LLC S 27-4162256	
DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC S 27-4162256	П
RPV DEVELOPMENT LLC - VH PROPERTY CORP S 76-0718710	П

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1	
Α	19,115					
В	€10,950					and the second second
С	<b>9</b> 193		ÇX 5 -			
D		65,600				*
E					6,773,547	
F	x 4	и —	466,440			
G		7,804,649				
н	<b>2</b> 457,596					
I	950				,	
J		280,489				
K	950				7	
L		524,656				
м	950					
N	<b>%</b> 401,333					
0	2100,165				*	
P		14,899				
Q		1,329,126				
R	<b>2</b> 13,301					
s	€50					

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
С			1,623		
С					2,170,709
С			26,100		
С		1,995,036			
С		20,355			
С		6,505,458			
С	1956				
С		145			
С	<b>9</b> 50				
С	€34				
С	950				
С	<b>2</b> 00				
С	<b>2</b> 1,945				
С		549,621			
С	967				
С	<b>9</b> 542				
С	2,153,598				
С	<b>2</b> ,772				
С		284,917			
С		1,957			
D	<b>%</b> 29				
D	₩22				1
D	954				
D	253				
D	€ 29				
D	2516,900				on opposite the same of the sa
D	₩ 172				
D	Prvg	14,210			
D	<b>©</b> 0				
D	950				
D D	€50				
			1,271,350		
D D		19,129			
	oři.	5,646			
D	<b>1</b> 8		8		
D D	<b>2</b> 1,764				
D D	*50 *50				and the second
D					
D	<b>95</b> 349				
D D					
D	<b>%</b> 6,195			****	
D	<b>2</b> 225,884				
	<b>%</b> 6,510		×		
D	<b>%</b> 1,780				•
D	<b>2</b> 94				
D	<b>%</b> 137				
E _	€ 13				
E		652			
E		21,058			
E	<b>%</b> 1,247				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1		
T	95/0						
U	250						
٧	<b>5</b> 55,370				-		
w	950						
х	920				-		
Υ	950				1000	. 2	
Z	<b>%</b> 67,209					*	
AA	19265						
AB	, 122						
AC	€0						
AD		20,359					
AE	<b>9</b> 1,269		6			3 -	
AF			11,329,851				
AG			168,898				
АН	950	26			The state of the s		
ΑI	<b>%</b> 9,665					4	
ΑJ	<b>%</b> 0				***************************************	=	
AK	<b>5</b> 0				***************************************		
AL			0				
вм	<b>9</b> 20						
BN	<b>%</b> 0						
во		7,813			***************************************		
ВР	<b>%</b> 0				-		
ВQ	<b>9</b> 50						
BR		80,429					
BS		-			6,780		
вт	<b>9</b> 50		-				
BU	<b>2</b> ,198					3	
в۷	<b>2</b> 354						
вw	<b>5</b> 0				,		
вх		307					
вү	<b>2</b> 0						
ΒZ	<b>95</b> 0						
В		12,112				9	* * =
В		68,704					
В		111,188					
В	₩1,242				TOTAL AND		
В		25,225			***************************************		
В		68,250			VV.		
В	14,849				TANKA MANANA		
В	<b>25</b> 14,649				- AVECTOR OF THE PARTY OF THE P		
В	<b>2</b> 5,082				- Vertical Control Con		
В	<b>25</b> ,082			2	- Control of the Cont		
В	220	323,214			-		
В	<b>%</b> 0	323,214				a	
C	<b>2</b> 0						
					-		*
с -	<b>%</b> 5,139					1.7	
с 	<b>5</b> 1,195		20,839,304				
С							
c c			172,319 20,860				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
E	05Fl				129,336
E	<b>%</b> 2,666				
E					
E	95282,014	2 527 017			
E		2,537,817			
E	<b>%</b> 13	1,555		-	
E	22/13	6,320			
E		351			
E	<b>%</b> 27	331			
E	<b>2</b> 2,305		***************************************		
E	202,305	24,220			
E					
	<b>€</b> 50	17,415			
E	3250	770.022			
E		778,833			
E		34,400			
E	<b>©</b> 112	1,706,855			
	32/112	426.240			
E	o\$3.	126,348			
E	₩349	VER. 80.1			
E		152,384			
E	057	556,576			
F	<b>95</b> 1,274				
F	954				
F	95/1		\$?		
F		5,679			
F	<b>2</b> 9				
F	<b>%</b> 50				
F		5,114,234			
F		1,289			
F			5,530,060		
F	<b>€</b> 50				
F	32,994				
F	2,856			1961	
F	2,753,779				
F	2,632				
F			3,373,735		
F	21,560,541				
F	<b>2</b> 607,143				
F	<b>%</b> 638,042				
F	<b>2</b> 586,804				
F	<b>%</b> 6,217				
F	<b>2</b> 313		18.		
F	950			(a)	
F	₩ 591				
F	<b>9</b> 23				
F	<b>2</b> 63				
F	<b>9</b> 29				
G	<b>%</b> 3337				
G	<b>2</b> 340				
	1294U	1	ı		

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
G	<b>5</b> 1,273,638		9		
G	<b>2</b> 6,505				
G	3		0		
G			34,422		
G	€26				
G	28,097				
G	<b>%</b> 637,524				
G	<b>9</b> 3,944				
G	<b>2</b> 5,987				
G	<b>2</b> 29				
G	<b>95</b> 48				
G	<b>%</b> 0				
G	<b>€</b> 3				
G	₹7,854				
G	<b>%</b> 455,454				
G	<b>5</b> 431				
G		1,392,345			
G		200	7,762,219		
G	<b>2</b> 294				
G	<b>%</b> 50		•		
G	2,321,503				
G	17,550,863				
G	<b>2</b> 0				
Н					1,186,851
н					20,435
н	1,745,543			•	
н	\$570,001				
н.	22570,001	134,589			
н		360,733			
н	€406	2007.00			
н	<b>95</b> 0				
н	\$35,129				
н	\$235,129	318,377			
н	<b>%</b> 0	310,377			
н	<b>95</b> 0				
	<b>95</b> 4				
н	7294	1 272			
Н		1,373			
н	<b>93</b> 358				
н			1		
н	<b>2</b> 5,816				
н	<b>%</b> Jo	2.212			
н	. F.260	3,248			
н	<b>5</b> 17,810				
H	<b>9</b> 50				
н	€50				, =
Н	• 250				*1.
н		3,094,176			
Н		5,789,255			
Н		382,610			
I	939,632				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
I	21,465				
I		574,375			
I		280,105			
I		127,207			
I	<b>95</b> 0				
I	<b>%</b> 6,494				
I	9534				
I	<b>9</b> 50				
ı	<b>%</b> 173				
ı	<b>%</b> 30				
I	<b>%</b> 359				
I	954				
I	<b>9</b> 11				
ı	954				
_					
I -	<b>9</b> 2,987				
I		14,206			
I		998			
I	<b>%</b> 5₀				
I	<b>%</b> 61,878				
I	<b>%</b> 349				
I	<b>95</b> 0				
I	€0				
I	<b>%</b> 5,806				
I	<b>2</b> 1,120				
I	<b>9</b> 349				
J	<b>2</b> 221	. ,			
J	<b>%</b> 30				
	216,927				
]		97,856			
<u> </u>	€30	37,030			4
, ,	<b>2</b> 2,194,612				
)	<b>2</b> 611,214				
3	<b>2</b> 6,064,703				
3	<b>2</b> 22,392			id.	
)	<b>%</b> 0				11.0
)	<b>%</b> 0				
)	<b>95</b> 0				
)	<b>%</b> 0				
)	<b>%</b> 0				
)	920				
,	950				
,	<b>95</b> 2				
,	<b>95</b> 0				
)	<b>9</b> 50				
,	<b>25</b> 23,686				, , , , , , , , , , , , , , , , , , ,
_	<b>23</b> ,686				3
,					
)	<b>9</b> 48				
]	223335				
)		1,465			
)	<b>95</b> 4				

***************************************	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	<b>%</b> 19				
К		1,513			
K	€538				
K	<b>%</b> 34				
K	<b>%</b> 370				
K	<b>%</b> 4				
K	<b>%</b> 0				
K	<b>5</b> 0				
K	<b>%</b> 4				
К	<b>%</b>				
К	<b>%</b> 30				
K	<b>2</b> 466				
K	392				
K		5,714,340			
K		58,304			
K	<b>%</b> 50	***			
K	231,389				
ĸ	<b>2</b> 15,922				
K	322,022				22
K	<b>%</b> 86,592				
K	<b>5</b> 45,476	14.004			
K	er.	14,964			
K	794	000000000000000000000000000000000000000			
K		5,667			
K	<b>2</b> 56	2	[4		
K	22,475				
K	<b>2</b> 81				
L	<b>2</b> 479				
L	<b>2</b> 56				
L	<b>2</b> 1,566				•
L	905		8.		
L	<b>2</b> 187				
L	€1,704				
L		50,237			
L	353				
L	<b>2</b> 259				
L L	94,710				
L	<b>2</b> 42,405				
L L	<b>2</b> 113				
	<b>25</b> 113				
L					
L	<b>2</b> 271,309				
L	<b>2</b> 117,702				
L	135,740				
L	<b>2</b> 32,877		***************************************		
L		20,495,549			
L	<b>1</b> 90,532	12-7-7-21			10
L -	<b>2</b> 307				
L	<b>2</b> 144,987				
L	<b>2</b> 81,597				
L	<b>%</b> 1,569				
L			12,972		

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
L	<b>%</b> 76				
L	<b>2</b> 2,741				
м	€21,189				
м	9501				
м	€_8				
м		57			
м	<b>%</b> 5₁				
м	<b>%</b> 3₁				
м	210,514				
м	<b>9</b> 16				
м	227				
м	<b>9</b> 16				
м	<b>%</b> 59				
м	€2				
м	<b>%</b> 17				
м		507		~	
м	95/4			14	
м	<b>%</b> 33				
м	<b>%</b> 33				
M	957				
м	A CONS 66859 S	65,712			
м	<b>95</b> 0				
м	€3333				
м	€ 40				
м	<b>€</b> €120				
м	27,816			*	
м	227,010		34,078		
м	<b>%</b> 15,763				
N	<b>2</b> 6,133				
N	200,133	14,064			
N	<b>%</b> 78,406	21/001			
N	<b>25</b> 78,400 <b>25</b> 3				<del></del>
N	<b>ॐ</b> 23,450				
N	223,430	11,988			
N	651	206			
N	<b>2</b> 177,281				
N			0	8 3	
N	<b>9</b> 50				
N	<b>%</b> 171		<u></u>		
N	AFT		0		
N	22,168				
N		988			
N	€317				
N	<b>2</b> 61,260			9	1903
N	€ 16,445				
N	<b>%</b> 50				
N		144	×		
N	<b>%</b> 6,440				
N			55,859		
N	<b>%</b> 3428				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
N	9,491				
N	<b>2</b> 1,371				
N	<b>5</b> 1				
N	<b>%</b> 5				
0	<b>G</b> 1				
0	<b>%</b> 30				
0	<b>%</b> 1				
0	<b>9</b> 59				
0	23332				
0	<b>%</b> 34				
0	950				
0	<b>%</b> 32				
0	<b>€</b> 33				
0	<b>%</b> 33				
o	<b>9</b> 2√4				
0	9218				
0	<b>9</b> 56				
0	<b>9</b> 27				7
0		20,152			
0	€13				
0	<b>9</b> 35				
0	<b>9</b> 4				
0	<b>%</b> 171				
0	<b>%</b> 363				
0	€13				
0		17,241			
0		1,276			
0		5,622			
0	95/4				
0	<b>2</b> 355				· · · · · · · · · · · · · · · · · · ·
Р		1,539			
P		151			
Р		151			
P		- 347		,	
P	<b>93</b> 0				
P	<b>9</b> 24				/·
P	<b>9</b>				
P	954 954				
P	294	1,359			
P		1,539	211		
P	<b>95</b> 0		211		
P	**************************************				
P	<b>2</b> 21,/54				
P	<b>5</b> 211 <b>5</b> 2,282		-		
-	₹292,282	7,867	-	1	
P		7,867			
P	<b>%</b> 5,758				
P	ANCI	57,721			
Р	<b>2</b> 12,842			-	
P	5,927	Consideration and			
P		3,216			***************************************

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562			
	17,632						
Р		6,084					
orı	m 1040 Schedule E, Part II	I, Line 33 - Income or Lo	ss From Estates and	Trusts			
		(a) Name			(b)Employer identification number		
Α	DONALD J TRUMP TRUST		11-6261971				
В	DONALD J TRUMP ELIZABETH TRI		13-6023440				
С	DONALD J TRUMP 'FRED' TRUST				13-6023441		
D	ELIZABETH TRUMP GRANDCHILD	REN - DONALD			13-6814305		
orı	n 1040 Schedule E, Part II	I, Line 33 - Passive Inco	me and Loss/Nonpas	sive Income and	Loss		
	(c) Passive deduction or lo allowed (attach Form 8582 required)			tion or loss from edule K-1	(f) Other income from Schedule K-1		
Α				0			
В		<b>2</b> 30					
С		<b>2</b> 0					
D		<b>%</b> 0					

Your name ,	Social security number	Busir	iess in which expenses w	ere incu	rred
DONALD J. TRUMP	3	THE	EAST 61 ST. COMP	ANY	
Part I Business Expenses and Reimbursem	ents				
STEP 1 Enter Your Expenses		Oth	Column A er Than Meals Entertainment		Column B  Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1		4 4	
2 Parking fees, tolls, and transportation, including train, bus, etc., to involve overnight travel		2			
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	ng, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST.	lude meals ATEMENT 68	4	10,950.		
5 Meals and entertainment expenses		5			
6 · Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	e result. In Column B,	6	10,950.		
NOTE: If you were not reimbursed for any expenses in Step 1, s	kip line 7 and enter the amour	nt from line	6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limita		u ya amili amia awa			
8 Subtract line 7 from line 6		8	10,950.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjet the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ect to	9	10,950.		
10 Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	re.		<b>&gt;</b>	10	10,950.

Pa	rt II Vehicle Expenses		7						
	ion A General Information			:		(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2017				12	mile	S		miles
13	Business miles included on line 12			- 1	13	mile	_		miles
14	Percent of business use. Divide line 13 by line 12				14	0	/6		%
15	Average daily roundtrip commuting distance				15	mile	s		miles
16	Commuting miles included on line 12				16	mile	s		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12		17	mile	s		miles
18	Was your vehicle available for personal use during							Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable fo	personal use?					Yes	No
20	Do you have evidence to support your deduction?							. Yes	No
21	If "Yes," is the evidence written?							. Yes	No
Cont	ion B Standard Mileage Rate (See the instruction	ne for F	art II to find out whether to	complete	this sect	tion or Section C.)	10.00		
3600	IOII D Standard Willeage Nate (Oct the Instruction	7113 101 1	art II to find out whother to	oompiete	tino boo				
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here and	on line 1				22		
_	ion C Actual Expenses	Toro dire	(a) Veh				(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
	Vehicle rentals	24a							
	Inclusion amount	24b					/ TO TAKE S.		
-	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies								
20	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26		( <del>************************************</del>	0.00				
27	Multiply line 26 by the percentage on line 14	27							
	Depreciation. Enter amount from line 38 below	28						To the same of the	
28	Add lines 27 and 28. Enter total here and on	20						control (1990) of the control of the	
29	line 1	29					The state of		
Sect	ion D Depreciation of Vehicles (Use this section		vou owned the vehicle and	are comp	leting S	ection C for the vehicle.)			
		T	. (a) Veh			. 1	(b) Ve	ehicle	
30	Enter cost or other basis	30							
	Enter section 179 deduction	90							
٠.	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106		133						
UL	instructions if you claimed the section 179.								
	deduction or special allowance)	32							
22	Enter depreciation method and percentage	33							
33	Multiply line 32 by the percentage on line 33	34							
34		35			- 11-11-11				w. ) 3),(((())),(() - 3),(()
35	Add lines 31 and 34	36		随北京市			- CO		
36	Enter the limitation amount			ACT OF THE	- 1 His 301 T			The second secon	
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the <b>smaller</b> of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38							
	THE 33 AIST PRIPE THIS ARROUND ON THE ZO MOOVE	1 00 19	CHARLES SERVED AND ALL MANAGED STREET STREET, THE PARTY AND ADDRESS OF			Constitution agreement and according to a constitution of	CHICAGO AND BUILDING		CONTRACTOR

Your name	Social security number	Business in wh	nich expenses	vere incl	urred
DONALD J. TRUMP		40 WALL DE	VELOPMENT	ASSOC	, LLC
Part I Business Expenses and Reimbursemer	nts		***************************************		
STEP 1 Enter Your Expenses		Column /	4		Column B
		Other Than N and Entertain			Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		- Company		
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not 2				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STAT	le meals EMENT 69 4	\$26.54 to \$3.54 (428.51)	457,596.		
5 Meals and entertainment expenses	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B, 6		457,596.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	om line 6 on line 8	3.		
STEP 2 Reimbursements for Expenses Listed In	step 1				
7. Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7				
STEP 3 Figure Expenses Subject to the Limitati	on		штани наценяющие година		
8 Subtract line 7 from line 6	8		457,596.		88 10 28E
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero-or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to		457,596.		,
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			<b>&gt;</b>	10	457,596.

	nent SBE (2016) DONALD J. TRUMP						10	<u> </u>
Par	t II Vehicle Expenses							
Sectio	n A General Information				(a) Vehicle		(b) Vehicle	
11 E	Enter the date vehicle was placed in service			. 11				
2 7	Total miles vehicle was driven during 2017			. 12	mil	es		miles
3 E	Business miles included on line 12			. 13	mil		· .	miles
4 F	Percent of business use. Divide line 13 by line 12			. 14		%		%
5 A	Average daily roundtrip commuting distance			. 15	mil	es		miles
6 (	Commuting miles included on line 12				mil	es		miles
7 (	Other miles. Add lines 13 and 16 and subtract the	total f	om line 12	17	mil	es		miles
8. /	Was your vehicle available for personal use during	off-d	ty hours?				Yes	No
	Do you (or your spouse) have another vehicle avai							No
0 [	Do you have evidence to support your deduction?						[ ] 165 [	
	If "Yes," is the evidence written?						Yes	No
ectio	n B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to comp	lete this se	ection or Section C.)		1	
	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1			22	<u> </u>	·
Sectio	n C Actual Expenses		(a) Vehicle		EP-RED SWITZERS	(a) v	/ehicle	
	Gasoline, oil, repairs, vehicle insurance, etc			BHSMI7(201)				55 TATO
4a \	Vehicle rentals							
bl	Inclusion amount	24b				071024050		
c S	Subtract line 24b from line 24a	24c						
25 \	Value of employer-provided vehicle (applies							
0	only if 100% of annual lease value was							
i	included on Form W-2)							
26	Add lines 23, 24c, and 25	26						
27 1	Multiply line 26 by the percentage on line 14	27						
28 [	Depreciation. Enter amount from line 38 below	28						
9 /	Add lines 27 and 28. Enter total here and on							
1	line 1	29					Maria de la companya	
Sectio	on D Depreciation of Vehicles (Use this section	only	f you owned the vehicle and are c	ompleting	Section C for the vehicle.)			
			(a) Vehicle .	CONTROL DESCRIPTION		(b) \	/ehicle.	10000000
30 E	Enter cost or other basis	30				- The sets		
31 E	Enter section 179 deduction							
8	and special allowance	31						
32 1	Multiply line 30 by line 14 (see Form 2106							
j	instructions if you claimed the section 179		1.54.72.5					
(	deduction or special allowance)	32						
33 E	Enter depreciation method and percentage	33				PTOTA A FEMALE		
	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35					A COMPANY NAMED AND ADDRESS OF THE PARTY OF	Calvage In Iva
	Enter the limitation amount	36				E. Indiana and		
	Multiply line 36 by the percentage on line 14	37						
	Enter the smaller of line 35 or line 37. If you						6	
	skipped lines 36 and 37, enter the amount from					ut to		
	line 25. Also enter this amount on line 28 shove	38						

Your name .	Social security number		Business in which expenses v	vere incurred	***************************************
DONALD J. TRUMP	1		TRUMP CPS LLC		
Part I Business Expenses and Reim	nbursements				
STEP 1 Enter Your Expenses			Column A Other Than Meals and Entertainment	ope.	Column B Meals and ntertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train involve overnight travel	n, bus, etc., that did not	2			
3 Travel expense while away from home overnight, inc etc. Do not include meals and entertainment	luding lodging, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3 and entertainment	B. Do not include meals SEE STATEMENT 70	4	100,165.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 enter the amount from line 5		6	100,165.		(a) 3
NOTE: If you were not reimbursed for any expense	s in Step 1, skip line 7 and enter the am	ount fro	m line 6 on line 8.	retranscriptor and a second	
STEP 2 Reimbursements for Expense	es Listed In STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box Include any amount reported under code "L" in box 1		7			
STEP 3 Figure Expenses Subject to the	he Limitation				
8 Subtract line 7 from line 6		8	100,165.		
9 In Column A, enter the amount from line 8. In Colum amount on line 8 by 50% (.50). (If zero or less, enter the Department of Transportation (DOT) hours-of-se Multiply by 80% (.80) instead of 50%)	-0-) (If subject to rvice limits:	9	100,165.		
10 Add the amounts on line 9 of both columns and ente	er the total here.		•	10	100 165

Page 2

	HIGH ODE (2010) DONALD G. TROM					
	rt II Vehicle Expenses					
	on A General Information		article and the second	<del>   -</del>	(a) Vehicle	(b) Vehicle
	Enter the date vehicle was placed in service			11		
	Total miles vehicle was driven during 2017			12	miles	miles
3	Business miles included on line 12			13	miles	miles
	Percent of business use. Divide line 13 by line 12 $$			14	%	
	Average daily roundtrip commuting distance			15	miles	miles
				16	miles	miles
	Other miles. Add lines 13 and 16 and subtract the				miles	miles
8	Was your vehicle available for personal use during	off-duty hours?				Yes No
9	Do you (or your spouse) have another vehicle ava	ilable for personal	use?			Yes No
<u>'</u> 0	Do you have evidence to support your deduction?					Yes No
!1	If "Yes," is the evidence written?					Yes No
Section	on B Standard Mileage Rate (See the instruction	ns for Part II to fir	nd out whether to complete	this sectio	n or Section C.)	
	(Strategie and Alberta and Alb					
2	Multiply line 13 by 53.5¢ (0.535). Enter the result	here and on line 1			22	
	on C Actual Expenses		(a) Vehicle			Vehicle
3	Gasoline, oil, repairs, vehicle insurance, etc.	23				
	Vehicle rentals	24a				
b	Inclusion amount	24b				
	Subtract line 24b from line 24a	24c				
	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
	Add lines 23, 24c, and 25	26				
	Multiply line 26 by the percentage on line 14	27				
	Depreciation. Enter amount from line 38 below	28				
	Add lines 27 and 28. Enter total here and on					
	line 1	29		1 Feet 1		
	on D Depreciation of Vehicles (Use this section	The Control of the State of the	d the vehicle and are com	pleting Sec	tion C for the vehicle.)	
			(a) Vehicle		(b)	Vehicle
0	Enter cost or other basis	30				
	Enter section 179 deduction					
	and special allowance	31				
	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179			TALLY TO		Mark the Land
	deduction or special allowance)	32				
	Enter depreciation method and percentage	33			78	
	Multiply line 32 by the percentage on line 33	34				
	Transfer of the second	35				
	Add lines 31 and 34 Enter the limitation amount	36				
	Multiply line 36 by the percentage on line 14	37		Chicago and		
		01				
	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					

Your name	Social security number	В	usiness in which expenses v	were inc	urred
DONALD J. TRUMP	2	rF	RUMP 845 UN GP LLC	(MGR	)
Part I Business Expenses and Reimbursen	nents				
STEP 1 Enter Your Expenses			Column A		Column B
- Enter rour Expenses			Other Than Meals and Entertainment	700 HC 700 H	Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2			
3 Travel expense while away from home overnight, including lodg etc. <b>Do not</b> include meals and entertainment	ing, airplane, car rental.	3			
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S	clude meals TATEMENT 71	4	55,370.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5	he result. In Column B,	6	55,370.		K =
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amount	from li	ne 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	d In STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form V Include any amount reported under code "L" in box 12 of your Fo	V-2. orm W-2	7			
STEP 3 Figure Expenses Subject to the Limit	ation				
8 Subtract line 7 from line 6		8	55,370.		* *
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subthe Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	55,370.		
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	ere.		<b>&gt;</b>	10	55,370.

	HIGH SDE (2010) DONALD J. TROMP							3 -
Pa	rt II Vehicle Expenses							
Sect	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			. 11				
12	Total miles vehicle was driven during 2017				mil	es		miles
13	Business miles included on line 12			. 13	mil			miles
14	Percent of business use. Divide line 13 by line 12					%		%
15	Average daily roundtrip commuting distance				mil	es		miles
16					mil			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fi	om line 12	17	mil	es		miles
18	Was your vehicle available for personal use during	ı off-dı	ty hours?				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	r personal use?				Yes	☐ No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?						Yes	No
Secti	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to comple	ete this se	ction or Section C.)	1		
99	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	d on line 1		9.	22		
Secti	ion C Actual Expenses	noi o a	(a) Vehicle		1	(b) V	ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals							
	Inclusion amount	24b						
	Subtract line 24b from line 24a							
	Value of employer-provided vehicle (applies	240						
20	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25							
	Multiply line 26 by the percentage on line 14	-						
27	Depreciation. Enter amount from line 38 below							
	Add lines 27 and 28. Enter total here and on	20						
29		20						
Cast	line 1ion D Depreciation of Vehicles (Use this section	29	you owned the vehicle and are co	mnletina	Section C for the vehicle \			
oect		T	(a) Vehicle	prouit	oralism of the volitory	(b) V	ehicle	
 20	Enter cost or other hasis	30	(a) verille			\~/		
	Enter cost or other basis Enter section 179 deduction	30						
δl	1 1-1-11	31						
20	and special allowance Multiply line 30 by line 14 (see Form 2106	01						
32								
	instructions if you claimed the section 179	00						
vortain.	deduction or special allowance)	32		260 TO 360				
33	Enter depreciation method and percentage	33					CYBO TOWN TO WEEK THE C	e september 1
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35		Ale Francis		er designation		a garanga
36	Enter the limitation amount	36		2.8.7.4.5.18.18.18.18.18.18.18.18.18.18.18.18.18.			PTOMES SHAFTER SALE	
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
		1 00			The second secon		I	

Your name Social security number	Business in which expenses were incurred
DONALD J. TRUMP	TRUMP EQUITABLE FIFTH AVENUE CO
Part I Business Expenses and Reimbursements	
STEP 1 Enter Your Expenses	Column A Column B
STEF 1 Litter Four Expenses	Other Than Meals Meals and and Entertainment Entertainment
1 Vehicle expense from line 22 or line 29	1
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 72	4 190,532.
5 Meals and entertainment expenses	5
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	nount from line 6 on line 8.
STEP 2 Reimbursements for Expenses Listed In STEP 1	
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7
STEP 3 Figure Expenses Subject to the Limitation	17
8 Subtract line 7 from line 6	8 190,532.
9. In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	g 190,532.
10 Add the amounts on line 9 of both columns and enter the total here.  These are your supplemental business expenses.	190.5

State	ement ade (2010) DONALD J. TROMP	10000						J	rugo =
Pa	art II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11					
12	Total miles vehicle was driven during 2017			12		miles			miles
13	Business miles included on line 12					miles			miles
14	Percent of business use. Divide line 13 by line 12					%			%
15	Average daily roundtrip commuting distance					miles			miles
16						miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total	from line 12	17		miles		The street of the second stree	miles
8	Was your vehicle available for personal use during							Yes	☐ No
19	Do you (or your spouse) have another vehicle available.	ilable	for personal use?				******	Yes	No
20	Do you have evidence to support your deduction?							Yes	No
!1	If "Yes," is the evidence written?							Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ıns foi	Part II to find out whether to co	omplete this se	ection or S	Section C.)			
		4	nermanya i CTTS SVS (CECONALISM)						
	Multiply line 13 by $53.5  \text{¢}$ (0.535). Enter the result	here a					22		
	ion C Actual Expenses		(a) Vehic	le		(1	o) Vehic	cle	<del></del>
	Gasoline, oil, repairs, vehicle insurance, etc.							Control of the Action Control	edate e su com
	Vehicle rentals						110		
	Inclusion amount				United the	51540/15000750710004507411		SACTOR !	
	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies				l				
	only if 100% of annual lease value was								
	included on Form W-2)								
26	Add lines 23, 24c, and 25	26							
7	Multiply line 26 by the percentage on line 14	27							
8	Depreciation. Enter amount from line 38 below	28							
9	Add lines 27 and 28. Enter total here and on								
	line 1								
ecti	ion D Depreciation of Vehicles (Use this section	only	if you owned the vehicle and a	re completing	Section C	for the vehicle.)			
	to the terms of the same		(a) Vehic	le	see ee ee ee	· (I	) Vehic	cle	OD CHARGE COOK S
0	Enter cost or other basis	30	61.72 34.57			ar as out a lay resolution and a law are			
	Enter section 179 deduction								
	and special allowance	31		-Carlo VI	WE 11 HAVE DO LOW		48-		
2	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179.						13-52		
	deduction or special allowance)	32					. 6		
3	Enter depreciation method and percentage	33							
4	Multiply line 32 by the percentage on line 33	34							
5	Add lines 31 and 34	35					10 THE		
6	Enter the limitation amount	36							
7	Multiply line 36 by the percentage on line 14	37							
8	Enter the <b>smaller</b> of line 35 or line 37. If you								
x65.°	skipped lines 36 and 37, enter the amount from								
	e of N ( ) it to oo t	0.0					Diff		

Your name		Social security number	Business in which expenses were incurred					
DONALD J. TRUMP			TRUMP PALACE/PARC LLC					
Part I Business E	xpenses and Reimburseme	ents	anna ann an A					
STEP 1 Enter Your	Fynansas			Column A	T	Column B		
	EXPENSES			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line	22 or line 29		1		113,150			
2 Parking fees, tolls, and tra involve overnight travel	nsportation, including train, bus, etc., th	nat <b>did not</b>	2					
3 Travel expense while away	rfrom home overnight, including lodgin and entertainment	g, airplane, car rental.	3					
4 Business expenses not inc and entertainment	luded on lines 1 through 3. <b>Do not</b> incl	ude meals ATEMENT 73	4	45,476				
5 Meals and entertainment e	xpenses		5					
6 Total expenses. In Columenter the amount from line	n A, add lines 1 through 4 and enter the 5	e result. In Column B,	6	45,476	•			
NOTE: If you were not re	imbursed for any expenses in Step 1, s	kip line 7 and enter the amou	nt from	line 6 on line 8.				
STEP 2 Reimburser	nents for Expenses Listed	In STEP 1	1000m - Conore					
7 Enter amounts that were n Include any amount report	ot reported to you in box 1 of Form W- ed under code "L" in box 12 of your For	2. m W-2	7					
STEP 3 Figure Expe	nses Subject to the Limita	tion						
8 Subtract line 7 from line 6			8	45,476		- X 1		
	g.							
amount on line 8 by 50% (	ount from line 8. In Column B, multiply .50). (If zero or less, enter -0-) (If subje ortation (DOT) hours-of-service limits: ead of 50%)	ect to	9	45,476		a a		
	×		<u>ט</u>	23,470	19101311			
10 Add the amounts on line 9 These are your supplemen	of both columns and enter the total her tal business expenses	····		<b>&gt;</b>	10	45,476.		

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Statement SBE	(2016)	DONALD	J.	TRUMP	

	IEIL SEE (2016) DONALD J. TRUMP					- Lugo
Par						
Sectio	n A General Information				(a) Vehicle	(b) Vehicle
	Enter the date vehicle was placed in service			11		
12 T	Total miles vehicle was driven during 2017				miles	mi
	Business miles included on line 12				miles	mi
14 F	Percent of business use. Divide line 13 by line 12				%	
15 A	Average daily roundtrip commuting distance			15	miles	mi
					miles	<u>mi</u>
	Other miles. Add lines 13 and 16 and subtract the				miles	l mi
18 V	Nas your vehicle available for personal use during	off-du	ty hours?			Yes
19 D	Do you (or your spouse) have another vehicle avai	ilable f	or personal use?			Yes
2 <b>0</b> E	Oo you have evidence to support your deduction?					Yes
21 l	f "Yes," is the evidence written?					Yes
Sectio	n B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to comp	lete this sec	ction or Section C.)	
	A. History 10 Land 10	hora -	ud on line 1			22
	Multiply line 13 by 53.5¢ (0.535). Enter the result n C Actual Expenses	nere a	d on line 1 (a) Vehicle	*****************		b) Vehicle
		Lan	(a) venicie		和批准的政治的政治	5) (6)
	Gasoline, oil, repairs, vehicle insurance, etc.					
	/ehicle rentals					
	nclusion amount		1. 10 Carlos (1985)			
	Subtract line 24b from line 24a	24c				
	/alue of employer-provided vehicle (applies					
	only if 100% of annual lease value was			5		
	ncluded on Form W-2)					
	Add lines 23, 24c, and 25					
	Multiply line 26 by the percentage on line 14					
28 E	Depreciation. Enter amount from line 38 below	28				
29 A	Add lines 27 and 28. Enter total here and on					
li	ine 1	29				
Sectio	n D Depreciation of Vehicles (Use this section	only		ompleting		
	sections of the section of the		(a) Vehicle	THE PLANE OF THE PARTY OF THE P	100	(b) Vehicle
	Enter cost or other basis	30				
	Enter section 179 deduction					
а	and special allowance	31		NAME OF THE OWNER OF THE OWNER, OF THE OWNER, OWNER		
32 N	Multiply line 30 by line 14 (see Form 2106					
. i	nstructions if you claimed the section 179.					
C	deduction or special allowance)	32				
	Enter depreciation method and percentage	33				医产品 美洲鱼 外
	Multiply line 32 by the percentage on line 33	34				
	Add lines 31 and 34	35				2.200
	Enter the limitation amount	36				
	Multiply line 36 by the percentage on line 14	37				7
	Enter the <b>smaller</b> of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	ine 35. Also enter this amount on line 28 above	38				

Your name	Social security number Business in which expenses were in					curred
DONALD J. TRUMP			TRUMP PLAZA	LLC		
Part I Business Expenses and Reimbursem	nents					
STEP 1 Enter Your Expenses			Column A Other Than Me and Entertainm			Column B Meals and Entertainment
Vehicle expense from line 22 or line 29     Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel		1 2				
Travel expense while away from home overnight, including lodgi etc. Do not include meals and entertainment	no, airplane, car rental.	3				eVellinerens
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	clude meals FATEMENT 74	4	1.086c=2.766=1.1117	13,301.		ended to see
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	ne result. In Column B.	6		13,301.		
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	unt fror	m line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	/-2. orm W-2	7				
STEP 3 Figure Expenses Subject to the Limit	ation		j-			*
8 Subtract line 7 from line 6		8	-, ,	13,301.		
9 In Column A, enter the amount from line 8. In Column B, multipl amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours of service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	3	13,301.		
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	ere.				10	13,301.

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

You	ur name Social security numb	er	Business in which expenses	were in	curred
DO	NALD J. TRUMP		THE TRUMP CORPORATION	ON	4
P	art I Business Expenses and Reimbursements	***************************************			
ST	TEP 1 Enter Your Expenses		Column A	<u> </u>	Column B
-			Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29	1			
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment				ere signale topo
4		resource and the second	168,898.		
5	Meals and entertainment expenses	5			
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	168,898.		
TUNNET TO SERVE	NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the	amount from	n line 6 on line 8.		
ST	TEP 2 Reimbursements for Expenses Listed In STEP 1				
7	Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	-		
ST	EP 3 Figure Expenses Subject to the Limitation		-	damenta de la constanta de la	
8	Subtract line 7 from line 6	8	168,898.		
9	In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits:  Multiply by 80% (.80) instead of 50%)	9	168,898.		DO M
10	Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	168,898.

	HIGHE SEC (2010) DONALD 3. TROMP		was an annual management of the state of the					· ago
	rt II Vehicle Expenses				7.337.15.15		(h) Vahiolo	
	ion A General Information			T.,	(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				mil			miles
12	Total miles vehicle was driven during 2017				mil			
13	Business miles included on line 12			. 13	mil ·	-		miles
14	Percent of business use. Divide line 13 by line 12				STREET, STREET	%		%
15	Average daily roundtrip commuting distance				mil			miles
16					mil mil			miles
17	Other miles. Add lines 13 and 16 and subtract the				mil			miles
18	Was your vehicle available for personal use during	off-di	ıty hours?				Yes	L No
19	Do you (or your spouse) have another vehicle avai	lable f	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?						Yes	No
			Doublished and substitute the games	ata thia aa	ation or Coation C \			
Sect	ion B Standard Mileage Rate (See the instructio	ns tor	Part II to lind out whether to compi	ete tilis se	ction of Section 6.)			
	M. W. L. W 40 L 50 5 . (0 505). Enter the month		ad an line d			22		
	Multiply line 13 by 53.5¢ (0.535). Enter the result ion C Actual Expenses	nere a	(a) Vehicle			(b) V	ehicle	
		23	(a) volition					
23	Gasoline, oil, repairs, vehicle insurance, etc.	-				HARLES IN		
	Vehicle rentals							
	Inclusion amount					a salutai		
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)							
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below $\dots$	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only		ompleting	Section C for the vehicle.)			
	en e		(a) Vehicle	PER ANDE	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) V	ehicle .	aster in
	Enter cost or other basis	30			The state of the s	Tree carrier		
31	Enter section 179 deduction							
	and special allowance	31		KINLAN LINESSII.		No. 4 Page 19		activities.
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179.							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33	F A.E.			CMUSERN		
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						a constitue de la
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37				7		
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

2017

Your name	Social security number	Business in which expenses were incurred					
DONALD J. TRUMP		TRUMP PROJECT MANAGEMENT CORP					
Part I Business Expenses and Reimburse	ements			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
STEP 1 Enter Your Expenses			Column A ther Than Meals d Entertainment		Column B Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	540	1					
2 Parking fees, tolls, and transportation, including train, bus, et involve overnight travel	c., that did not	2					
3 Travel expense while away from home overnight, including lo etc. Do not include meals and entertainment	dging, airplane, car rental.	3					
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	SAACOND INDICATED AND SECTION OF CONTRACT CONTRACTOR AND AND SECTION OF THE SAACOND CONTRACTOR AND	4	9,665.				
5 Meals and entertainment expenses		5					
• 6 Total expenses. In Column A, add lines 1 through 4 and enter the amount from line 5	er the result. In Column B,	6	9,665.				
NOTE: If you were not reimbursed for any expenses in Step	1, skip line 7 and enter the amou	nt from line	e 6 on line 8.				
STEP 2 Reimbursements for Expenses List	ed In STEP 1						
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	n W-2. r Form W-2	7					
STEP 3 Figure Expenses Subject to the Lim	nitation						
8 Subtract line 7 from line 6		8	9,665.		N. C. A. L. E.		
9 In Column A, enter the amount from line 8. In Column B, mul amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If s the Department of Transportation (DOT) hours-of-service lim Multiply by 80% (.80) instead of 50%)	subject to its:	9	9,665.	S. H.			
10 Add the amounts on line 9 of both columns and enter the total These are your supplemental business expenses	ıl here.		<b>&gt;</b>	10	9,665.		

Page 2

Statement SBE (20	116) DONALD	J.	TRUMP	

State	ement SBE (2016) DONALD J. TRUMP				A CONTROL OF THE PROPERTY OF T		V.	rago =
Pa	rt II Vehicle Expenses	***************************************						
Sect	ion A General Information				(a) Vehicle	_	(b) Vehicle	
11	Enter the date vehicle was placed in service			_11_				<u></u>
12	Total miles vehicle was driven during 2017			12	m	les		miles
13	Business miles included on line 12		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		m	les		miles
14	Percent of business use. Divide line 13 by line 12					%	months interior	%
15	Average daily roundtrip commuting distance			15	m	les		miles
16	Commuting miles included on line 12				m	les		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	l m	les		miles
18	Was your vehicle available for personal use during						Yes	No
	Do you (or your spouse) have another vehicle available.							□ No
20	Do you have evidence to support your deduction?						Yes	No
	If "Yes," is the evidence written?	422					Yes	No
sect	ion B Standard Mileage Rate (See the instruction	1115 101	Fait II to lind out whether to complet	.c (1113 3C	scholl of occitor o.)	Т	-	
	Marking the document of the coult	bara n	d on line 1			22		
	Multiply line 13 by 53.5¢ (0.535). Enter the result ion C Actual Expenses	nere a	(a) Vehicle		·····		/ehicle	
		00	(a) verificio					
	Gasoline, oil, repairs, vehicle insurance, etc.	23 24a				SMean ers		
	Vehicle rentals							
	Inclusion amount	24b 24c						
	Subtract line 24b from line 24a	24C						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	0.						
	included on Form W-2)							
	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28			<del></del>			
29	Add lines 27 and 28. Enter total here and on						0	
	line 1	29		oploting	Castian C for the vehicle	Medical	5	
sect	ion D Depreciation of Vehicles (Use this section	i only i		ilhiering	Section 6 for the venicle.)	(b) \	/ehicle	
			(a) Vehicle			(0)	Verificite .	
	Enter cost or other basis	30						
31	Enter section 179 deduction							
200	and special allowance	31				454981 - 15		
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
2000	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33		PART IS				
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35		94		MINE A		
36	Enter the limitation amount	36			表情 50 [10] 以下来说了[12]	50.30		
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 25. Also enter this amount on line 28 above	1 38					R	

Your name	Social security number	Ви	siness in which expenses v	ere incur	red	
DONALD J. TRUMP	,	T MANAGEMENT LLC (TMG MEMBER LLC)				
Part I Business Expenses and Reimbursen	nents					
STEP 1 Enter Your Expenses			Column A Other Than Meals and Entertainment		Column B  Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1	- A Marina Art Tolk December 1991			
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2	å			
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ing, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S	clude meals TATEMENT 77	4	67,209.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5	he result. In Column B,	6	67,209.			
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the ame	ount from lin	ne 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	d In STEP 1					
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	V-2. orm W-2	7				
STEP 3 Figure Expenses Subject to the Limit	ation		<u>'</u>			
- 2 - 2 - 2	9 9 11 14					
8 Subtract line 7 from line 6		8	67,209.		Tall	
					(4)	
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub- the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	67,209.			
ווומנוסון אין פטיים (בסטן ווומנטמט טו סטיים)		[ B ]	57,205.	chilte.		
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	ere.			10	67,209.	

	ment SBE (2016) DONALD J. TRUMP					_ raye 2
A-482072224	rt II Vehicle Expenses					
Secti	on A General Information				(a) Vehicle	(b) Vehicle
	Enter the date vehicle was placed in service					And the state of t
12	Total miles vehicle was driven during 2017			12	miles	miles
13	Business miles included on line 12				miles	miles
14	Percent of business use. Divide line 13 by line 12 $$				%	%
15	Average daily roundtrip commuting distance				miles	miles
16	Commuting miles included on line 12				miles	miles
17	Other miles. Add lines 13 and 16 and subtract the				miles	miles
18	Was your vehicle available for personal use during	off-du	ty hours?			Yes No
19	Do you (or your spouse) have another vehicle available. Do you have evidence to support your deduction?					
20	Do you have evidence to support your deductions					
04	If "Yes," is the evidence written?					Yes No
21	If fes, is the evidence written?					
Secti	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to come	lete this se	ction or Section C.)	
0000	Di D. Otanaara innoago riato (eee ino menaeme	110 101	***************************************			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1			22
	ion C Actual Expenses		(a) Vehicle			o) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
	Vehicle rentals	24a				
	Inclusion amount	24b				
	Subtract line 24b from line 24a	24c				1975 1947
	Value of employer-provided vehicle (applies					
20	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27		- Lames at l		
28	Depreciation. Enter amount from line 38 below	28	·			
29	Add lines 27 and 28. Enter total here and on	20				
29	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle and are o	ompleting	Section C for the vehicle.)	
0000	Deposition of the second	I	. (a) Vehicle			b) Vehicle
30	Enter cost or other basis	30				
	Enter section 179 deduction	-				
01	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
UL	instructions if you claimed the section 179.					
	deduction or special allowance)	32				
22	Enter depreciation method and percentage	33				
33 34	Multiply line 32 by the percentage on line 33	34				
35		35				
10-	Enter the limitation amount	36				
36	Multiply line 36 by the percentage on line 14	37		CONTRACTOR OF THE PARTY OF THE		
37	Enter the <b>smaller</b> of line 35 or line 37. If you	31				
38						
	skipped lines 36 and 37, enter the amount from	20				
	line 35. Also enter this amount on line 28 above	38			CONTRACTOR OF THE PERSON OF TH	

Your name	Social security number Business in which expenses were incurred					
DONALD J. TRUMP	e 2 i	TRUMP PARK AVENUE LLC (DELMONICO)				
Part I Business Expenses and Reimbursem	ents					
STEP 1 Enter Your Expenses			Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
2 Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2				
3 Travel expense while away from home overnight, including lodgi etc. Do not include meals and entertainment	ng, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST	clude meals PATEMENT 78	4	5,082.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	ne result. In Column B,	6	5,082.			
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amou	unt fron	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	I In STEP 1			S\$		
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	'-2. rm W-2	7		1 4 2		
STEP 3 Figure Expenses Subject to the Limita	ation					
8 Subtract line 7 from line 6	8	8	5,082.		1 60 0 0 0 0 0	
					*5	
In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the column B) amount on line 8 by 50% (.50).	ject to					
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		9	5,082.			
10 Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	ere.			10	5 082.	

Page 2

Statement	SBF	(2016)	DONALD	J.	TRUMP

Pa	irt II Vehicle Expenses			<b></b>				
0.07925	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2017			1 1	miles			miles
13	Business miles included on line 12				miles	3		miles
14	Percent of business use. Divide line 13 by line 12				%			%
15	Average daily roundtrip commuting distance				miles	5		miles
16					miles	:		miles
17	Other miles. Add lines 13 and 16 and subtract the				miles			miles
18	Was your vehicle available for personal use durin						Yes	No
19	Do you (or your spouse) have another vehicle ava	ailable for person	al use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?						Yes	No
Secti	ion B Standard Mileage Rate (See the instructi	ons for Part II to	find out whether to comple	ete this sect	ion or Section C.)			
2001	The state of the s		· · · · · · · · · · · · · · · · · · ·	AND THE STATE OF T	T			-
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here and on line	1			22		
	ion C Actual Expenses		(a) Vehicle			(b) Veh	icle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a				32		
	Inclusion amount	24b				200		
	Subtract line 24b from line 24a	24c						
	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25					ATRICE SPECIAL RESIDENCE OF THE CONTROL	
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
	Depreciation. Enter amount from line 38 below	28						
	Add lines 27 and 28. Enter total here and on							
20	line 1	29						
Secti	ion D Depreciation of Vehicles (Use this sectio	MESCAL SECTION AND ADDRESS OF THE PARTY OF T	ned the vehicle and are co	mpleting S	ection C for the vehicle.)	-		
	. A Service and a service and	1	(a) Vehicle			(b) Veh	icle	
30	Enter cost or other basis	30				2000		
	82 F 92 P 92 P 92 P 92	1946 AV						
J.	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106						A 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
UL	instructions if you claimed the section 179							
	deduction or special allowance)	32						
22	Enter depreciation method and percentage	33						
33 24	Multiply line 32 by the percentage on line 33	34						
34 25		35					-	- Chamber of the
35	Add lines 31 and 34	36		¥1.4546		200		<b>西蒙蒙</b> 在 直
36	Multiply line 36 by the percentage on line 14	37				EKT III		- B-S
37	Enter the <b>smaller</b> of line 35 or line 37. If you	31					**************************************	VII
38								
	skipped lines 36 and 37, enter the amount from	20						
	TIDO YE ALEO DITOR TITLE SIMOLINE ON LIDE 3X SPANS	I KK LINESCOTO THE REAL PROPERTY.			The second secon	CONTRACTOR OF THE PERSON NAMED IN		

Your name S	ocial security number	er Business in which expenses were incurred					
DONALD J. TRUMP		TRUMP PARK AVE LLC - ACQUISITIONS					
Part I Business Expenses and Reimbursemen	ts						
STEP 1 Enter Your Expenses			Column A	***************************************	Column B		
STEP 1 Effet Four Expenses			her Than Meals d Entertainment	Meals and Entertainment			
1 Vehicle expense from line 22 or line 29			A. A. Martin Company of the Company				
2 Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel		2					
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental,	3	8				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals EMENT 79	1	5,139.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	sult. In Column B,	5	5,139.		S		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount f	rom line	e 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	STEP 1						
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7					
STEP 3 Figure Expenses Subject to the Limitation	on			*:			
8 Subtract line 7 from line 6		8	5,139.		e max la		
			1947-1947-1949-1945-1945-1945-1949-1945-1945-1945				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	9	5,139.				
10 Add the amounts on line 9 of both columns and enter the total here.  These are your supplemental business expenses	-		<b>&gt;</b>	10	5,139.		

	ement obe (2010) DONALD O. TROMP							rago L
100000	art II Vehicle Expenses							
Sect	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			. 11				
12	Total miles vehicle was driven during 2017				miles			miles
13	Business miles included on line 12				miles			miles
14	Percent of business use. Divide line 13 by line 12				%			%
15	Average daily roundtrip commuting distance			15	miles			miles
16					miles			miles
17	Other miles. Add lines 13 and 16 and subtract the			V0850	miles			miles
18	Was your vehicle available for personal use during	) off-d	uty hours?				Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable	for personal use?		*		Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?						Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to comp	lete this se	ction or Section C.)			
				W0016 A 704 A			1.5	
	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a				22		
Sect	ion C Actual Expenses	,	(a) Vehicle	nedermization of the state of	(1	b) Veh	icle	
23	Gasoline, oil, repairs, vehicle insurance, etc			mich in our var		14-17-1 3-26-		
	Vehicle rentals					200		
b	Inclusion amount					i		
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies			MIN WOOD				
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25							
	Multiply line 26 by the percentage on line 14					10.00		
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						1
Sect	ion D Depreciation of Vehicles (Use this section	only	if you owned the vehicle and are c	ompleting	Section C for the vehicle.)			
-			(a) Vehicle			o) Veh	icle	
30	Enter cost or other basis	30						
	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179.		ı				da di Talan	
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35						
36	Enter the limitation amount	36				200		
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you	-						
	skipped lines 36 and 37, enter the amount from							
	ompose into oo and or, onto the amount from					4 10		

Your name S	Social security number	Į.	Business in which expenses of HOLDINGS LLC -	were in	curred
DONALD J. TRUMP		- 1	LC	DOT. E	NIREPRENEUR MEMBER
Part I Business Expenses and Reimbursemen	ts			***************************************	*
STEP 1 Enter Your Expenses	T		Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not	2			
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals EMENT 80	4	172,319.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the re enter the amount from line 5	esult. In Column B,	6	172,319.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount	from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form \text{ \text{N}}	W-2	7			
STEP 3 Figure Expenses Subject to the Limitation	on				
8 Subtract line 7 from line 6	-	8	172,319.		(# (##)
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	9	172,319.		ı
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	172 319

D	• • • •					MANUSCON CONTRACTOR OF THE PARTY OF THE PART	
	art II Vehicle Expenses						
Sect	ion A General Information				(a) Vehicle	(b) Vehicle	3
11	Enter the date vehicle was placed in service			11			***
12	Total miles vehicle was driven during 2017			12	miles		miles
13	Business miles included on line 12			13	miles		miles
14	Percent of business use. Divide line 13 by line 12			14	%		%
15	Average daily roundtrip commuting distance			15	miles		miles
16				16	miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fi	om line 12	17	miles		miles
18	Was your vehicle available for personal use during	g off-dı	ity hours?			Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?			Yes	No
20	Do you have evidence to support your deduction?				,	Yes	No
21	If "Yes," is the evidence written?					Yes	□ No
Secti	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to complete	this se	ction or Section C.)		
		120					
	Multiply line 13 by 53.5¢ (0.535). Enter the result ion C Actual Expenses	here a	nd on line 1(a) Vehicle			) Vehicle	
			(a) verificie	W. CONT.		) Verlicie	
	Gasoline, oil, repairs, vehicle insurance, etc			27543FHF37			120 E.M. 120
	Vehicle rentals						k. History
	Inclusion amount	24b			Particular Control of		
	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was	1 1					
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 14	27					
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on						
	line 1	29		7 T. T. Jan			
Secti	ion D Depreciation of Vehicles (Use this section	only i	f you owned the vehicle and are com	pleting	Section C for the vehicle.)	*	
	and the second s		. (a) Vehicle		(b	) Vehicle	
30	Enter cost or other basis	30					
	Enter section 179 deduction						
	and special allowance	31					
32	Multiply line 30 by line 14 (see Form 2106						
-	instructions if you claimed the section 179						
	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33					
34	Multiply line 32 by the percentage on line 33	34		41.004.111			
	A J J I II O4 J O4	35					
	as the second of	36					
	Enter the limitation amount  Multiply line 36 by the percentage on line 14						
37		37					
	Enter the <b>smaller</b> of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38			THE RESERVE THE RE		

Your name	Social security number	Business in which expenses	were incurred				
DONALD J. TRUMP		DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC					
Part I Business Expenses and Reimbursemer	nts	8					
STEP 1 Enter Your Expenses		Column A	Column B				
		Other Than Meals and Entertainment	Meals and Entertainment				
1 Vehicle expense from line 22 or line 29	1	,					
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel							
3 Travel expense while away from home overnight, including lodging, etc. <b>Do not</b> include meals and entertainment	airplane, car rental,						
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT	le meals EMENT 81 4	1,623.					
5 Meals and entertainment expenses	5						
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5		1,623.					
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fron	n line 6 on line 8.					
STEP 2 Reimbursements for Expenses Listed In	STEP 1						
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7						
STEP 3 Figure Expenses Subject to the Limitation	on						
8 Subtract line 7 from line 6		1,623.					
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	1,623.					
10 Add the amounts on line 9 of both columns and enter the total here.  These are your supplemental business expenses		<b>&gt;</b>	10 1,623,				

	SHER ODE (2010) DONALD U. INOME							
_	vehicle Expenses				[	Т	/h) \/abiala	
Sect	ion A General Information			Т	(a) Vehicle	-	(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2017			12	miles	-		miles
13	Business miles included on line 12			13	miles	_		miles
14	Percent of business use. Divide line 13 by line 12 $$			14	%			%
15	Average daily roundtrip commuting distance			15	miles			miles
16				16	miles	1		miles
17	Other miles. Add lines 13 and 16 and subtract the				miles	-		miles
18	Was your vehicle available for personal use during	off-d	ity hours?				Yes	No
19	Do you (or your spouse) have another vehicle available.	ilable 1	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?						. Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to complete	e this se	ection or Section C.)			
Jul	Ton D. Standard mineago Hato (Coo me montione	.,. 101						
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1			22		
	ion C Actual Expenses		(a) Vehicle			(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				discon.		
	Vehicle rentals	24a						
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
10000	Value of employer-provided vehicle (applies				<b>建设设计</b>			
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26		- restantial contraction of				
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Secti	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle and are com	pleting	Section C for the vehicle.)			
			(a) Vehicle		1	(b) Ve	hicle	
30	Enter cost or other basis	30						
	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32	[2] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2					
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37		14				
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

You	r name	Social security number	T	Business in which expenses	were in	curred
DON	ALD J. TRUMP		1	FIHT COMMERCIAL LLC		
Pa	art I Business Expenses and Reimburseme	nts				
ST	EP 1 Enter Your Expenses			Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
			T			
1	Vehicle expense from line 22 or line 29	<u>1</u>	$\perp$			
	Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel			e e e e e e e e e e e e e e e e e e e		
3	Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	, airplane, car rental,		All 11100 Carlotter		
4	Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	de meals FEMENT 82 4		967.		
5	Meals and entertainment expenses		100000000000000000000000000000000000000			
. 6	Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,		967.		
	NOTE: If you were not reimbursed for any expenses in Step 1, ski	p line 7 and enter the amount fr	om	line 6 on line 8.		
ST	EP 2 Reimbursements for Expenses Listed I	n STEP 1				
	Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form			-		
ST	EP 3 Figure Expenses Subject to the Limitat	ion		31		
8	Subtract line 7 from line 6		T	967.		
	×					
1	In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	t to		967.		
	Add the amounts on line 9 of both columns and enter the total here				10	967

	SHERE ODE (2010) BONALD 0. INOME							T ago
	Vehicle Expenses				1 (2)(1:1	Т-	/h\\/abiala	
	ion A General Information			Т	(a) Vehicle	+	(b) Vehicle	
11	Enter the date vehicle was placed in service				noite	-		milan
12	Total miles vehicle was driven during 2017				mile			miles
13	Business miles included on line 12			13	mile	%		miles %
14	Percent of business use. Divide line 13 by line 12					_		miles
15	Average daily roundtrip commuting distance				mile			miles
16					mile			
17	Other miles. Add lines 13 and 16 and subtract the				l mile		Yes	miles No
18	Was your vehicle available for personal use during	) OTT-0	uty nours?				165	NO
19	Do you (or your spouse) have another vehicle ava	ilable	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?	•••••					Yes	No
Sections	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to complete	te this se	ection or Section C.)			
JUUL	ion D Standard mineage hate (See the institution	nio IUI	r art it to find out whether to comple	36	Station of Sociality (%)			0000000
99	Multiply line 13 by 53.5¢ (0.535). Enter the result	hore a	nd on line 1			22		
	ion C Actual Expenses	11010 0	(a) Vehicle	*********			ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						**************************************
	Vehicle rentals				34.57			
	Inclusion amount	24b				-		
	Subtract line 24b from line 24a	24c				11111111		
	Value of employer-provided vehicle (applies	240						
20	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25							
	Multiply line 26 by the percentage on line 14	-		A				
27	Depreciation. Enter amount from line 38 below	28						*****
28	The second secon	20						
29	Add lines 27 and 28. Enter total here and on	00						
Coati	line 1	29	f you owned the vehicle and are con	nnletina	Section C for the vehicle \	The state of	<u> </u>	
Secti	ion D Depreciation of Venicles (Ose this section	lully	(a) Vehicle	inproting	Ocation o for the veniore.	(h) \/	ehicle .	
20	Enter cost or other basis	30	. (a) venice			(0) (	omero	Liberity 2
		30		ALLEN AL THE				THE PERSON N
<b>5</b> I	Enter section 179 deduction	31						
20	and special allowance	31				NATURE IN		
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33		Notes in the	August 1921 - August 2021	IM200		
34	Multiply line 32 by the percentage on line 33	34				51.18		
	Add lines 31 and 34	35		110 March				
36	Enter the limitation amount	36			71 THE 28	9.24.95		
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from		<b>公司制度</b> 电电子					
	line OF Also enter this amount on line 20 shows	00			THE RESERVE AND A STATE OF THE PARTY AND A STA	STATE OF	l .	

Your name	Social security number		Business in which expenses	wore inc	urrad
Tour name	Social Security number		business in which expenses	were inc	urrea
DONALD J. TRUMP			TRUMP INTERNATIONAL	GOLF	CLUB LLC
Part I Business Expenses and Reimbu	ırsements				
STEP 1 Enter Your Expenses			Column A	Γ	Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1	-		
2 Parking fees, tolls, and transportation, including train, bu involve overnight travel	s, etc., that did not	2			
3 Travel expense while away from home overnight, includir etc. <b>Do not</b> include meals and entertainment	ng lodging, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do and entertainment	onotinclude meals SEE STATEMENT 83	4	282,014.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the amount from line 5	enter the result. In Column B,	6	282,014.		
NOTE: If you were not reimbursed for any expenses in S	Step 1, skip line 7 and enter the am	ount from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses L	isted In STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of F Include any amount reported under code "L" in box 12 of	Form W-2. your Form W-2	7			
STEP 3 Figure Expenses Subject to the I	_imitation				
8 Subtract line 7 from line 6		8	282,014.		
9 In Column A, enter the amount from line 8. In Column B, amount on line 8 by 50% (.50). (If zero or less, enter -0-) the Department of Transportation (DOT) hours-of-service Multiply by 80% (.80) instead of 50%)	(If subject to limits:	9	282,014.		
10 Add the amounts on line 9 of both columns and enter the These are your supplemental business expenses	total here.		•	10	. 282 014

	SHOR OBE (2010) DOWNED 8, INCHE		ANNUAL TO A STATE OF THE STATE		,	A		
	IT II Vehicle Expenses							
Sect	ion A General Information				(a) Vehicle	(b) Ve	hicle	
11	Enter the date vehicle was placed in service							
12	Total miles vehicle was driven during 2017			. 12	miles			miles
13	Business miles included on line 12				miles			miles
14	Percent of business use. Divide line 13 by line 12				%			%
15	Average daily roundtrip commuting distance			. 15	miles			miles
16					miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total f	om line 12	. 17	miles			miles
18	Was your vehicle available for personal use during	off-d	ity hours?				/es	No
19	Do you (or your spouse) have another vehicle available.	ilable 1	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						/es	No
21	If "Yes," is the evidence written?						Yes	No
Secti	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to compl	ete this sec	tion or Section C.)			
	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1			22	_	
Secti	ion C Actual Expenses		(a) Vehicle		(0	o) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc	23		825111811181111111111111111111111111111			2004	STATE OF
	Vehicle rentals	24a						
b	Inclusion amount	24b	N. S.		TOTAL STATE OF THE			
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies	-						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26		- August - August -				
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Secti	ion D Depreciation of Vehicles (Use this section	only	f you owned the vehicle and are co	ompleting S	Section C for the vehicle.)			
			. (a) Vehicle		(t	o) Vehicle		
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179.							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33				Marky.		
34	Multiply line 32 by the percentage on line 33	34				6.		
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
	Multiply line 36 by the percentage on line 14	37				15 T		
37	Enter the <b>smaller</b> of line 35 or line 37. If you	1 37		,				
38								
	skipped lines 36 and 37, enter the amount from	20						

Your	name	Social security number		Business in which expenses v	were inc	curred
DONA	LD J. TRUMP			MAR-A-LAGO CLUB LLC		940
Par	Business Expenses and Reimburseme	ents				
STE	P 1 Enter Your Expenses	<del>(1818-110-110-110-110-110-110-110-110-110</del>		Column A		Column B
	The roul expenses			Other Than Meals and Entertainment		Meals and Entertainment
1 V	ehicle expense from line 22 or line 29		1			
	arking fees, tolls, and transportation, including train, bus, etc., the		2			
	ravel expense while away from home overnight, including lodging cc. Do not include meals and entertainment		3			
	usiness expenses not included on lines 1 through 3. <b>Do not</b> included on lines 2 through 3. <b>Do not</b> included on lines 3 through 3 throu	ide meals TEMENT 84	4	466,440.		
5 N	leals and entertainment expenses		5			and an and distribution in the contract of the
6 T	otal expenses. In Column A, add lines 1 through 4 and enter the nter the amount from line 5	result. In Column B,	6	466,440.		en e
N	OTE: If you were not reimbursed for any expenses in Step 1, sk	ip line 7 and enter the amo	ount fron	n line 6 on line 8.		
STE	P 2 Reimbursements for Expenses Listed	In STEP 1				
	nter amounts that were <b>not</b> reported to you in box 1 of Form W-2 clude any amount reported under code "L" in box 12 of your Forr		7			×
STE	P 3 Figure Expenses Subject to the Limitar	tion				
8 S	ubtract line 7 from line 6		8	466,440.		4 de 1, 1
a th	n Column A, enter the amount from line 8. In Column B, multiply mount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subje ne Department of Transportation (DOT) hours-of-service limits: lultiply by 80% (.80) instead of 50%)	ct to	9	466,440.		
507 100	dd the amounts on line 9 of both columns and enter the total her	е.		•	10	466,440.

35

36

Add lines 31 and 34

Enter the limitation amount

Multiply line 36 by the percentage on line 14 ..... Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above 35

36

Your name S	ocial security number	Business in which expenses	were inc	eurred
DONALD J. TRUMP		TRUMP NATIONAL GOLF	CLUB	
Part I Business Expenses and Reimbursemen	ts		40)	
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not			
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental,			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals EMENT 85 4	2,632.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	esult. In Column B,	2,632.		3.e.
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	m line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1			
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7			
STEP 3 Figure Expenses Subject to the Limitation	on			
8 Subtract line 7 from line 6	8	2,632.		9 9- 9
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	2,632.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	2 632

	IT II Vehicle Expenses							distriction of the second	
	ion A General Information			+toors to the total		(a) Vehicle	T	(b) Vehicle	
		-			11	(a) venicio	+	(b) vemole	
11	Enter the date vehicle was placed in service  Total miles vehicle was driven during 2017				12	mile	10		miles
12					13	mile			miles
13	Business miles included on line 12				14		%		%
14	Percent of business use. Divide line 13 by line 12				15	mile			miles
15	Average daily roundtrip commuting distance				16	mile			miles
16			was line 40			mile			miles
17	Other miles. Add lines 13 and 16 and subtract the							Yes	No
18	Was your vehicle available for personal use during	ι οπ-α	uty nours?					[] 165	140
19	Do you (or your spouse) have another vehicle available.	ilable 1	for personal use?					Yes	No
20	Do you have evidence to support your deduction?							Yes	No
21	If "Yes," is the evidence written?					• •		Yes	No
		-							
Sect	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to	complete i	this sei	ction or Section C.)			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1				22 (b) Ve	hiele.	
	ion C Actual Expenses	Г	(a) Ve	nicie			(D) V		
23	Gasoline, oil, repairs, vehicle insurance, etc				THE REAL PROPERTY.		101/11/1		
	Vehicle rentals	24a							
	Inclusion amount	24b					ensituation		
	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was								
	included on Form W-2)								
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	2.7							
28	Depreciation. Enter amount from line 38 below $\dots$	28							
29	Add lines 27 and 28. Enter total here and on								
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section	only	if you owned the vehicle and	d are comp	leting	Section C for the vehicle.)			
	1.00	<u>.                                    </u>	., (a) Ve	hicle	12842011000		,(b) Ve	ehicle	
30	Enter cost or other basis	30					March Polymer		
31	Enter section 179 deduction				3				
	and special allowance	31		was a second					Contract Contract
32	Multiply line 30 by line 14 (see Form 2106	1.0							
	instructions if you claimed the section 179								
	deduction or special allowance)	32						C. Land	
33	Enter depreciation method and percentage	33				(2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		10年 李维、	
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
	Enter the limitation amount	36			<b>多</b> 數 1			<b>建一种</b>	
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the <b>smaller</b> of line 35 or line 37. If you								Can Cilia Colonia de la Cale
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38			openial consultation		6		
	The state of the s		the state of the s				-		

Your name Social security number	T	Business in which expenses v	vere incurred
DONALD J. TRUMP		TUMP KOREAN PROJECTS	S LLC
Part I Business Expenses and Reimbursements			The second secon
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
<ul> <li>1 Vehicle expense from line 22 or line 29</li> <li>2 Parking fees, tolls, and transportation, including train, bus, etc., that did not</li> </ul>	1		
involve overnight travel  3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 86	4	122.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	122.	
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount from	line 6 on line 8.	
STEP 2 Reimbursements for Expenses Listed In STEP 1			
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	×	
STEP 3 Figure Expenses Subject to the Limitation			~
8 Subtract line 7 from line 6	8	122.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DCT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	122.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10 122.

	MENT SEC (2016) DONALD J. TRUMP						rage L
1000000	Vehicle Expenses					T	
	ion A General Information				(a) Vehicle	(b) Vehic	ie
11	Enter the date vehicle was placed in service						
12	Total miles vehicle was driven during 2017				miles		miles
13	Business miles included on line 12			13	miles		miles
14	Percent of business use. Divide line 13 by line 12				%		<u>%</u>
15	Average daily roundtrip commuting distance			1	miles		miles
16					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the				miles		miles No
18	Was your vehicle available for personal use during	g off-dut	y hours?			Yes	NO
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?	•••••		Yes	No
20	Do you have evidence to support your deduction?					Yes	No
21	If "Yes," is the evidence written?					Yes	No
Secti	ion B Standard Mileage Rate (See the instruction	ons for F	Part II to find out whether to con	plete this sec	ction or Section C.)		
					14		
_	Multiply line 13 by 53.5¢ (0.535). Enter the result	here an			*************	22	
Secti	on C Actual Expenses		(a) Vehicle			(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc						
	Vehicle rentals						
	Inclusion amount						
C	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was	50000					
	included on Form W-2)						
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 14	2.7					
28	Depreciation. Enter amount from line 38 below $\dots$	28					
29	Add lines 27 and 28. Enter total here and on	1000		T			
	line 1	29					
Secti	on D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and are	completing S			<del></del>
	en e	<u></u>	(a) Vehicle		590 St. 1577 1	(b) Vehicle	
30	Enter cost or other basis	30	15 (15 ) 15				
31	Enter section 179 deduction						
	and special allowance	31		1041			Salar Pages (Calor
32	Multiply line 30 by line 14 (see Form 2106						
	instructions if you claimed the section 179.						<b>治域是证据</b>
	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33					
34	Multiply line 32 by the percentage on line 33 $\dots$	34				Angle Silas	
35	Add lines 31 and 34	35					
36	Enter the limitation amount	36					
37	Multiply line 36 by the percentage on line 14 $\dots$	37					
38	Enter the smaller of line 35 or line 37. If you					181	
	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38				IL I	

THE EAST 61 ST. COMPANY DONALD J. TRUMP

DONALD J. TRUMP				i i	L		-
Description	Schedule A/	Vehicle	Parking Fees, tolls	ees, tolls Travel Bus	Business	Meals & Entertain-	Total to Rusiness Entity
	2012	Expenses	and transportation	Expenses	Expenses	ment Expenses	ביייניין
THE EAST 51 ST. COMPANY OTHER BUSINESS EXPENSES					10,950.		10,950.
GRAND TOTAL							10,950.
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					the bys. continued for the first that the first tha		
						· Village	
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Allocation of Form 2106/Statement SBE Business Expenses

40 WALL DEVELOPMENT ASSOC, LLC DONALD J. TRUMP

DONALD J. TRUMP			2000	700 to 200 to 20	100		1
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel	Business	Meals & Entertain- ment Expenses	Total to Business Entity
40 WALL DEVELOPMENT ASSCC, LLC OTHER BUSINESS EXPENSES GRAND TOTAL					457,596.		457,596,
					ACTOR CONTRACTOR CONTR		A STATE OF THE STA
	ANT		Section of the sectio				

TRUMP CPS LLC DONALD J. TRUMP

DONALD J. IROMP			.e. a 704+0	Other Brain Statement SBE	7 C C C C C C C C C C C C C C C C C C C		I
Description	Schedule A/ Form 2106	Vehicle	Parking Fees, tolls and transportation	Travel	Business	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP CPS LLC OTHER BUS:NESS EXPENSES GRAND TOTAL					100,165.		100,165.
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	a di tatak kasasah ing dawaharangan di tatak ang						
	And the state of t	II.					

TRUMP 845 UN GP LLC (MGR) DONALD J. TRUMP

			Other Busi	Other Business Entities/Statement SBE	ent SBE		1
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP 845 UN LIMITED PARTNERSHIP OTHER BUSINESS EXPENSES GRAND TOTAL					55,370.		55,370.
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					Manager and a second company of the		
					A STATE OF THE STA		
		The state of the s					
	184						

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TRUMP EQUITABLE FIFTH AVENUE CO DONALD J. TRUMP

DONALD J. TRUMP							
Description	Schedule A/	Vehicle	Darking Fees tolls	Orner Business Entitles/Statement SBE  Travel Rus	Rueinese	Meale & Entertain.	Total to
	Form 2106	Expenses	and transportation	Expenses	Expenses	ment Expenses	Business Entity
TRUMP EQUITABLE FIFTH AVE CO OTHER BUSINESS EXPENSES GRAND TOTAL					190,532.		190,532.
		niserani and hambani ang kanakana da matakana da matakana da matakana da matakana da matakana da matakana da m			Anne del comitico de la companya e para la companya del companya del companya del companya del companya del com		
	Hadisa san i sa man mahandan san i sa						
		The second control of the control of					

TRUMP PALACE/PARC LLC DONALD J. TRUMP

DONALD O. LINGER			Other Rus	Other Business Entities/Statement SBE	nent CRE		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP PALACE PARC LLC OTHER BUSINESS EXPENSES GRAND TOTAL					. 45,476.		45,476.
		Marchania (1984) in the control of t					
					enter and the second		
						And the second s	
				The control of the co			

TRUMP PLAZA LLC DONALD J. TRUMP

			Other Busi	Other Business Entities/Statement SBE	nent SBE		I
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP PLAZA LLC OTHER BUSINESS EXPENSES GRAND TOTAL			The second		13,301.		13,301.
	Assembly the second	the Seat warman dee cline on the milke his above.					
			A Commission of the Principle of Commission of the Commission of t				
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THE TRUMP CORPORATION DONALD J. TRUMP

DONALD J. TRUMP							
Description	Schedule A/		Other Busi	Other Business Entities/Statement SBE	ent SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
THE TRUMP CORPORATION OTHER BUSINESS EXPENSES GRAND TOTAL					168,898.		168,898.
						W W	
		And the second s			A CONTRACTOR OF THE CONTRACTOR		The control of the co
	AND THE STATE OF T						
	. 51						

TRUMP PROCECT MANAGEMENT CORP

			Other Busi	Other Business Entities/Statement SBE	nent SBE		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP PROCECT MANAGEMENT CORP OTHER BUSINESS EXPENSES GRAND TOTAL			THE RESERVE		9,665.		9,665.
		en e		Property of the state of the st			
				When the first are in consumer to the constraint of the constraint			
- Amaga							

I MANAGEMENT LLC (TMG MEMBER LLC) DONALD J. TRUMP

DONALD J. TRUMP				<u>.</u>			1
doifinition	Schodule A/		Other Bus	Other Business Entitles/Statement SBE	nent SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER L OTHER RESENESS EXPENSES	THE PROPERTY OF THE PROPERTY O	e de la constante de la consta	www.		606 29		606 29
GRAND TOTAL	more referred and a common of Common and a common and an analysis of the common and a common and	enteren in Vitalian Company (majori) (Company) (majori) (	a leto con construct Modern about Abroandment or and owned from	en en en formación de la company de management de la company de la compa	Consideration and Manual Manual of Street, and an additional of the street, and a	A security of the security of	67,209.
			apparent of the state of the st				
		All Managers, and the American Landscape of the Landscape of the American Landscape of the American Landscape of the American Landscape of the American Landscape of the Lands	a del monto de la companya de la com				
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	n per establishment ett matematische ett den springen.				And the second s	And the second s	
		7 The company of the		The second s			
		-					

TRUMP PARK AVENUE LLC (DELMONICO) DONALD J. TRUMP

			Other Busi	Other Business Entities/Statement SBE	nent SBE		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP DELMONICO LLC							
OTHER BUSINESS EXPENSES					5,082.		5,082.
GRAND TOTAL			de Desembly Million Plant production of the State of the				5,082.
				TO THE PROPERTY OF THE PROPERT		Andrews in the control of the contro	
					the second secon		
					PARAMAM PIKAMINI - WALLES AND		•

TRUMP PARE AVE LLC - ACQUISITIONS DONALD J. TRUMP

DONALD J. TRUMP			200	10 + 0 + 0 + 0 + 0 + 1 + 1 + 1 + 1 + 1 +	L		
Description	Schedule A/	Vehicle	Darking Fees tolls	one tolls Travel Business English Special	Business	Moole & Entertain.	Total to
	Form 2106	Expenses	and transportation	Expenses	Expenses	meals & Entertain- ment Expenses	Business Entity
TRUMP PARE AVENUE LLC				and the second s			THE CONTRACTOR OF THE CONTRACT
OTHER BUS NESS EXPENSES			A STATE OF THE STA		5,139.		5,139.
							· TOT
		accomment of the control of the cont					
	e en manufer mandet en letter de la companya de la						
					A CONTRACT OF THE STATE OF THE		
		Andrews of the state of the sta					
	Aleman Area and Area						
							A CONTRACTOR OF THE CONTRACTOR
		Manager of the state of the sta				A COMPANY OF THE COMP	

					à

DJT HOLDINSS LLC - DJT ENTREPRENEUR MEMBER LLC

			Other Rusi	Other Business Entities/Statement SBE	Sent CBE		
Description	Schedule A/ Form 2106	Vehicle	Parking Fees, tolls and transportation	Travel	Business	Meals & Entertain- ment Expenses	Total to Business Entity
OJT HOLDINGS LLC - DJT ENTREPRENEUR MEMB OTHER BUSINESS EXPENSES GRAJD TOTAL					172,319.		172,319. 172,319.
		•					
		A Company of the Comp					Particular of the state of the
		and the second s					

Allocation of Form 2106/Statement SBE Business Expenses DONALD J. IRUMP

DONALD J. TRUMP			10.0	1 TO/ 1 THE L	L		
Description	Schodule A/		isna jaulo	Omer business entitles/Statement SBE	lent SBE		70+01
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel	Business Expenses	Meals & Entertain- ment Expenses.	Business Entity
DJT HOLDIMGS LLC - DJT ENTREPRENEUR MANA OTHER BUSINESS EXPENSES GRÆND TOTAL					1,623.		1,623.
						And the second s	
	A second						

TIHT COMMERCIAL LLC DONALD J. TRUMP

			Other Bus	Other Business Entities/Statement SBE	lent SBE		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TIHT COMMERCIAL LLC OTHER BUSINESS EXPENSES GRAND TOTAL					967.		967.
							12 Common and Makes and the Common and Commo
				The state of the s			
					Historia de la companya de la compa		
		2					
				e de la companya de l	uar Nomen in About a militar House		

TRUMP INTERNATIONAL GOLF CLUB LLC DONALD J. TRUMP

			Other Bus	Other Business Entities/Statement SBE	ment SBE		ļ
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP INTERNATIONAL GOLF CLUB LLC							
OTHER BUSINESS EXPENSES					282,014.		282,014.
מעניד ביונס		and the second section of the second s			Sample of the same and the same		282,014.
							Property of the Control of the Contr
							CTIVE AND
						The second secon	
-							

MAR-A-LAGC CLUB LLC DONALD J. TRUMP

			Other Busi	Other Business Entities/Statement SBE	nent SBE		
בפאם החומים	Schedule Av Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Iotal to Business Entity
MAR-A-LAGC CLUB, LLC		the blood of the second of the		ment of the second seco		10	- EM TELLOW THE THE WAS AND EMPLOYMENT OF COLUMN AND EMPLOYMENT OF THE TELLOW AND
OTHER DOS EXPENSES GRAND TOTAL					466,440.		466,440. 466,440.
		final interest treatment on and the Administration					
		ili salika silinesalih jegarawanja salika salik					
					And the second supplies to the second supplin		
			to example a train of the property of the prop	The state of the s			
2		4+					

TRUMP NATIONAL GOLF CLUB

JOHNSON S. LINGUE			a d+C	TOO thomostato, onititing provious youth	T C C + 12 C C		I
Description	Schedule A/	77-1-1-1-	sna lalino	Hess Ellilles/Olatell	Henri Spe	L	Total to
	Form 2106	Venicle Expenses	Parking Fees, tolls and transportation	Iravel Expenses	Business	Meals & Entertain- ment Expenses	Business Entity
DJT HOLDINGS LLC - TRUME NATIONAL GOLF C OTHER BUSINESS EXPENSES GRAND TOTAL					2,632.		2,632.
							The state of the s
		Complete Com			and the second s		
	61.7						

TUMP KOREEN PROJECTS LLC DONALD J. TRUMP

DONALD J. IROMP							
Description	Schedule A/		Other Busi	Other Business Entities/Statement SBE	nent SBE		Totalta
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS OTHER BUSINESS EXPENSES GRAND TOTAL			process persons		122.		122.
						er en	
				PROGRAMMAN III WAARAAN AAAAAA AAAAAAAAAAAAAAAAAAAAAAAA			
a race i		s*					

### SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name of employer

DONALD J. TRUMP

### **Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

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

OMB No. 1545-1971

Social security number

Employer identification number 13-3440039

Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017. Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) Skip lines B and C and go to line 1. No. Go to line B. В Did you withhold federal income tax during 2017 for any household employee? Yes. Skip line C and go to line 7. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) Stop. Don't file this schedule. No. Yes. Skip lines 1-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes Part I Total cash wages subject to social security tax Social security tax. Multiply line 1 by 12.4% (0.124) 12,127. Total cash wages subject to Medicare tax ..... Medicare tax. Multiply line 3 by 2.9% (0.029) 2,836. Total cash wages subject to Additional Medicare Tax withholding \_\_\_\_\_\_ [ Additional Medicare Tax withholding, Multiply line 5 by 0.9% (0.009)

					55 5 5		
9					ar <b>quarter</b> of 2016 or your child under age	2017 to <b>all</b> household em 21, or your parent.)	ployees?
	No.	Stop. Include		line 8 above on Fo	orm 1040, line 60a. If	you're not required to file I	Form 1040, see the
	X Yes.	Go to line 10.					2
I H	A For Prive	acy Act and Da	anarwork Paduati	on Act Notice as	o the instructions	THE STREET, SHAWING THE PARTY OF	0 1 11 11/5

Federal income tax withheld, if any

Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7

Schedule H (Form 1040) 2017

12,104.

27,067.

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	and the same of th	NALD J. TRUMP	TA) To:		aanmuummatan								raye Z
Part II F	-ederal U	nemployment (FU	IA) Iax									Yes	No
10 Did you so	av rinemplav	ment contributions to o	nly one state? If	vou naid con	tributions to	a credit	reduction	state.					
		neck "No."									10	Х	
		nemployment contributi									11	Х	
		e taxable for FUTA tax a									12	Х	
		'Yes" box on all the line											
If you ch	hecked the '	'No" box on any of the	lines above, skip	Section A an	nd complete	Section	B.						
				Section A					Lacons			,	
13 Name of the	he state whe	re you paid unemploym	ent contribution	s I	<b></b>	NY							
						ſ							
The state of the s		our state unemploymer						394.	BORRER.			0.4	250
		ect to FUTA tax							15			24	,358. 146.
16 FUTA tax.	. Multiply line	e 15 by 0.6% (0.006). Er	iter the result her	re, skip Section B	on B, and go	to line 2	25		16	<u></u>		Market Market Committee	140.
100000000000000000000000000000000000000	(180) (9)	below that apply (if you	need more spac	(d)	(e)		(f)	—Т	(g	)		(h)	
	(b) ble wages (as	State experience period	ce rate	State	Multiply col.	(b)	Multiply col.		Subtract from co	col. (f)		ontribution	
of define state	ed in state act)	From	То	experience rate	by 0.054		by col. (d)	' I	If zero o	r less,	une	employn fund	nent
									Sinter	<u> </u>			
													24
								18	-500000000				
19 Add colum	nns (g) and (l	n) of line 18			19								
		ect to FUTA tax (see the							20				
		% (0.060)							21				
22 Multiply lin	ne 20 by 5.49	% (0.054)			22								
		ne 19 or line 22 aployment contributions											
	a state unen ctions and cl	. The contract of the contract							23				
		ne 23 from line 21. Enter							24				
		sehold Employme		arta go to mio									
FLORE LISTER STORY		line 8. If you checked t		line C of pag	ge 1, enter -0				. 25			.27	,067.
		and line 25							26		MANAGEM LEGISTRA	27	,213.
27 Are you re	- 2												
X Yes.	Stop. Includ	le the amount from line	26 above on For	m 1040, line 6	60a. Don't c	omplete	Part IV be	elow.					
		ve to complete Part IV.											
Transferration and the contract of the contrac		nd Signature - Cor box if mail isn't delivered to str		only if require	d. See the lir	ne 27 ins	structions.		Apt., re	oom, or sui	te no.		
Address (number a	ind street) or F.O.	DOX II III I I I I GOIVE GO TO SE	est adoreds										
City, town or post of	office, state, and	ZIP code						-	1				
ony, to an or poor s	-11100  -11110  -1110												
Under penalties of	periury, I declare	that I have examined this sched	lule, including accomp	anying statements	s, and to the best	of my know	wledge and be	elief, it is tru	e, correct	, and comp	lete, No	part of	any
payment made to a which preparer has	a state unemploy	ment fund claimed as a credit wa	as, or is to be, deducte	ed from the payme	nts to employees	. Declaration	on of preparer	(other than	taxpayer)	is based o	n all info	rmation	of
N. Property view	,g					<b>N</b>							
Employer's s	ignature					-	Date						
	Print/Type	preparer's name	Preparer's	signature		Date		Check	if	PTIN			
Paid		**************************************						self- emp	loyed				
Preparer	Firm's nam	e <b>&gt;</b>	· ·					Firm's E	IN 🕨				
Use Only													
	Firm's add	ress >				,		Phone r	10.				
				m man are are a paragraph process	**************************************					-			

Software ID: Software Version: SSN: Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Employer Name Control: TRUM

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production SCHEDULE SE

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

DLN: 16221685381668

OMB No. 1545-0074 2017

(Form 1040) Department of the Treasury Internal Revenue Service

Self-Employment Tax

Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 17

DONALD J TRUMP

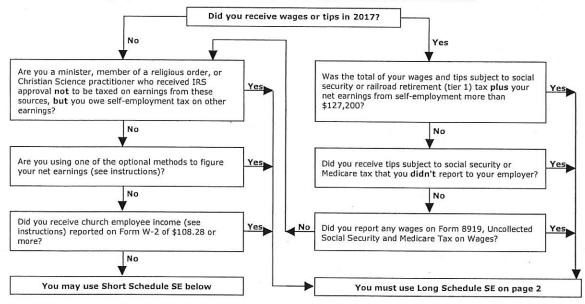
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of person with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

### May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE. 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), 1a b. If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), 1b () Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other 2 Combine lines 1a, 1b, and 2 3 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this 4 Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. Self-employment tax. If the amount on line 4 is: \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55. "More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . . . . . For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11358Z Schedule SE (Form 1040) 2017 Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

DONALD J TRUMP

Social security number of person with self-employment income

### Section B - Long Schedule SE

### Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but more of other net earnings from self-employment, check here and continue with Part I	you had	\$400 or
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A		
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious		
	orders, see instructions for types of income to report on this line. See instructions for other income to report.		
	Note: Skip this line if you use the nonfarm optional method (see instructions)  SEE STATEMENT 33	2	7,284,683.
3	Combine lines 1a, 1b, and 2	3	7,284,683.
4 a	A STATE OF THE STA	4a	6,727,405.
121	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	l l	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception:		6 727 405
-	If less than \$400 and you had church employee income, enter -0- and continue	4c	6,727,405.
5 a	Enter your church employee income from Form W-2. See instructions		
	for definition of church employee income 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	6,727,405.
6	Add lines 4c and 5b	6	0,121,403.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017	,	127,200.00
0.0	Total social security wages and tips (total of boxes 3 and 7 on Form(s)	7	127,200.00
.o.a	W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip		
	lines 8b through 10, and go to line 11 8a 128,555.		
b	Unreported tips subject to social security tax (from Form 4137, line 10)  8b		
c	Wages subject to social security tax (from Form 8919, line 10)  8c		
d		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0· here and on line 10 and go to line 11	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	SARAMAN AND THE STREET, A SARAMAN CO. S.
11	Multiply line 6 by 2.9% (0.029)	11	195,095.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	195,095.
13	Deduction for one-half of self-employment tax.	Kalime.	
	Multiply line 12 by 50% (0.50). Enter the result here and on		
	Form 1040, line 27, or Form 1040NR, line 27		
Pai			
Farm	Optional Method. You may use this method only if (a) your gross farm income wasn't more than \$7,800, or	Spirit	
<b>(b)</b> yo	our net farm profits <sup>2</sup> were less than \$5,631.	100	
14	Maximum income for optional methods	14	5,200.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income 1 (not less than zero) or \$5,200. Also include		
	this amount on line 4b above	15	
Nont	arm Optional Method. You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$5,631	1000	
and a	also less than 72.189% of your gross nonfarm income, 4 and (b) you had net earnings from self-employment of		
at lea	ast \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on		47
	line 16. Also include this amount on line 4b above	17	

<sup>&</sup>lt;sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>&</sup>lt;sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

<sup>&</sup>lt;sup>3</sup> From Sch. C , line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

### TY 2017 Gen Dep

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN:

**Business Name or Person Name:** 

Taxpayer Identification Number:

Form, Line or Instruction

Reference:

Regulations Reference:

**Description: PREPARER NOTES** 

Attachment Information: THE FORM 5471 FILING REQUIREMENT FOR CARIBUSINESS; INVESTMENTS, SRL HAS BEEN SATISFIED BY CARIBUSINESS MRE LLC: (ADDRESS: C/O THE TRUMP ORGANIZATION NEW YORK, NY 10022; EIN 61-1707728).;

> CARIBUSINESS MRE LLC HAS E-FILED ITS RETURN FOR THE TAX YEAR; ENDED DECEMBER 31, 2017.; THE FORM 5471 FILING REQUIREMENT FOR NITTO WORLD LIMITED CO; HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC; (ADDRESS: C/O THE

TRUMP ORGANIZATION YORK, NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31, 2017.; THE FORM 8858 FILING REQUIREMENT FOR TRUMP EDUCATION ULC; HAS BEEN SATISFIED BY THE TRUMP ENTREPRENEUR INITIATIVE LLC; NEW YORK, NY 10022; EIN 20-1806597).; THE TRUMP ENTREPRENEUR INITIATIVE LLC HAS

E-FILED ITS; RETURN FOR THE TAX YEAR ENDED DECEMBER 31, 2017.; THE FORM 8858 FILING REQUIREMENT FOR SLC TURNBERRY LIMITED; HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC: (ADDRESS: C/O THE TRUMP ORGANIZATION

)RK, NY 10022;EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31, 2017.; THE FORM 8858 FILING REQUIREMENT FOR GOLF RECREATION; SCOTLAND LIMITED HAS BEEN SATISFIED BY TURNBERRY SCOTLAND: II C (ADDRESS: C/O THE TRUMP ORGANIZATION **IEW YORK**, NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS

E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31, 2017.; THE FORM 8858 FILING REQUIREMENT FOR TIGL IRELAND MANAGEMENT; LIMITED HAS BEEN SATISFIED BY TW VENTURE IT LLC: (ADDRESS: C/O THE TRUMP ORGANIZATION ; NEW YORK, NY 10022; EIN 35-2497556).;

TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED; DECEMBER 31, 2017.; THE FORM 8858 FILING REQUIREMENT FOR TIGL IRELAND; ENTERPRISES LIMITED HAS BEEN SATISFIED BY TW VENTURE II LLC; (ADDRESS: C/O THE TRUMP ORGANIZATION NEW YORK, NY

10022; EIN 35-2497556).; TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED; DECEMBER 31 2017; THE FORM 8858 FILING REQUIREMENT FOR DT CONNECT EUROPE LIMIT; HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC; (ADDRESS: C/O THE TRUMP ORGANIZATION

NEW YORK, NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE YEAR ENDED DECEMBER 31, 2017

DLN: 16221685381668

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production |
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.
TY 2017 Functional Currency and Exchange Rate QBU Statement

Name: DONAID 1 & MEI ANIA < TRUMP

SSN

Spouse SSL..

Regulation: IRC Section 6038 & Treasury Regulation 1.6038(g)

JIIV POINING	Functional Currency
ON FOUNDS	0.74000

### Form 1116

Department of the Treasury Internal Revenue Service (99

### Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

2017
Attachment 19

Name Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions General category income Certain income re-sourced by treaty f Resident of (name of country) > UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total Α C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession OTHER COUNTRIES PANAMA Gross income from sources within country shown above and of the type checked above: 832,682. 34,751. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 951,123. (attach statement) Pro rata share of other deductions not definitely related; a Certain itemized deductions or standard deduction 9,356,162. 9,356,162 9,356,162, Other deductions (attach statement) c Add lines 3a and 3b 9,356,162. 9,356,162. 9,356,162. Gross foreign source income 832,682. 34,751. 271,315,087. Gross income from all sources 271,315,087 271,315,087. .00307 .00000 Divide line 3d by line 3e .00013 Multiply line 3c by line 3f 28,723. 1,213. Pro rata share of interest expense: 4 Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 979,846. 1,213. 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (vou must check one) (n) Other (r) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. Accrue accrued accrued (j) Date paid or accrued (k) Dividends (I) Rents and royalties (o) through (r)) (p) Rents and (m) Interest (0) Dividends (q) Interest 41 583 624. В

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

С

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

► Go to www.irs.gov/Form1116 for instructions and the latest information. Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions General category income Certain income re-sourced by treaty f Resident of (name of country) WINITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total B (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession INDIA CANADA DATAR 1a Gross income from sources within country shown above and of the type checked above: b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 9,356,162. 9,356,162, 9,356,162. b Other deductions (attach statement) 9,356,162. 9,356,162 Add lines 3a and 3b 9,356,162. d Gross foreign source income 271,315,087. Gross income from all sources 271,315,087 271,315,087. .00000 00000 00000 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) b Other interest expense 5 Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 48 6 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (r) Other (n) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. Accru accrued accrued (o) through (r)) (j) Date paid or accrued (k) Dividends (m) Interest (0) Dividends (p) Rents and royalties (q) Interest В C

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

Foreign Tax Credit (Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

Ivaii	16						1"	dentitying numb	Je as snown on page	s i oi your tax return
DON	MALD J. & M	ELANIA TRU	JMP							
Use	a separate Form	1116 for each	n category of inc	ome listed belo	w. See Categorie	s of Income in	the instructions.	. Check only one	box on each Form	1116. Report all
-	ounts in U.S. doll	100		Part II below.						
a L	X Passive ca	ategory income	e c	Section 901			e Lump	o-sum distributio	ons	
b L	General ca	ategory income	e <b>d</b>	_ Certain inco	me re-sourced by	treaty				
F R	esident of (name	of country)	UNITED S	STATES	*				***************************************	
					possession, use	column A in E	Part Land line /	\ in Part II If \	ou paid tayes to	
					separate column			_	ou paid taxes to	<i>X</i> :
					side the United				***************************************	
100007.135						Foreign Coun			mmanification and process accounts	Total
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g	Enter the na	me of the fo	reign country	orUS					(7,100	0010. 71, D, and 0.)
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1a	Gross income						The Section 2			
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	and or the type			Million Court of the Court of t						
			e))	ARRATA III ARRAMANIA	-867	433.			1a	
b	Check if line 1a	a is compensat	tion for personal	l services as						
3655			pensation from a					2000年1		
			ısed an alternati							
	determine its s			▶□						
Dec	ductions and I	osses (Caut	tion: See instru	uctions.):				VI SILES		
_	T			_ t d-						9
2	(attach statem	ent)	to the income of	n line 1a 35						
3			ctions not defini							
а	Certain itemize	ed deductions of	or standard dedu	uction	A117					
b	Other deductio				, , , , , , , , , , , , , , , , , , ,					
	Add lines 3a ar						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d	Gross foreign									* **
е			es							
f	Divide line 3d l									
g	Multiply line 3d	c by line 3f		*******						
4	Pro rata share	of interest exp	ense:							
а	Home mortgag	ge interest (use	the Worksheet.	.for						
	Home Mortgag	ge Interest in th	ne instructions)							
b	Other interest	expense								
5	Losses from fo	oreign sources								
6	Add lines 2, 3g				-981,	107.		<u></u>	6	
	Subtract line 6 f	from line 1a. E	nter the result h	ere and on line	15, page 2				▶ 7	
2 12 12 X	The state of the s		Paid or Ad	ccrued				SEE	STATEMENT 34	
C	redit is claimed for taxes				Foreig	n taxes paid	or accrued		17-10-1-17-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	(you must		In forei	gn currency	<del></del>			In U.S. doll	ars .	T
K	check one)				(n) Other				(r) Other	(s) Total foreign
Country	(h) X Paid	Taxes \	withheld at sour	ce on:	foreign	laxes	withheld at sou	rce on:	foreign	taxes paid or
_	(i) Accrued	/I.V.e	(I) Rents and		taxes paid or accrued		(n) Ponto and	Γ /	taxes paid or accrued	accrued (add cols. (o) through (r))
+	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	doordod	(0) Dividends	(p) Rents and royalties	(q) Interest	4557464	(o) through (r))
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<u>c</u>	Add lines A +L-	ough C saluss	n /n) E-t t	total haza ar 3	on line Q nage 2	<u> </u>	!	L	L	624
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	irt III Figuring the Credit		-		
0.0000000	3.000 300 000	1 - 1			
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued	9	624.		
	for the category of income checked above Part I	-			
40	Carryback or carryover (attach detailed computation) SEE STATEMENT 36	10	16,681.		
IU	Carryback of Carrybover (attach detailed computation)				
4.4	Add lines 9 and 10	11	17,305.		
11	Aud Illies 9 and 10		- American		
10	Paduction in foreign taxes	12			
12	Reduction in foreign taxes				
10	Taxes reclassified under high tax kickout	13	-624.		
13	Taxes reclassified utilier flight tax kickbut	1.01			
11	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	16,681.
	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	1 1			NAME OF TAXABLE PARTY O
13	United States (before adjustments) for the category of income checked above Part I	15			4.0
	Officer States (Details adjustificates) for the satisfies of mostling and above that the				
16	Adjustments to line 15	16			
	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
17	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than		920		
	one Form 1116, you must complete line 20.)	17			
12	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.		- 40		
10	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption	18			
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see i	nstructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the				
	42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the tota	l of Form 990-T	, lines 36, 37,		
	and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42			20	
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instr				
21	Multiply line 20 by line 19 (maximum amount of credit)			21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 this				
	amount on line 28. Otherwise, complete the appropriate line in Part IV			22	0.
P	art IV Summary of Credits From Separate Parts III			Total	
23	Credit for taxes on passive category income	23			32
24	Credit for taxes on general category income	24	40.		
25	Credit for taxes on certain income re-sourced by treaty	25			
26	Credit for taxes on lump-sum distributions	26			
27	Add lines 23 through 26			27	0.
28	Enter the smaller of line 20 or line 27			28	Q.,
	Reduction of credit for international boycott operations			29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4				2
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		<u>:</u> ::	30	0.
					Form <b>1116</b> (2017)

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

nte	rnai Revenue Service	(99)	→ Go to	www.irs.gov	//Form1116 for	instructions	and the latest	information.			Sequence No. 10
Var	me	100.0					1	dentifying numb	er as sho	wn on pag	e 1 of your tax return
001	NALD J. & M	ELANIA TR	UMP								
_			A CONTRACTOR OF THE PARTY OF TH	ome listed belo	w. See Categorie	s of Income	in the instructions	Check only one	hox on e	ach Forn	n 1116. Report all
ım	ounts in U.S. doll	ars except wh	ere specified in I	Part II below.	ou Categorie	3 OF ITICOTTIC		r chican any and	0000		ii i i i i i i i i i i i i i i i i i i
		ategory incom		Section 901	(i) income		e Lumi	o-sum distributio	ne		
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	Resident of (name										
					possession, use			State of the Control	ou paid	taxes to	)
					separate column						
H	art I Taxak	ole Income	or Loss From	Sources Outs	ide the United	States (for C	ategory Check	ed Above)		Γ	
						Foreign Cou	intry or U.S. Po	ssession		1	Total
					Α		В	C		(Add	cols. A, B, and C.)
J	Enter the na	me of the fo	reign country	or U.S.							
	possession				CANADA	KORE	A, SOUTH	UNITED KING	DOM		
1a	Gross income	from sources	within country s	hown above				Mark the			
	and of the type	checked abov	ve:								
	700,500 PACORON 12 1000										
					35,277	383.		A 118 (19 11 12 18 2 18 2 18 2 18 2 18 2 18 2 1		1a	
h	Check if line 1a	is compensa	tion for nersona	l services as							
			pensation from a								
			used an alternati								
	determine its s	1.85		VC Dasis to							
20	ductions and I			uctions ):						5.11 (E)	
26	ductions and i	osses (Cau	don. See man	actions.j.						670134	
2	Expenses defin	nitely related	to the income or	n line 1a		manuscra montes	THE SECRET SECRET SECRET SECRET				
	_ (attach stateme	ent)			39,742	463.	187.	8,300	5,279.		
3	Pro rata share	of other dedu	ctions <b>not defin</b> i	tely related:							
2	Certain itemize	d deductions	or standard dedi	uction	9,356,	162.	9,356,162.	9,350	5,162.	200	
b	Other deductio	ns (attach sta	tement)								
C	Add lines 3a ar	nd 3b			9,356,	162.	9,356,162.	9,356	5,162.		
C	d Gross foreign s				35,277	383.		F *			
	Gross income				271,315,		271,315,087.	271,315	5,087.		287 10 103
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			he instructions)	*******			era esta de la comunicación de l				
- k								<del> </del>		18	
5	Losses from fo				10.050	0.00	100			1681	
6	Add lines 2, 3g	-			40,958,	976.	187.	8,300	5,279.	6	
	Subtract line 6 f				15, page 2				<b>&gt;</b>	7	
-		ign Taxes	Paid or Ad	crued						Kemina	
10	Credit is claimed				Foreig	ın taxes pai	d or accrued				
	for taxes (you must		In forei	gn currency				In U.S. dolla	ars		
7	check one)				(n) Other				(r)	Other	(s) Total foreign
H	(h) X Paid	Taxes	withheld at sour	ce on:	(n) Other foreign	Tax	es withheld at sou	irce on:		eign	taxes paid or
ğ	(i) Accrued				taxes paid or					paid or	accrued (add cols.
7	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividend	(p) Rents and royalties	(q) Interest	acc	crued	(o) through (r))
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8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

The state of the s

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

► Go to www.irs.gov/Form1116 for instructions and the latest information.

Nar	ne				.1	dentifying numb	er as show	wn on page	a 1 of your tax return
זסת	NALD J. & MELANIA TRUMP								
-	a separate Form 1116 for each category of income listed belo	W See Categories	of Inc	como in	the instructions	- Check only one	a	ach Forn	1116 Report all
amo	ounts in U.S. dollars except where specified in Part II below.	ooo Calegories	S OI IIIC	Jonne III	and mod dottono.	Oncok only one	DUX 011 5	auti viii	r rro. Neport all
a [	Passive category income c Section 901	(j) income			e Lump	-sum distributio	ins		
b [	X General category income d Certain inco	me re-sourced by t	reaty						
	esident of (name of country) UNITED STATES								
	te: If you paid taxes to only one foreign country or U.S.						ou paid t	axes to	
P	ore than one foreign country or U.S. possession, use a part I Taxable Income or Loss From Sources Outs								*
4235	Taxasic Insertic of Esset Form Courses Guid				try or U.S. Po				Total
		A	oreig	ii Couii	В	C		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.			DOMINI				IAGU	cois. A, D, and c.)
0	possession	CHINA		REPUBL	IC	PANAMA			
1a	Gross income from sources within country shown above								
	and of the type checked above:							6 4 44 6 10 1 3 3 3 3 7	
		6,505,	458.					1a	
b	Check if line 1a is compensation for personal services as								
	an employee, your total compensation from all sources is								
	\$250,000 or more, and you used an alternative basis to								
De	determine its source (see instructions)  ductions and losses (Caution: See instructions.):								
De	ductions and losses (Caution, See Instructions.).								
2	Expenses definitely related to the income on line 1a	¥ =	925.				1,287.		25
3	(attach statement)  Pro rata share of other deductions not definitely related:		723.				1,207.		2.91
а	0 11 2 1 11 1 2 2 1 1 1 1 2	9,356,	162.	THE REPLAN	9,356,162.	9 350	5,162.		
b		, , ,			-,,	- ,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
С	A 1112 - 0 - 101	9,356,	162.		9,356,162.	9,350	5,162.		
d		6,505,	-						40
е	Gross income from all sources	271,315,	087.	27	1,315,087.	271,315	5,087.		
f	Divide line 3d by line 3e	.0	2398		.00000		.00000		
g	Multiply line 3c by line 3f	224,	315.						
4	Pro rata share of interest expense:								
а	Home mortgage interest (use the Worksheet for	14							E 217 E3
	Home Mortgage Interest in the instructions)							1.50	
b	Other interest expense  Losses from foreign sources								
5 6	Add lines 2, 3g, 4a, 4b, and 5	225,	240				1,287.	Mid	
-	Subtract line 6 from line 1a. Enter the result here and on line		210.	*******			1,201.	7	
	art II Foreign Taxes Paid or Accrued	10, page 2							
C	redit is claimed	Foreig	n taxe	s paid o	or accrued				
	for taxes (you must In foreign currency					In U.S. dolla	ırs		
>	check one)	(n) Other					(r) (	Other	(s) Total foreign
Country	(h) X Paid Taxes withheld at source on:	(n) Other foreign	15.3	Taxes	withheld at sour	rce on:		eign	taxes paid or
3	(i) Accrued	taxes paid or					taxes		accrued (add cols.
$\neg$	(j) Date paid (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Di	vidends	(p) Rents and royalties	(q) Interest	acci	rued	(o) through (r))
A			-						
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C		L							
8	Add lines A through C, column (s). Enter the total here and of	on line 9, page 2						8	

Foreign Tax Credit (Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

► Go to www.irs.gov/Form1116 for instructions and the latest information.

201	7
Attachment	-
Sequence No.	19

DO	NALD J. & M	MELANIA TE	RUMP									
Us	e a separate Forn	n 1116 for ea	ch category of in	come listed belo	w. See Categorie	s of Inc	come in	the instructions	. Check only one	box on e	ach Forr	m 1116. Report all
am	ounts in U.S. dol	llars except w	here specified in	Part II below.	catogone	0 01 111	some		r encon entry enc			ii i i io. Hopoit an
a	Passive c	ategory incor	ne c	Section 901	(j) income			e Lumr	o-sum distributio	ons		
b	X General c	ategory incon	ne d 🗌		me re-sourced by	treaty						
_						•						
f F	Resident of (name	e of country)	▶ UNITED	STATES								
No	ote: If you paid	taxes to onl	y one foreign o	country or U.S.	possession, use	colum	nn A in F	art I and line	A in Part II. If y	ou paid t	taxes to	)
m	ore than one fo	oreign coun	try or U.S. pos	session, use a	separate column	and li	ne for ea	ach country or	possession.			
P	art I Taxal	ble Income	or Loss From	Sources Out	side the United	States	(for Ca	tegory Check	ed Above)			:
	:t					Foreig	n Coun	try or U.S. Po	ssession	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Total
					Α			В	С		(Add	cols. A, B, and C.)
g	Enter the na	ame of the f	oreign countr	y or U.S.	UNITED ARAB				Description of the second seco			
					EMIRATES		PUERTO	RICO	CANADA			
12	Gross income		-	shown above								
	and of the type	e checked abo	ove:									
	Charles of the Control of the Contro				135	962.	-		1,09	1,373.	1a	
k	Check if line 1											
	Secretary and the second		pensation from									
			used an alternati	ive basis to								
_	determine its s			<b>&gt;</b>			54					
De	ductions and I	osses (Cat	ition: See instr	uctions.):								
2	Expenses defin	nitely related	to the income o	n line 1a	Libraturona a Dentis	40010.001	TREELEKOOT S.	Principles Colorador	e varios as sente:	Maria de la composición		
228					2. 497 2. 497	iovettesasta	Kerson v	4.	. 73	0,640.		
3			ictions not defin	-					Back Carto			
<i>a</i>			or standard ded		9,356,	162.		9,356,162.	9,35	6,162.		
b		1.01	itement)		0.256	1.00		0:356.460				
C		******			9,356,			9,356,162.		6,162.	18	
C			e			962.	0.7	1 315 000		1,373.		At 0
e			ces		271,315,		21	1,315,087.	271,31		701	
f						0050		.00000		.00402		
9	Pro rata share				4, Tagana ang a	652.	PARTE TO	学得2000年1月10日	3	7,670.	159	
4	Home mortgag			for		Marital Property of the Parket	Hales - y			Million at		**
d		Die House de De De Comme	he instructions)			,			16.2 V × ×		70	e constant
h	Other interest 6		ne mstructions)									
5	Losses from fo		······································									
6	Add lines 2, 3g				4	652.		4.	-768	3,310.		
*****	Subtract line 6 f			ere and on line 1				·	700	3,310.	7	TO THE RESIDENCE OF THE PARTY O
	art II Fore	ign Taxes	s Paid or Ad	ccrued	10, page 2							•
1	Credit is claimed		West 100 100 100 100 100 100 100 100 100 10		Foreig	n taxe	s paid o	r accrued				-
	for taxes (you must		In forei	gn currency					In U.S. dolla	ırs		
X	check one)						***		111 O.O. GOIL	Andrew Arthur	\	
ntr	(h) X Paid	Taxes	withheld at sour	ce on:	(n) Other foreign		Taxes	withheld at sour	rce on:	(r) C		(s) Total foreign
Country	(i) Accrued				taxes paid or			V	400000 GRP10765	taxes p		taxes paid or accrued (add cols.
7	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued		ividends (p) Rents and royalties				ued	(o) through (r))
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В					No.							
С	A STATE OF A STATE OF THE STATE		and the procession of the same	COMMENSATION OF STREET						109	,138.	109,138.
8	Add lines A thro	ough C, colun	nn (s). Enter the	total here and o	on line 9, page 2						8	
												-

Foreign Tax Credit (Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Go to www irs gov/Form1116 for instructions and the latest information.

Nam	е							1	dentifying numb	er as sho	wn on pag	ge 1 of your tax return
DON	ALD J. & M	ELANIA TR	UMP									
Use amo	a separate Form unts in U.S. dol	n 1116 for eac lars except wh	h category of ind ere specified in	come listed belo Part II below.	w. See Categorie	s of Ind	come in	the instructions.	Check only one	box on e	ach Forr	n 1116. Report all
аГ		ategory incom		Section 901	(i) income			e Lump	-sum distributio	ine		
b [		ategory incom			me re-sourced by	treaty		<b>0</b>	,			
f Re	sident of (name	e of country)	→ UNITED	STATES								
Not	e: If you paid	taxes to only	one foreign c	ountry or U.S.	possession, use	colum	nn A in F	Part I and line A	A in Part II. If yo	ou paid	taxes to	)
					separate column							
Pa	irt I Taxal	ble Income o	or Loss From	Sources Outs	side the United						r	
						Foreig	n Coun	try or U.S. Po		MARKATAN TO THE STATE OF THE ST		Total
	Enter the no	ma of the fe	oreign country	, av 11 C	Α			В	С		(Add	cols. A, B, and C.)
g			or eight country	* CONTRACT DESCRIPTION CONTRACT CONTRAC	PHILIPPINES		GRENAD	Α	INDIA			
1a			within country s									
	and of the type	e checked abov	ve:									
	Permanental management and state	ARRONAPRON										
54					19	,129.	CONTRACTOR OF THE PARTY OF THE		5,71	4,340.	1a	
b			tion for persona									
			pensation from used an alternati									
	determine its s			ve basis to								
Ded			tion: See instr	uctions.):								
						Control of the						
2	Expenses defi	nitely related ent)	to the income o	n line 1a	1			4.	e	433.		\$6 200
3			ctions <b>not defin</b>									
а	Certain itemize	ed deductions	or standard ded	uction	9,356	,162.		9,356,162.	9,350	5,162.		
b	Other deduction	ons (attach sta	tement)									
	Add lines 3a ar	55555555			9,356			9,356,162.		5,162.		
d			9			,129.				4,340.		
e			es		271,315		27	1,315,087.	271,315			
f	Divide line 3d l	6 (6)				627.		.00000		7,081.		
g 4	Pro rata share		nanca.			027.				7,001.		
			e the Worksheet	for .		No SHARES						
-			he instructions)								2200 200 200 200 200 200 200 200 200 20	
b	Other interest											
5	Losses from fo	oreign sources										
6	Add lines 2, 3g					627.		4.	197	7,514.	6	The State of the Control of the Cont
				ere and on line	15, page 2						7	
	rt II Fore		Paid or A	ccruea	F!-						<del>Mind, Cond.</del>	
101	for taxes		In force	gn currency	Foreig	in taxe	s paid o	or accrued	In II C dolla			The second secon
	(you must check one)		111 10161	gir currency		<b></b>	maiss saiding		In U.S. dolla	100		T
Country (i	h) X Paid	Taxes	withheld at sour	ce on:	(n) Other foreign		Taxes	withheld at sou	rce on'	**********	Other eign	(s) Total foreign taxes paid or
쥖	i) Accrued				taxes paid or		14/100	With thora at ooo	00 511		paid or	accrued (add cols.
7	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) D	ividends	(p) Rents and royalties	(q) Interest		rued	(o) through (r))
A												
В				- Later Control of the Control of th	The second second second					Section Comment of the Co	- 7	
င												
8	Add lines A thro	ough C. colum	in (s). Enter the	total here and	on line 9, page 2						R	

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Go to www.irs.gov/Form1116 for instructions and the latest information.

201	7
Attachment Sequence No.	19

IVAIIIG					laentifying num	Der as sno	wn on pag	e 1 of your tax return
DONALD	J. & MELANIA TRUMP				1 %			
Use a sep	parate Form 1116 for each category of income listed belo in U.S. dollars except where specified in Part II below.	w. See Categorie	s of Ind	come in the instructi	ons. Check only on	e box on e	ach Forr	n 1116. Report all
a D	Passive category income c Section 901 General category income d Certain inco	(j) income ome re-sourced by	treaty	e L	ump-sum distribut	ions		. 6
f Dacida	nt of (name of country)   UNITED STATES							
	you paid taxes to only one foreign country or U.S.	nossession use	colum	n Δ in Part Land li	ae Λ in Part II. If a	vou paid t	tayor to	
	nan one foreign country or U.S. possession, use a					you paid i	ianes iu	10
Part I	Taxable Income or Loss From Sources Outs						A	
			Foreig	n Country or U.S.	Possession			Total
		Α		В	С		(Add	cols. A, B, and C.)
	ter the name of the foreign country or U.S.	GEORGIA		ISRAEL	AZERBAIJAN	1		
	oss income from sources within country shown above				Grant Tale T			
and	of the type checked above:				and the second			
O <del>leman (majarana</del>								
							1a	
	eck if line 1a is compensation for personal services as							
	employee, your total compensation from all sources is							
	50,000 or more, and you used an alternative basis to							
	ermine its source (see instructions)  cons and losses (Caution: See instructions.):							
Deducti	ions and losses (Caution: See instructions.):							
2 Exp (att	enses definitely related to the income on line 1a ach statement)	1		6,28	0.	5,894.		
	rata share of other deductions not definitely related:							
	tain itemized deductions or standard deduction	9,356,	162.	9,356,16	2. 9,35	66,162.		
	er deductions (attach statement)							
	l lines 3a and 3b	9,356,	162.	9,356,16	9,35	66,162.		
d Gro	ss foreign source income	, , , , , , , , , , , , , , , , , , , ,		054 245 00		5 405		(a)
	ss income from all sources	271,315,	087.	271,315,08		15,087.		
	ide line 3d by line 3e		0000	.000	00	.00000	No.	
	Itiply line 3c by line 3f							
	me mortgage interest (use the Worksheet for				DESIGNATION OF THE PROPERTY OF			
	me Mortgage Interest in the instructions)			,				de e te des
	er interest expense							
5 Los	ses from foreign sources			•	O COMMON PRODUCTION OF THE PARTY OF THE PART		100 Ftc	
6 Add	l lines 2, 3g, 4a, 4b, and 5			6,28	0.	5,894.	6	
7 Subt	ract line 6 from line 1a. Enter the result here and on line  Foreign Taxes Paid or Accrued	15, page 2				▶	7	
100000000000000000000000000000000000000	is claimed	Fourie						
for	r taxes In foreign gurrangu	roreig	litaxe	s paid or accrued	In U.S. dol	loro		And the second second second second
aha	ou must	I	<u> </u>	<del>,</del>	JII 0.3. uoi	T		T
H	X Paid Taxes withheld at source on:	(n) Other foreign taxes paid or		Taxes withheld at	source on:	(r) ( fore taxes p	eign	(s) Total foreign taxes paid or accrued (add cols.
(j) Da	accrued (k) Dividends (I) Rents and royalties (m) Interest	accrued	(n) D	ividends (p) Rents a	and (q) Interest		rued	(o) through (r))
A	Toyalues (**)		(-)	royaltie	:5 (4/			-
В			- 12			<u> </u>		<del>                                     </del>
С		***************************************	ersoner end				74 TRUE 1474	
	lines A through C, column (s). Enter the total here and	on line 9, page 2					▶ 8	
LHA F	or Paperwork Reduction Act Notice, see instruc	tions.					metanusta mina	Form <b>1116</b> (2017)

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

DON	MALD J. & MELANIA TRUMP							
Use	a separate Form 1116 for each category of income listed belo	w. See Categories	of Income i	n the instructions.	Check only one	box on e	ach Forn	1116. Report all
amo	ounts in U.S. dollars except where specified in Part II below.							
a [	Passive category income c Section 901	(j) income		e Lump	-sum distributio	ns		
b [	X General category income d Certain inco	me re-sourced by t	reaty					(f 116)
	terreta en Paristo, e la 1860 de 1860 Per esta esta autoriario de la companio de la companio de la companio de	The state of the s		100			10.0703.0053	
	esident of (name of country) WNITED STATES							
	te: If you paid taxes to only one foreign country or U.S.					ou paid t	axes to	
	re than one foreign country or U.S. possession, use a art I Taxable Income or Loss From Sources Outs							
312	Taxable Income of Loss From Sources Outs	T						Total
		A	-oreign Cou	ntry or U.S. Po B	C		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.				<u> </u>	***************************************	IAuu	cois. A, b, and c.)
y	possession	BRAZIL	SAINT	MARTIN	MEXICO			
1a	Gross income from sources within country shown above			Profile and	E BOOK CORE			
	and of the type checked above;							
							1a	
b	Check if line 1a is compensation for personal services as							
	an employee, your total compensation from all sources is							
	\$250,000 or more, and you used an alternative basis to							
	determine its source (see instructions)				The state of the s			
Dec	ductions and losses (Caution: See instructions.):							
2	Expenses definitely related to the income on line 1a	2.5	401	F70 001				
_	(attach statement)	35,	491.	570,001.	A PART HAT SAME	town they		
3	Pro rata share of other deductions not definitely related:	9,356,	162	9,356,162.	9 356	5,162.		
a	Certain itemized deductions or standard deduction Other deductions (attach statement)	3,330,	102.	9,330,102.	9,330	,102.	A	
a c	* 1.18	9,356,	162	9,356,162.	9 356	5,162.		
d		7,000,		2,000,102.	,,,,,	, 200.		
e	Gross income from all sources	271,315,	087. 2	71,315,087.	271,315	5,087.		
f			0000	.00000		.00000		
g	NATIONAL PROPERTY OF THE PROPE			on a constitution of the c				
4	Pro rata share of interest expense:							
a	Home mortgage interest (use the Worksheet for			M 118 28 16	na or t			100 OF 80 Se
	Home Mortgage Interest in the instructions)							
b	Other interest expense	escentiones en la company de l						
5	Losses from foreign sources							
6	Add lines 2, 3g, 4a, 4b, and 5	A	491.	570,001.	<u> </u>		6	
	Subtract line 6 from line 1a. Enter the result here and on line art II Foreign Taxes Paid or Accrued	15, page 2				····· <b>&gt;</b>	7	4 4 4 4
100000000000000000000000000000000000000	redit is claimed	Foreig	n taxes paid	l or approad		rest State State State	- company of the state of	
ا	for taxes	Foreig	n taxes paid	or accrued	In U.S. dolla	aro.		
	(you must In foreign currency	T			111 0.5. 00112			1
<b>A</b>	check one)  (h) X Paid Taxes withheld at source on:	(n) Other	Taxe	es withheld at sou	rce on		Other eign	(s) Total foreign taxes paid or
Country	(i) Accrued	foreign taxes paid or	1400	oo withinord at ood	100 011.	(0)	paid or	accrued (add cols.
	(j) Date paid or accrued (k) Dividends (l) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	acc	rued	(o) through (r))
A	Toyanes (**)		` '	royantes		-		
В	201 300 300 300 300 300 300 300 300 300 3		Alternative Control of Security					
8	Add lines A through C, column (s). Enter the total here and	on line 9, page 2					8	

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

Form 1116 (2017)

OMB No. 1545-0121

► Go to www.irs.gov/Form1116 for instructions and the latest information.

Identifying number as shown on page 1 of your tax return

DON	MALD J. & MELANIA TRUMP							
	a separate Form 1116 for each category of income listed belo	IW. See Categories	s of Income i	n the instructions	Check only one	hox on eac	h Form	1116 Report all
amo	ounts in U.S. dollars except where specified in Part II below.	oalegone.	s of moonie .		oneen enry ene	50% 017 040		1110. Hoport an
a [	Passive category income c Section 901	I(j) income		e Lump	o-sum distributio	ns		
b [	X General category income d Certain inco	ome re-sourced by t	reaty					
	TINTED OF THE							***************************************
	esident of (name of country) NITED STATES	•		5 11 12	A : 5 . III IF			7000 DOMESTIC CO. C.
	te: If you paid taxes to only one foreign country or U.S. re than one foreign country or U.S. possession, use a					ou paid ta:	kes to	
	art I Taxable Income or Loss From Sources Out							
Les said	to the state of th			ntry or U.S. Po		T		Total
	*	Α	0.0.91.000	В	С		(Add c	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.							
	possession	QATAR	INDON	IESIA	IRELAND	2		
1a	Gross income from sources within country shown above							
	and of the type checked above:							
				5,777,225.			1a	
b	The second secon							
	an employee, your total compensation from all sources is							le .
	\$250,000 or more, and you used an alternative basis to							
Doc	determine its source (see instructions)							
Dec	ductions and losses (Caution: See instructions.).							
2	Expenses definitely related to the income on line 1a (attach statement)			72.	2,21	7,004.		1 10 10 10 10 10 10 10 10 10 10 10 10 10
3	Pro rata share of other deductions not definitely related:							
а	[10.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	9,356,	162.	9,356,162.	9,356	,162.		
b	Other deductions (attach statement)			NA APPARENTAL CONTROL OF THE PROPERTY OF THE P				
C		9,356,	162.	9,356,162.	9,356	,162.		
d		071 215	007	5,777,225.	051 211	. 007		
e	Gross income from all sources	271,315,	0000	271,315,087.	271,315	-0		
f	Divide line 3d by line 3e		0000	.02129		00000		
g	Multiply line 3c by line 3f  Pro rata share of interest expense;			199,230.	A A CALL			
4 a			And the first of the					
d	Home Mortgage Interest in the instructions)				- 0. 1 mm			5 3 5 360 8 5
b	Other interest expense			Hamilton - Santana - Consultana				
5	Losses from foreign sources							
6	Add lines 2, 3g, 4a, 4b, and 5			199,310.	2,21	7,004.	6	
7.	Subtract line 6 from line 1a. Enter the result here and on line	15, page 2					7	
0.000	art II Foreign Taxes Paid or Accrued							
C	redit is claimed for taxes	Foreig	n taxes paid	l or accrued				
	(you must In foreign currency	γ			In U.S. dolla	irs		*
3	check one)	(n) Other		1		(r) Otl	her	(s) Total foreign
Country	h) X Paid Taxes withheld at source on:	foreign	Tax	es withheld at sou	rce on:	foreig		taxes paid or
ď	(i) Date paid (I) Division (I) Rents and (-)	taxes paid or accrued	(-)	(n) Rents and	1.7.	taxes pa accru		accrued (add cols. (o) through (r))
	(i) Date paid (k) Dividends (I) Rents and royalties (m) Interest	400,404	(0) Dividends	(p) Rents and royalties	(q) Interest			(b) through (r))
A B					8			
C	CANADA NASSA AND AND AND AND AND AND AND AND AND AN	-1" arm thattamentarisms of	CELTRE # 3.000 Poc. of bottom when " of the	Committee of the second		- 1 <del>-1.</del> -(141-).		**************************************
	Add lines A through C, column (s). Enter the total here and	on line 9 page 2		1	L	<u> </u>	8	
9	/ through o, volumn (b). Linter the total here allu	on line of page 2					▶ 8	

LHA For Paperwork Reduction Act Notice, see instructions.

# Form 1116

### Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

**2017**Attachment 19

OMB No. 1545-0121

Department of the Treasur Internal Revenue Service Go to www.irs.gov/Form1116 for instructions and the latest information. Name Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Section 901(j) income Passive category income Lump-sum distributions General category income Certain income re-sourced by treaty UNITED STATES f Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total В C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. ST. VINCENT AND TURKEY THE GR possession нтко 1a Gross income from sources within country shown above and of the type checked above: 5.646 867.433. 55,393,949. b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line to detach statement\ SEE STATEMENT 38 (attach statement) ... Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction 9,356,162. 9,356,162 Other deductions (attach statement) Add lines 3a and 3b 9,356,162. 9,356,162. d Gross foreign source income 5,646. Gross income from all sources 271,315,087. 271,315,087. .00002 Divide line 3d by line 3e .00000 Multiply line 3c by line 3f 223. Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) b Other interest expense 5 Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 223. 981,107. 54,478,390.

7	Subtract line 6 f				15, page 2					7	915,559.
30000	The state of the s		Paid or Ad	ccrued		DOCUMENTS OF THE PROPERTY OF T		SEE	STATEM	ENT 37	7
	Credit is claimed				Foreig	n taxes paid	or accrued				
	for taxes (you must		In forei	gn currency				In U.S. doll	ars		
Country	check one) (h) X Paid (i) Accrued		withheld at sour	ce on:	(n) Other foreign taxes paid or	Taxes	withheld at sour	rce on:	for	Other eign paid or	(s) Total foreign taxes paid or accrued (add cols.
_	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	acc	rued	(o) through (r))
<u>A</u>											
В											
<u>C</u>						,					
_ 8	Add lines A thro	ugh C, colum	n (s). Enter the	total here and	on line 9, page 2					▶ 8	490,056.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017)

Form 1116 (2017) DONALD J. & MELANIA TR	RUMP
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P	art III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9	490,056.		
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 39	. 10	9,165,763.		
11	Add lines 9 and 10	11	9,655,819.		
12	Reduction in foreign taxes	12			
13	Taxes reclassified under high tax kickout	13	624.		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	,,		14	9,656,443.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
ži.	United States (before adjustments) for the category of income checked above Part I	. 15	915,559.		90
16	Adjustments to line 15	16	-915,559.		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
18	one Form 1116, you must complete line 20.)  Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.  Estates and trusts: Enter your taxable income without the deduction for your	17			
	exemption	18			
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the total of Form 1041, Schedule G, line 1a; or the line 1	he total of tal of Forn	Form 1040NR, lines n 990-T, lines 36, 37,	20	
	and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42			20	
	Multiply line 20 by line 19 (maximum amount of credit)			21	* * * * * * * * * * * * * * * * * * * *
	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 t				
	amount on line 28. Otherwise, complete the appropriate line in Part IV			22	0.
P	art IV Summary of Credits From Separate Parts III				
23	Credit for taxes on passive category income	23	2	100112	
24	Credit for taxes on general category income	24			
	Credit for taxes on certain income re-sourced by treaty				
26	Credit for taxes on lump-sum distributions	26	and the territory of the second secon		
	Add lines 23 through 26			27	· ·
28	Enter the smaller of line 20 or line 27			28	
29	Reduction of credit for international boycott operations			29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line	48;			
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		<b>&gt;</b>	30	-
					Form 1116 (2017)

## Form **3468**

Department of the Treasury Internal Revenue Service (99)

### **Investment Credit**

Attach to your tax return.

► Go to www.irs.gov/Form3468 for instructions and the latest information.

2017
Attachment Sequence No. 174

Nama(a) shawn on return

	ALD J. & MELANIA TRUMP		
Pa	rt I Information Regarding the Election To Treat the Lessee as the Purchaser of Inves	stmer	nt Credit Property
	ou are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) electi		
info	ormation. If you acquired more than one property as a lessee, attach a statement showing the information below.	, ,	• • • • • • • • • • • • • • • • • • •
	Name of lessor		
2	Address of lessor		
3	Description of property		
4	Amount for which you were treated as having acquired the property	<b>\$</b>	
Pa	rt II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, a Advanced Energy Project Credit	nd Qı	ualifying
5	Qualifying advanced coal project credit (see instructions):	Section.	
а			
	placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(i) \$ x 20% (0.20) 5a		
b	Qualified investment in advanced coal-based generation technology property		#S
	placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(ii)		
С	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(iii)		
d	NAMES OF A 19 OF CHARGE WINDOWN PROPERTY INVOLVED TO SECURITION OF THE PROPERTY OF THE PROPERT	5d	
6	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service		
	during the tax year for which credits were allocated or reallocated after		
	October 3, 2008, and that includes equipment that separates and		
	sequesters at least 75% of the project's carbon		2007 10 1000
	dioxide emissions \$ x 30% (0.30) 6a		
b	Qualified investment in property other than in a above placed in		
	service during the tax year \$ x 20% (0.20) 6b		
. с	Total. Add lines 6a and 6b	6c	
7	Qualifying advanced energy project credit (see instructions):		
	Qualified investment in advanced energy project property placed in		
	service during the tax year \$ x 30% (0.30)	7	
8	Reserved for future use	8	66 美国主持
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	200
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form 3468 (2017)

Pai	t III Rehabilitation Credit and Energy Credit		
11	Rehabilitation credit (see instructions for requirements that must be met):		
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into		
	account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions.		
	Note: This election applies to the current tax year and to all later tax years. You may not revoke this		
	election without IRS consent		
b	Enter the dates on which the 24- or 60-month measuring period begins SEE STATEMENT 88	LAYS E	
	and ends		
С	Enter the adjusted basis of the building as of the beginning date above		
	(or the first day of your holding period, if later)		
d	Enter the amount of the qualified rehabilitation expenditures incurred, or		
	treated as incurred, during the period on line 11b above\$		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:		
е	Pre-1936 buildings \$ x 10% (0.10)	11e	
f	Certified historic structures \$ 7,784,367. × 20% (0.20).	11f	1,556,873.
	For properties identified on line 11f, complete lines 11g and 11h.		
q	Enter the assigned NPS project number or the pass-through entity's employer identification		
3	number (see instructions) STATEMENT 87		
h	Enter the date that the NPS approved the Request for Certification of Completed Work (see		
	instructions)		
i	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9)	11i	
12	Energy credit:		
а	Basis of property using geothermal energy placed in service during the tax year		
	(see instructions) \$ x 10% (0.10)	12a	
b	Basis of property using solar illumination or solar energy placed in service during the tax year that was		
	acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection		
	by the taxpayer after December 31, 2005 (see instructions) \$ x 30% (0.30)	12b	
	Qualified fuel cell property (see instructions):		
ç	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and		
	before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the		
	taxpayer after December 31, 2005, and before October 4, 2008 \$ x 30% (0.30)	12c	
d	Applicable kilowatt capacity of property on line 12c (see instructions)	12d	
-	Enter the lesser of line 12c or line 12d	12e	
.f	Basis of property placed in service during the tax year that was acquired after October 3, 2008,		0.00
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after		100
	October 3, 2008 \$ x 30% (0.30)	12f	
g			
h	Enter the lesser of line 12f or line 12g	12h	
	Qualified microturbine property (see instructions):		
i	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and		
	the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31,	10054	
	2005	12i	
j	Kilowatt capacity of property on line 12i x \$200	12j	
k	Enter the lesser of line 12i or line 12j	12k	1

Pai	t III Rehabilitation Credit and Energy Credit (continued)		
	Combined heat and power system property (see instructions):		
	Caution: You cannot claim this credit if the electrical capacity of the property is more than 50		
	megawatts or 67,000 horsepower.		
1	Basis of property placed in service during the tax year that was acquired after October 3, 2008,	111223	
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	October 3, 2008	121	
	ν x 10/8 (0.10)	121	
m	If the electrical capacity of the property is measured in:		
111	Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or	es i	
	less.		
	<ul> <li>Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or</li> </ul>		
	less	12m	
n	Multiply line 12I by line 12m	12n	
	Qualified small wind energy property (see instructions):		
0	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
	before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection		
	by the taxpayer after October 3, 2008, and before January 1, 2009 \$ x 30% (0.30)	120	
р	Enter the smaller of line 12o or \$4,000	12p	
			Carlos of the Ca
q	Basis of property placed in service during the tax year that was acquired after December 31, 2008, and		
	the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31,		
	2008 x 30% (0.30)	12a	
	X 507/ (0.00)	124	
	Geothermal heat pump systems (see instructions):		
r	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		2
	the book attributeble to construction and activities of the second secon		
		40	DA SEA D
	2008	12r	
	Qualified investment and it facility preparty (see instructions)		
	Qualified investment credit facility property (see instructions):		
S	Basis of property (other than wind facility property and the construction of which began after		
	2016) placed in service during the tax year \$ x 30% (0.30)	.12s	
83			
t	Basis of wind facility property placed in service during the tax year and the construction of which		
	begins during 2017 \$ x 24% (0.24)	12t	
u	Basis of wind facility property placed in service during the tax year and the construction of which		111 8 8 200 0
	begins during 2018 x 18% (0.18)	12u	
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	
14	Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, 12u, and 13. Report this		
5865	amount on Form 3800, Part III, line 4a	14	1,556,873.
	5.105.11 5.11 5000, 1 disting into TG	14	2,550,575.

## Form **3800**

**General Business Credit** 

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.

2017 Attachment

Department of the Treasury Internal Revenue Service (99) You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

DON.	ALD J. & MELANIA TRUMP		
Pa	rt I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with		
	box C checked. See instructions for statement to attach	4	15,068,133.
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with		
	box D checked	5	
6	Add lines 1, 3, 4, and 5	6	15,068,133.
Pa	rt II Allowable Credit		
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or		
	the sum of the amounts from Form 1040NR, lines 42 and 44		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the	7	0.
	applicable line of your return		
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 35		
	Corporations. Enter the amount from Form 4626, line 14	8	7,435,857.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	7,435,857.
	and the second of the second o		
10a	Foreign tax credit 10a		
b	Certain allowable credits (see instructions) 10b 750		4
C	Add lines 10a and 10b	10c	750.
	3		The state of the s
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	7,435,107.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	•	
		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) 13		
14	Tentative minimum tax:	100	2 201 2 218
	Individuals. Enter the amount from Form 6251, line 33		
	Corporations. Enter the amount from Form 4626, line 12	• 46.5	
	Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54	flatus.	
15	Enter the greater of line 13 or line 14	15	7,435,857.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.
17	Enter the smaller of line 6 or line 16	17	0.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization.	4	***************************************
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form 3800 (2017)

	n 3800 (2017)		Page 2
	rt II Allowable Credit (Continued)	26	
Not	e: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	20.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
00	Passive activity credit from line 3 of all Parts III with box B checked 23		
23 24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	7,435,107.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	7,435,107.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	108,600.
31	Reserved	31	
31	Treasived		
32	Passive activity credits from line 5 of all Parts III with box B checked 32 1,771,200.		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked		
34	and line 6 of Part III with box G checked. See instructions for statement to attach	34	22,605,945.
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked.  See instructions	35	
36	Add lines 30, 33, 34, and 35	36	22,714,545.
37	Enter the smaller of line 29 or line 36	37	7,435,107.
	O III II was differ the assument years Add lines 29 and 27		
38	Credit allowed for the current year. Add lines 28 and 37.  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return.		
	• Individuals. Form 1040, line 54, or Form 1040NR, line 51	10000 10000 10000 10000	
	Corporations, Form 1120, Schedule J, Part I, line 5c	i kati	
	• Estates and trusts. Form 1041, Schedule G, line 2b	38	7,435,107.
_			Form 2000 (2017)

Form	3800 (2017)			Page
Name	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< td=""><td></td><td></td><td></td></trump<>			
Par	t III General Business Credits or Eligible Small Business Credits (	(see		
	plete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity E Reserved			*0
В	General Business Credit From a Passive Activity F Reserved			
C	General Business Credit Carryforwards G Eligible Sm	nall Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	irst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa eded for each pass-through entity.	rt III	If claiming the credit from a pass-through entity, enter the EIN	
<b>1</b> a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
О	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
U	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w	A2 5	
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	f	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$ . $$ .	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	Investment (Form 3468, Part III) (attach Form 3468)	4a		
	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	93,91
g	Qualified railroad track maintenance (Form 8900)	4g		

4h

4i

4j 4z

5

 ${f h}~$  Small employer health insurance premiums (Form 8941)

i Increasing research activities (Form 6765)

 ${\bf 5} \hspace{0.5cm} \hbox{Add lines 4a through 4z and enter here and on the applicable line of Part II} \\$ 

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

93,914

93,914

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Form	3800	(201)	7)
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Name(s) shown on return

	IALD J & MELANIA < TRUMP rt III General Business Credits or Eligible Small Business Credits	(coo ir		
	uplete a separate Part III for each box checked below (see instructions).	(See II	istructions)	
A	General Business Credit From a Non-Passive Activity  E Reserved			
В	General Business Credit From a Passive Activity  F Reserved			
С	pung	U D		
D		naii Bus	siness Credit Carryforward	S
I	☐ General Business Credit Carrybacks	iret an	additional Part III combini	na amounta from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III .		· · · · · · · · · · · ·	
	(a) Description of credit		(b)	(c)
Not	e. On any line where the credit is from more than one server.		If claiming the credit	
	e: On any line where the credit is from more than one source, a separate Pageded for each pass-through entity.	art III	from a pass-through entity, enter the EIN	amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	cricicy, cricer are En	
H	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
v	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		****
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$ .	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
. с	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	65-0750446	3,30
g	Qualified railroad track maintenance (Form 8900)	4g	55 5.30110	3,30
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		······································
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		3,30
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II $$ . $$ .	6		3,30

Identifying number		Identifying	number
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_	ALD J & MELANIA <trump (<="" business="" credits="" eligible="" general="" iii="" or="" small="" t="" th=""><th>see ir</th><th>nstructions)</th><th></th></trump>	see ir	nstructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity  F   Reserved			
C		all Bus	siness Credit Carryforward	c
D	General Business Credit Carrybacks  H Reserved	iaii bus	siless credit carrylorward	5
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
				Enter the appropriate
	e: On any line where the credit is from more than one source, a separate Pateded for each pass-through entity.	rt III	from a pass-through	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	Reserved	1b		
	Increasing research activities (Form 6765)			
	Low-income housing (Form 8586, Part I only)	1c		
	200 %	1d		
e		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
9	Indian employment (Form 8845)	1g		
	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)			
	Employer differential wage payments (Form 8932)	1v 1w		
	Carbon dioxide sequestration (Form 8933)	_		
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
35.0	Qualified plug-in electric vehicle (carryforward only)	1y		
	a Employee retention (Form 5884-A)	1z		
		1aa	45	
	o General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
2.	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			e e
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		0
	Investment (Form 3468, Part III) (attach Form 3468)			
b	Work opportunity (Form 5884)	4a		
	000 200 000 000 000 000 000 000 000 000	4b		
c.	Biofuel producer (Form 6478)  Low-income housing (Form 8586, Part II)	4c		
d		4d		
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835)  Employer social security and Medicare taxes paid on certain employee tips (Form	4e		
	8846)	4f	27-8202438	81
g	Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
ì	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		81
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	-		24

Form 3800 (2017)	Page 3
Name(s) shown on return	Identifying number
DONALD J & MELANIA <trump< td=""><td>'</td></trump<>	'
Part III General Business Credits or Eligible Small Bu	isiness Credits (see insulation,

	uplete a separate Part III for each box checked below (see instructions).				
	General Business Credit From a Non-Passive Activity E Reserved				
	☐ General Business Credit From a Passive Activity <b>F</b> ☐ Reserved	General Business Credit From a Passive Activity F Reserved			
С	☐ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	S	
D	☐ General Business Credit Carrybacks H ☐ Reserved				
I.	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from	
A = 7 .0°.	(a) Description of credit		(b)	(c)	
40 2	2.00			Enter the appropriate	
	e: On any line where the credit is from more than one source, a separate Paleeded for each pass-through entity.	rt III	from a pass-through	amount	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN		
	Reserved	1b			
c	Increasing research activities (Form 6765)	1c			
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g			
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
j	( and moderations for				
L	limitation)  Employer-provided child care facilities and services (Form 8882) (see	1j			
	instructions for limitation)	1k			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
n	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10			
p	Energy efficient home (Form 8908)	1р			
q	Energy efficient appliance (carryforward only)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t		1t			
u	(	1u			
V	, and a sum of the sum	1v			
w	# Employer differential wage payments (Form 8932)	1w			
x		1x			
y 7	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	a Employee retention (Form 5884-A)	1z			
	<b>b</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb			
	z Other. Oil and gas production from marginal wells (Form 8904) and certain other	100			
	credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		٠ 0	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
	Investment (Form 3468, Part III) (attach Form 3468)	4a			
	Work opportunity (Form 5884)	4b			
	Biofuel producer (Form 6478)	4c			
	Low-income housing (Form 8586, Part II)	4d			
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)  Employer social security and Medicare taxes paid on certain employee tips (Form	4e			
•	8846)	4f	65-0567671	11 370	
g	Qualified railroad track maintenance (Form 8900)	4g	03 030/0/1	11,379	
h	Small employer health insurance premiums (Form 8941)	4h			
i	Increasing research activities (Form 6765)	4i			
j	Reserved	4j			
z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		11,379	
6_	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		11,379	

Form	3800 (2017)			Page
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump t III General Business Credits or Eligible Small Business Credits (</trump 	see in	structions)	
Com	olete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	✓ General Business Credit From a Passive Activity F ☐ Reserved			
С	General Business Credit Carryforwards	nall Bus	iness Credit Carryforward	5
D	General Business Credit Carrybacks H Reserved		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an a	additional Part III combini	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa eded for each pass-through entity.	rt III	from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
О	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
y ~	Qualified plug-in electric drive motor vehicle (Form 8936)  Qualified plug-in electric vehicle (carryforward only)	1y		
2	Employee retention (Form 5884-A)	1z		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		*
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	27-4162308	7,93
g	Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
1	Increasing research activities (Form 6765)	4i		

5 Add lines 4a through 4z and enter here and on the applicable line of Part II

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

4i

4j 4z

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7,937

_	IALD J & MELANIA <trump (<="" business="" credits="" eligible="" general="" iii="" or="" rt="" small="" th=""><th>see in</th><th>structions)</th><th></th></trump>	see in	structions)		
	Complete a separate Part III for each box checked below (see instructions).				
A	General Business Credit From a Non-Passive Activity E Reserved				
В	General Business Credit From a Passive Activity  F Reserved				
С	Central business create visit a vasite visit vi	all Bus	iness Credit Carryforward	s	
D	General Business Credit Carrybacks  H Reserved				
	If you are filing more than one Part III with box A or B checked, complete and attach file	rst an	additional Part III combin	ing amounts from	
	all Parts III with box A or B checked. Check here if this is the consolidated Part III				
	(a) Description of credit		(b)	(c) Enter the appropriate	
Vot	e: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	amount	
	eeded for each pass-through entity.		entity, enter the EIN		
18	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
ŧ	Reserved	1b			
•	Increasing research activities (Form 6765)	1c			
•	Low-income housing (Form 8586, Part I only)	1d			
•	Disables seems (Ferri Court Court)	1e			
f	CONTROL OF THE PROPERTY OF THE	1f			
ç	1	1g			
1	1986     1987     1988     1	1h			
i	the transfer Committee Com	1i			
j	limitation)	1j			
ŀ	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	,		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
г	n Low sulfur diesel fuel production (Form 8896)	1m			
r	Distilled spirits (Form 8906)	1n			
C	Nonconventional source fuel (carryforward only)	10			
F	Energy efficient home (Form 8908)	1р			
C	To describe the first continuous	1q			
r	Alternative motor vehicle (Form 8910)	1r			
5		1s			
t	Wilder and the state of the sta	1t			
ı	3 SECUNDATE PROGRAMMENT OF THE SECUNDATION OF THE S	1u			
`		1v			
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)		1y			
1		1z			
	a Employee retention (Form 5884-A)	1aa			
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
	z Other. Oil and gas production from marginal wells (Form 8904) and certain other				
	credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $\cdot\cdot$ .	2		0	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
48	Investment (Form 3468, Part III) (attach Form 3468) 🥞	4a	27-4162256	15,569	
t	Work opportunity (Form 5884)	4b			
(		4c			
•	The state of the s	4d			
•		4e			
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162256	5,810	
ç		4g			
ŧ		4h			
i	Increasing research activities (Form 6765)	4i			
j		4j	-		
2		4z		2, 222	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		21,379	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		21,379	

Form	3800	(2017)
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Name(s) shown on return

Page 3

	ALD J & MELANIA <trump t III</trump 	coo in		
		see in	Structions,	
Com	plete a separate Part III for each box checked below (see instructions).			
	☐ General Business Credit From a Non-Passive Activity E ☐ Reserved			
222	✓ General Business Credit From a Passive Activity F Reserved			
C		nall Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved		30 0	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	irst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
				Enter the appropriate
	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	amount
	eded for each pass-through entity.  Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	Reserved	1b		
	Increasing research activities (Form 6765)			
d	Low-income housing (Form 8586, Part I only)	1c	<del></del>	
e	= (3)			
f	Disabled access (Form 8826) (see instructions for limitation)  Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
	Indian employment (Form 8845)			
h	Orphan drug (Form 8820)	1g 1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for	11		
- 4	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see	-		
	instructions for limitation)	1k		
t	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
О	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		3
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bl	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$ . $$ .	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
_	Qualified railroad track maintenance (Form 8900)	4f	27-4162308	2,38
g h	Small employer health insurance premiums (Form 8941)	4g		
i		4h	*	
j	Increasing research activities (Form 6765)	4i		
-		4j		
z 5	Other	4z		
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	5		2,38:

Form 3800 (2017) Page 3 Name(s) shown on return Identifying number DONALD J. & MELANIA TRUMP Part III | General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity Reserved В General Business Credit From a Passive Activity Reserved Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards G D General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III X (a) Description of credit (b)
If claiming the credit from a
ss-through entity, enter the EIN (c) Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. Enter the appropriate amount Investment (Form 3468, Part II only) (attach Form 3468) Reserved 1b Increasing research activities (Form 6765) C 1c Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) f 1f Indian employment (Form 8845) q 19 Orphan drug (Form 8820) h 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 11 Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) 1k Biodiesel and renewable diesel fuels (attach Form 8864) 1 11 Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) n 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1p n Energy efficient appliance (carryforward only) a 1a Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s Enhanced oil recovery credit (Form 8830) t 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) 1w W Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) V 14 Qualified plug-in electric vehicle (carryforward only) 1z Employee retention (Form 5884-A) 1aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 2 0. Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 1,556,874. 4a Work opportunity (Form 5884) b 4b Biofuel producer (Form 6478) C 4c Low-income housing (Form 8586, Part II) d 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) P 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 322,926. 4f Qualified railroad track maintenance (Form 8900) q 4g Small employer health insurance premiums (Form 8941) h 4h Increasing research activities (Form 6765) i 41 Reserved j 4i Other Z 4z

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Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Form	3800	(2017

Nar	ne(s) shown on return		Identifying number		
DOI	DONALD J & MELANIA < TRUMP				
	rt III General Business Credits or Eligible Small Business Credits (	see in	structions		
Con	nplete a separate Part III for each box checked below (see instructions).		****		
Α	General Business Credit From a Non-Passive Activity E Reserved				
В	☑ General Business Credit From a Passive Activity F ☐ Reserved				
C	General Business Credit Carryforwards  G Eligible Small	all Bus	iness Credit Carryforward	S	
D	☐ General Business Credit Carrybacks H☐ Reserved				
I	If you are filing more than one Part III with box A or B checked, complete and attach finall Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an a	additional Part III combin	ing amounts from	
	(a) Description of credit		(b)	(c)	
	te: On any line where the credit is from more than one source, a separate Par	rt III	If claiming the credit from a pass-through	Enter the appropriate	
	eeded for each pass-through entity.		entity, enter the EIN		
	n Investment (Form 3468, Part II only) (attach Form 3468)	1a			
	Increasing research activities (Form 6765)	1b			
	Low-income housing (Form 8586, Part I only)	1c			
	And addressed to the Control of the	1d			
	Disabled access (Form 8826) (see instructions for limitation)  Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e			
	Indian employment (Form 8845)	1f			
,	1 Orphan drug (Form 8820)	1g			
i	10 1 10 10 10 10 10 10 10 10 10 10 10 10	1h 1i			
j		-11			
•	limitation)	1j			
1	Employer-provided child care facilities and services (Form 8882) (see				
	instructions for limitation)	1k			
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
ı	n Low sulfur diesel fuel production (Form 8896)	1m			
1	n Distilled spirits (Form 8906)	1n			
(	Nonconventional source fuel (carryforward only)	10			
I	Energy efficient home (Form 8908)	1p			
•	Energy efficient appliance (carryforward only)	1q			
1	Alternative motor vehicle (Form 8910)	1r			
5	Name of the Carlo	1s			
t	Proposition and a service of the ser	1t			
,	Mine rescue team training (Form 8923)	1u			
`	Agricultural chemicals security (carryforward only)	1v			
	v Employer differential wage payments (Form 8932)	1w			
)	Carbon dioxide sequestration (Form 8933)	1x			
,	5 10 10 10 10 10 10 10 10 10 10 10 10 10	1y			
2	**************************************	1z			
	a Employee retention (Form 5884-A)	1aa			
	bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
	zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
102	Investment (Form 3468, Part III) (attach Form 3468)	4a	27-4162308	1,541,305	
	Work opportunity (Form 5884)	4b			
,	# 2000/00/00/2004/# # \$400 00/00/00/00/00/00/00/00/00/00/00/00/0	4c			
	Low-income housing (Form 8586, Part II)	4d			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)  Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e	7		
,	Qualified railroad track maintenance (Form 8900)	4f			
	Small employer health insurance premiums (Form 8941)	4g 4h			
i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4n 4i			
j	1 3000000000000000000000000000000000000	4i 4j			
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5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,541,305	
		-		1,511,505	

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Form 3800 (2017)

Name(s) shown on return

DONALD J & MELANIA < TRUMP

Part III General Business Credits or Eligible Small Business Credits (see Instructions)

Complete a separate Part III for each box checked below (see instructions).

	plete a separate Part III for each box checked below (see instructions).				
Α.	General Business Credit From a Non-Passive Activity  F Reserved  General Business Credit From a Passive Activity  F Reserved				
В	and the second s				
2	General Business Credit Carryforwards G	Eligible	Small Bus	iness Credit Carryforward	S
		Reserve			• 1000 (1000 - 2
[	If you are filing more than one Part III with box A or B checked, compl all Parts III with box A or B checked. Check here if this is the consolida	ete and atta	ch first an	additional Part III combin	ing amounts from
_	(a) Description of credit	100 1010 111		(b)	(c)
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	e: On any line where the credit is from more than one source,	a separate	e Part III	from a pass-through	amount
	eeded for each pass-through entity.  Investment (Form 3468, Part II only) (attach Form 3468)	72 12 2 12	. 1a	entity, enter the EIN	
	Reserved		. 1b		
	Increasing research activities (Form 6765)		. 1c		
	Low-income housing (Form 8586, Part I only)		. 1d		
e			. 1e		
f		8835)	1f		
g	Indian employment (Form 8845)		. 1g		
h	Orphan drug (Form 8820)		. 1h		
i	New markets (Form 8874)		. 1i		
j	Small employer pension plan startup costs (Form 8881) (see instruct	ions for			
	limitation)		. 1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)				
	Biodiesel and renewable diesel fuels (attach Form 8864)		. 1k		
1	Low sulfur diesel fuel production (Form 8896)		. 1m		
			. 1n		
n			. 10		
n	Energy efficient home (Form 8908)		. 1p		
0	Energy efficient appliance (carryforward only)		. 1q		
r	Alternative motor vehicle (Form 8910)		. 1r		
s			. 1s		
t	= 1 0000		. 1t		
u			. 1u		
v	Agricultural chemicals security (carryforward only)		. 1v		
v	r Employer differential wage payments (Form 8932)		. 1w		
x	Carbon dioxide sequestration (Form 8933)		. 1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)		. 1y		
Z	Qualified plug-in electric vehicle (carryforward only)		. 1z		
	a Employee retention (Form 5884-A)		. 1aa	+	
	${f b}$ General credits from an electing large partnership (Schedule K-1 (For				
Z	z Other. Oil and gas production from marginal wells (Form 8904) and c credits (see instructions)	ertain other	seed of Service of		
2	Add lines 1a through 1zz and enter here and on the applicable line of	Part I	. 1zz		n
3	Enter the amount from Form 8844 here and on the applicable line of		3	***************************************	
	Investment (Form 3468, Part III) (attach Form 3468)		. 4a		
	Work opportunity (Form 5884)		. 4b		
	Biofuel producer (Form 6478)		. 4c		
d			. 4d		
e		8835)	4e		- 1 5
	Employer social security and Medicare taxes paid on certain employee			1	
	8846)		· 4f	27-4162308	153,334
g	A STATE OF THE PARTY OF THE PAR		. 4g		/ H = 1
h	1.0		. 4h		
i			. 4i		
j			. 4j		
z			. 4z		452.224
5	Add lines 4a through 4z and enter here and on the applicable line of I		5		153,334
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part	. 11	. 6		153,334

Identifying number

_	ALD J & MELANIA <trump (<="" business="" credits="" eligible="" general="" iii="" or="" small="" t="" th=""><th>roo in</th><th>estructions)</th><th></th></trump>	roo in	estructions)	
	plete a separate Part III for each box checked below (see instructions).	(see ii	istructions)	
A	General Business Credit From a Non-Passive Activity  E Reserved			
В	General Business Credit From a Passive Activity  F Reserved			
С				
D	Engine Sin	iali Bus	iness Credit Carryforward	S
		irct an	additional Dart III combin	ina passunta fram
~	all Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
NI - 4	On any line subsequently and the form			Enter the appropriate
	<ul> <li>e: On any line where the credit is from more than one source, a separate Pageded for each pass-through entity.</li> </ul>	rt III	from a pass-through entity, enter the EIN	amount
574110000	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Charley, chief the EIN	
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
		1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		<del></del>
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (Form 8830)	1t		*****
u	, , , , , , , , , , , , , , , , , , , ,	1u		
V 14	Agricultural chemicals security (carryforward only)  Employer differential wage payments (Form 8932)	1v		
	Carbon dioxide sequestration (Form 8933)	1w		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
	Qualified plug-in electric vehicle (carryforward only)	1y		
	a Employee retention (Form 5884-A)	1z		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		
	t Other. Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
-	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form		8	
	8846)	4f	27-4162308	12,982
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12,982
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		12.982

Qualified railroad track maintenance (Form 8900)

Small employer health insurance premiums (Form 8941)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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4h 4i

4j 4z

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Form 3800 (	2017)
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Page 3

Nam	lame(s) shown on return Identifying number				
DON	DONALD J & MELANIA <trump< td=""></trump<>				
Par	t III General Business Credits or Eligible Small Business Credits (	see in	Structions		
Com	plete a separate Part III for each box checked below (see instructions).				
Α	General Business Credit From a Non-Passive Activity E Reserved				
В	General Business Credit From a Passive Activity F Reserved				
С	General Business Credit Carryforwards G  Eligible Sm	all Bus	iness Credit Carryforward	S	
D	☐ General Business Credit Carrybacks H ☐ Reserved				
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	irst an	additional Part III combin	ing amounts from	
	(a) Description of credit		(b)	(c)	
	e: On any line where the credit is from more than one source, a separate Pa	rt III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	endry, enter the EIN		
	Reserved	1b			
c	Increasing research activities (Form 6765)	1c			
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g			
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10			
р	Energy efficient home (Form 8908)	1p			
q	Energy efficient appliance (carryforward only)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	Mine rescue team training (Form 8923)	1u			
v	Agricultural chemicals security (carryforward only)	1v		7	
w		1w			
×	Carbon dioxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
z	Qualified plug-in electric vehicle (carryforward only)	1z			
	Employee retention (Form 5884-A)	1aa			
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
Z	: Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$ . $$ .	2		0	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3			
1200	Investment (Form 3468, Part III) (attach Form 3468)	4a			
ь	Work opportunity (Form 5884)	4b			
C	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835)  Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e		(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
g	Qualified railroad track maintenance (Form 8900)	4f	27-4162308	1,153	
h	Small employer health insurance premiums (Form 8941)	4g			
i	Increasing research activities (Form 6765)	4h 4i			
j	Reserved				
z	Other	4j 4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1 153	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,153	
	The state of the s			. 1,133	

Identifying number Name(s) shown on return DONALD J & MELANIA<TRUMP General Business Credits or Eligible Small Business Credits (see manucuons) Part III Complete a separate Part III for each box checked below (see instructions). A General Business Credit From a Non-Passive Activity E Reserved F - Reserved В General Business Credit From a Passive Activity G 🔲 Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards H 
Reserved General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III . . . . . (a) Description of credit (b) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount entity, enter the EIN is needed for each pass-through entity. 1a Investment (Form 3468, Part II only) (attach Form 3468) c Increasing research activities (Form 6765) 1c d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f **1**g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for . . . . . . . . . . . . . . . . . . 1j Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . . . . . . . . . . 1k 11 Biodiesel and renewable diesel fuels (attach Form 8864) m Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) . . . . . Nonconventional source fuel (carryforward only) . . Energy efficient home (Form 8908) **1**p Energy efficient appliance (carryforward only) . . . . . . . . . 10 Alternative motor vehicle (Form 8910) 1r 2 22 2 2 Alternative fuel vehicle refueling property (Form 8911) 15 Enhanced oil recovery credit (Form 8830) 1t u Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) . 1v w Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1v z Qualified plug-in electric vehicle (carryforward only) . . . . . . . 1z aa Employee retention (Form 5884-A) . . . . . . . . . . . . . . . 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . . . . . . . . . . . . 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c d Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form . . . . . . . . . . . . . . 27-4162308 Δf Qualified railroad track maintenance (Form 8900) 49 h Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) . . . . 4i 4j 

4z

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Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Form 3800 (2017)
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DONALD J & MELANIA < TRUMP Part III General Business Credits or Eligible Small Business Credits (see man actions)					
		see ii	150 L 10NS)		
Com	plete a separate Part III for each box checked below (see instructions).				
	☐ General Business Credit From a Non-Passive Activity				
	General Business Credit From a Passive Activity  F  Reserved				
C		all Bus	iness Credit Carryforward	s	
D	☐ General Business Credit Carrybacks ☐ ☐ Reserved			41000 CONTROL	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	irst an	additional Part III combin	ing amounts from	
	(a) Description of credit		(b)	(c)	
				Enter the appropriate	
	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	amount	
	reded for each pass-through entity.  Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN		
	Reserved	1b			
	Increasing research activities (Form 6765)	1c			
	Low-income housing (Form 8586, Part I only)	1d			
f	Disabled access (Form 8826) (see instructions for limitation)  Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e			
	Indian employment (Form 8845)	-			
h	Orphan drug (Form 8820)	1g 1h			
i	New markets (Form 8874)	1i			
j	Small employer pension plan startup costs (Form 8881) (see instructions for	-11			
,	limitation)	1j			
k	Employer-provided child care facilities and services (Form 8882) (see				
	instructions for limitation)	1k			
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
o	Nonconventional source fuel (carryforward only)	10			
р	Energy efficient home (Form 8908)	1р			
q	Energy efficient appliance (carryforward only)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	Mine rescue team training (Form 8923)	1u			
V	Agricultural chemicals security (carryforward only)	1v			
w	Employer differential wage payments (Form 8932)	1w			
x	Carbon dioxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1</b> y			
z	Qualified plug-in electric vehicle (carryforward only)	1z			
	Employee retention (Form 5884-A)	1aa			
ы	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
Z	c Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz			
3	Enter the amount from Form 8844 here and on the applicable line of Part II	2		0	
	Investment (Form 3468, Part III) (attach Form 3468)	3			
4a b	Work opportunity (Form 5884)	4a 4b			
c	Biofuel producer (Form 6478)				
	Low-income housing (Form 8586, Part II)	4c			
		4d 4e			
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835)  Employer social security and Medicare taxes paid on certain employee tips (Form	46			
•	8846)	4f	27-4162308	9,553	
g	Qualified railroad track maintenance (Form 8900)	4g	2, 4102300	3,333	
	Small employer health insurance premiums (Form 8941)	4h			
	Increasing research activities (Form 6765)	4i			
j	Reserved	4j			
z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		9,553	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II $$ . $$ .	6		9,553	

Name(s) shown on return
DONALD J & MELANIA <trump< td=""></trump<>

Identifying number

Pa	Part III General Business Credits or Eligible Small Business Credits (see instructions)					
Com	Complete a separate Part III for each box checked below (see instructions).					
A	General Business Credit From a Non-Passive Activity E Reserved					
В	General Business Credit From a Passive Activity F Reserved					
С	☑ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	s		
D	☐ General Business Credit Carrybacks H☐ Reserved					
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combin	ing amounts from		
	all Parts III with box A or B checked. Check here if this is the consolidated Part III					
	(a) Description of credit  Note: On any line where the credit is from more than one source, a separate Part III  (b) If claiming the credit from a pass-through amount					
	eeded for each pass-through entity.  Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN			
	Reserved	1b				
1555	Increasing research activities (Form 6765)	_				
	Low-income housing (Form 8586, Part I only)	1c				
	(F) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	1d				
f	Disabled access (Form 8826) (see instructions for limitation)  Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e				
9		1f				
-	Orphan drug (Form 8820)	1g				
i	New markets (Form 8874)	1h				
- 2		1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)  Employer-provided child care facilities and services (Form 8882) (see	1j				
	instructions for limitation)	1k				
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	Low sulfur diesel fuel production (Form 8896)	1m	127			
n	Distilled spirits (Form 8906)	1n				
0	, , , , , , , , , , , , , , , , , , , ,	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910)	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Enhanced oil recovery credit (Form 8830)	1t				
· u	Mine rescue team training (Form 8923)	1u				
v	2	1v				
	Employer differential wage payments (Form 8932)	1w				
	Carbon dioxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
	Qualified plug-in electric vehicle (carryforward only)	1z				
	a Employee retention (Form 5884-A)	1aa				
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other					
_	credits (see instructions)	1zz		15,068,133		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		15,068,133		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
-	Investment (Form 3468, Part III) (attach Form 3468)	4a		22,492,711		
ь	1 (Applications) - (App	4b				
C	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				
е	,	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		113,234		
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	4i				
j	Reserved	4j				
z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		22,605,945		
_6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		37,674,078		

Software ID:
Software Version:
SSN
Spouse SSI

Name: DONALD J & MELANIA<TRUMP

# Form 4136 Department of the Treasury Internal Revenue Service (95)

### Credit for Federal Tax Paid on Fuels

2017 Attachment Sequence No. 23

► Go to www.irs.gov/Form4136 for instructions and the latest information.

Name (as shown on your income tax return)

Taxpayer identification number

DONALD J. & MELANIA TRUMP

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1	1 Nontaxable Use of Gasoline Note: CRN is credit reference number.							
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN		
а	Off-highway business use		\$ .183	160946				
b	Use on a farm for farming purposes		.183			362		
С	Other nontaxable use (see Caution above line 1)		.183	J	\$ 29,453.			
d	Exported	UX =	.184			411		

#### 2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)		\$ .15		\$	354
b	Other nontaxable use (see Caution above line 1)		.193			324
C	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433

#### 3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here (a) Type of use (b) Rate (c) Gallons (d) Amount of credit (e) CRN STATEMENT 41 a Nontaxable use 2 4371 .243 1,062 b Use on a farm for farming purposes .243 360 c Use in trains .243 353 d Use in certain intercity and local buses (see Caution above line 1) .17 350 e Exported 413.

#### 4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visi <b>Exception.</b> If any of the kerosene included in this claim			dye, attach an expla	anation and check here	▶ □
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$.244		\$ .243	)		
b	Use on a farm for farming purposes		.243	y	\$	346
С	Use in certain intercity and local buses (see Caution					
	above line 1)		.17	j#		347
d	Exported		.244			414
е	Nontaxable use taxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 4136 (2017)

#### 5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
·a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$ .200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175			355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243	25		346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218			369
е	LUST tax on aviation fuels used in foreign trade		.001			433

#### 6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. >

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did co	ntain visible evidence o	f dye, attach an ex	planation and check here	
	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	. \$ .243		\$	360
b Use in certain intercity and local buses	.17			350

### 7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. >

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Use by a state or local government	\$ .243	}	3	
Sales from a blocked pump	.243	J	\$	346
Use in certain intercity and local buses	.17			347

#### 8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. >

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ .175			355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200			417
C	Nonexempt use in noncommercial aviation		.025	3.	1.31	418
d	Other nontaxable uses taxed at \$.244		.243			346
е	Other nontaxable uses taxed at \$.219		.218	an i git nega serit.	Article by the month	.369
f	LUST tax on aviation fuels used in foreign trade		.001	•		433

Form 4136 (2017)

#### 9 Reserved for future use

Registration No.

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved for future use				
b Reserved for future use		and the control of the control of the control than the control of		

#### 10 Biodiesel or Renewable Diesel Mixture Credit

Registration No.

Biodiesel's mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

	(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$ 1.00		\$	388
b Agri-biodiesel mixtures	\$ 1.00			390
c Renewable diesel mixtures	\$ 1.00		Trees Trees	307

#### 11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions). (b) Rate (c) Gallons, or (d) Amount of credit (a) Type (e) CRN gasoline or diesel of use gallon equivalents a Liquefied petroleum gas (LPG) \$ .183 419 "P Series" fuels 183 420 c Compressed natural gas (CNG) .183 421 d Liquefied hydrogen .183 422 e Fischer-Tropsch process liquid fuel from coal (including peat) .243 423 f Liquid fuel derived from biomass .243 424 g Liquefied natural gas (LNG) .243 425 h Liquefied gas derived from biomass .183 435

12	Alternative Fuel Credit	Regis	stration No.		
		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)	\$ .50		\$	426
b	"P Series" fuels	.50			427
c	Compressed natural gas (CNG) (see instructions)	.50			428
d	Liquefied hydrogen	.50			429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f	Liquid fuel derived from biomass	.50			431 -
g	Liquefied natural gas (LNG) (see instructions)	.50			432
h	Liquefied gas derived from biomass	.50	20		436
<u>i</u>	Compressed gas derived from biomass	.50			437

#### 13 Registered Credit Card Issuers

#### Registration No. >

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$ .243		\$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or				
local government taxed at \$.219	.218			369

#### 14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for us	e in certain intercity and loc	al buses (type	of use 5) (see inst	ructions).	
· ·	(a) Type of use		(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use	,	\$ .197		\$	309
p Exported		.198			306

#### 15 Diesel-Water Fuel Emulsion Blending

#### Registration No. >

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$ .046		\$	310

#### 16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$ .001		\$ .	415
b Exported dyed kerosene	.001			416

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form	T		MI 1811 - 175 199 - 177 177	
	1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or				
	the proper line of other returns.	17	\$	30,515.	

Form 4136 (2017)

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production

DLN: 16221685381668

OMB No. 1545-0172

Form 4562

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

(99)		► Information a	about Form 4562 and its sep	arate instruction	ns is at www.ir	s.gov/form45	62.	Sequence No. 17
Nam	ne(s) shown on return	า	***************************************	Busine	ss or activity to	which this form	relates	Identifying number
DON	ALD J & MELANIA <tri< td=""><td>JMP</td><td></td><td>TRUMP SCOTL</td><td>INTERNATIONA AND</td><td>AL GOLF CLUB</td><td></td><td></td></tri<>	JMP		TRUMP SCOTL	INTERNATIONA AND	AL GOLF CLUB		
Pa			rtain Property Under					
			ted property, complete			Part I.		
1		•					1	
2			ed in service (see instructi			· · · · ·	2	
3			before reduction in limitat				3	
4			from line 2. If zero or less				4	
5			line 4 from line 1. If zero				_	
-	see instructions						5	
6	(	(a) Description of p	roperty	(b) Cost (bu		(c) Elected co	st	
_				1				
7	Listed property. En	ter the amount fron	n line 29		. 7			
8	Total elected cost of	f section 179 prope	rty. Add amounts in colum	ın (c), lines 6 ar	nd 7 · · · ·		8	
9			r of line 5 or line 8· · ·				9	
10			n line 13 of your 2016 Form				10	
11			smaller of business income					
							11	
12			nes 9 and 10, but don't en				12	
13			018. Add lines 9 and 10, le		13			
-			w for listed property. In				(0. )	
14	The figure of the control of the con		wance and Other De				(See in	istructions.)
14			ified property (other than	listed property)	placed in service	e during the		
15	Market Belleville Advantage Control	section 168(f)(1) e					14	
16		A 100 M 100 M					15	
27.000.00			ne't include listed prope			• • • •	16	
	TIII MACKS L	repreciation (DC	on't include listed prope		structions.)			
17	MACRS deductions	for assets placed in	service in tax years begin	ection A	7		17	
18			placed in service during th				17	
	accounts, check her		· · · · · · ·			▶ □		
	Section B—As	sets Placed in Se	rvice During 2017 Tax Y	ear Using the	General Depre	ciation Syste	m	
	(-) Clifitif	(b) Month and	(c) Basis for depreciation	. n. =				
(	(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Convention	n (f) Meth	od	(g)Depreciation deduction
	p p - c - y	service	use only—see instructions)	periou	20 40	ellone.		deduction
19a	3-year property		offig See mistractions)		<del> </del>		-	
	5-year property						_	
	7-year property							
d	10-year property							
e	15-year property							
_ f :	20-year property							
	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
	lonresidential real property			39 yrs.	MM	S/L		
	S210.00.000000	n C—Assets Place	d in Service During 201	7 Tay Voar Hei	MM no the Alterna	S/L	Non Co	
20a	Class life	Assets Fidee	a Service During 201.	r iax rear USI	ing the Alterna	S/L	LIOII SY	stem
	12-year			12 yrs.		S/L	-+	
	40-year			40 yrs.	ММ	S/L	-	
		ry (See instruction	ons.)	7	1			
21	Listed property. Ente						21	
			4 through 17, lines 19 and	l 20 in column (	g), and line 21.	Enter here		
			rn. Partnerships and S cor				22	
23 F		ve and placed in se	rvice during the current ye	ear, enter the	. 23			

Pa	used for en <b>Note:</b> For a	perty (Include autor tertainment, recreati any vehicle for which olumns (a) through	on, or amuseme you are using th	ent.) ne standa	rd mile	eage r	ate o	r dedu	icting l	ease					nly
<u></u>		ion and Other Info									ner a	utom	ohile	. 1	
												present	,	-	
24	a Do you have evidence to	o support the business/inve	estment use claimed?	Yes L	.i No	240	It Ye	s," is th	e evide	nce wi	ittenr	Land Ye	25	7 140	(i)
Тур	pe of property (list Date p	(b) Business/ placed in investment use percentage	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)			Recovery Me			g) thod/ rention		(h) eprecia deducti	tion/ s	lected section 179 cost
		for qualified listed property fied business use (see instr		ing the tax y	ear and				25						
26	Property used more that	an 50% in a qualified bu	siness use:												
		9/	6						-		_	+		-	
-		9/													
27	Property used 50% or I	ess in a qualified busine	ess use:												
		9/								<u>/L -</u> /L -		+		-	
		9/								/L -		-	-		
28	Add amounts in colun	nn (h), lines 25 through		nd on line	21, page	e 1		28							
		nn (i), line 26. Enter her									29				
		S	ection B-Infor	mation	on Us	e of V	ehic	les					-		
Com	plete this section for v	ehicles used by a sole p	roprietor, partner,	or other '	more th	nan 5%	own	er," or i	related	person	. If yo	u prov	rided v	vehicle	s to
you	r employees, first answ	er the questions in Sec	tion C to see if you											(	f)
30 Total business/investment miles driven during the year (do n't include commuting miles) $ $				(a) (b) Vehicle 1 Vehicle 2					(d) (e) ehicle 4 Vehicle						
31	Total commuting miles	s driven during the year													
		oncommuting) miles dr													
		ing the year. Add lines													
34	Was the vehicle availa			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	?													
35		primarily by a more tha	n 5%												
36		ilable for personal use?			1										
Ansv	Sections to ers or related persons	on C—Questions for determine if you meet a (see instructions).	or Employers Wan exception to con	<b>/ho Prov</b> mpleting S	ide Ve ection E	hicle for ve	s for ehicles	Use b s used b	y The by empl	ir Em oyees	ploy who a	ees ren't	more	than 5	i%
37	Do you maintain a wr employees?	itten policy statement t	hat prohibits all pe	ersonal use	of veh	icles, i	ncludi	ng com	muting,	by yo	ur • •		Ye	s	No
38		tten policy statement the representation of the corp						nmuting	g, by yo	ur em	ployee	es?			
39	Do you treat all use of	vehicles by employees	as personal use?									•			
40		than five vehicles to you be information received?								ne use	of the				
41	Do you meet the requi	irements concerning qu	alified automobile	demonstra	ition us	e? (Se	e instr	ructions	.) .						
	Note: If your answer	to 37, 38, 39, 40, or 4	1 is "Yes," don't co	mplete Se	ction B	for the	cove	red veh	icles.						
Pa	rt VI Amortiz	ation													
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount		S	(d) Code ection			(e) Amortiza period percent	or or			(f) tizationis yea		748)
42	Amortization of costs t	that begins during your	2017 tax year (se	e instructi	ons):										
43	Amortization of costs t	that began before your	2017 tax year .						43						
44	Total. Add amounts in	column (f). See the in	structions for when	re to repor	t				44						
													Form	4562	(2017)

## Form **4797**

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

2017

Attachment Sequence No. 27

Form 4797 (2017)

DONALD J. & MELANIA TRUMP 1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross sales 2 basis, plus of property mo., day, yr.) Subtract (f) from the allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE STATEMENT 42 10648170 Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 10,648,170. Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below, If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): MIDOCEAN CREDIT OPPORTUNITY FUND LP 33,740. Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 33.740. 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 33,740.

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Propert	., 0110			,		
19 (a) Description of section 1245, 1250, 1252, 1254,	bi 1255	ргорегіу:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A					and the second s	
В		The second secon				
С						
D			-			- Property
These columns relate to the properties on					2000 In 2000-00	
lines 19A through 19D.	. ▶	Property A	Property	B.	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22	and the second s				
23 Adjusted basis. Subtract line 22 from line 21	23	and the second s		umite u e e i i i		
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:	1 1				is	
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b				****	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			780			
a Additional depreciation after 1975. See instructions	26a	and the second of the second			-	
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			¥		
d Additional depreciation after 1969 and before 1976	26d				A CONTRACTOR OF THE CONTRACTOR	
e Enter the smaller of line 26c or 26d	26e					
a San	.  .				and the state of the state of	E 1 28 0000
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property:  a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of		A through D through	line 20h hafara	dolpd	to line 30	
Summary of Part III Gains. Complete property of	columns	A through D through	Tillie 230 Delore	guing	to line 50.	
30 Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
31 Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13	,	.,, 31	
32 Subtract line 31 from line 30. Enter the portion from					oortion	Land House
from other than casualty or theft on Form 4797, line	6					9 2 92 1 22
Part IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to 50%	or Less
(see instructions)					(a) Section	(h) Section
					(a) Section	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	n prior years		33	Es a	100000000000000000000000000000000000000
				34		
35 Recapture amount. Subtract line 34 from line 33. So				35		

## Form **4952**

Department of the Treasury Internal Revenue Service

(99)

### **Investment Interest Expense Deduction**

► Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.

2017

OMB No. 1545-0191

Name(s) shown on return

Identifying number

DONZ	ALD J. & MELANIA TRUMP		
Pa	rt I Total Investment Interest Expense		
1	Investment interest expense paid or accrued in 2017 (see instructions)  SEE STATEMENT 48	_1_	881,759.
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	881,759.
Pa	rt II Net Investment Income		
4 a	gain from the disposition of property held for investment) STMT 49 4a 11,205,460.		
b	Qualified dividends included on line 4a 4b 14,305.		
С	Subtract line 4b from line 4a	4c	11,191,155.
d	Net gain from the disposition of property held for investment 4d		
е	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)  4e		
f	Subtract line 4e from line 4d	4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	r i g mid nis Na i
h	Investment income. Add lines 4c, 4f, and 4g	4h	11,191,155.
5	Investment expenses (see instructions) SEE STATEMENT 50	5	723,046.
6 Pai	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-  TIII Investment Interest Expense Deduction	6	10,468,109.
(1) M	EXECUTED TO SECURE A POST OF EACH OF E		
7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3.		
	If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 51	8	881,759.
LHA.	For Paperwork Reduction Act Notice, see separate instructions.		Form <b>4952</b> (2017)

	t - DO NOT PROCE	SS LATE	ST DAT	A - Productio	n			DLN:	1622168	5381668
EATA	Information Re	eturn of	U.S. Po	ersons Wi	th F	Respect To	Cert	tain		
Form <b>5471</b>		Fore	ign Co	orporation	S	÷				
4	► For more	information	n about F	orm 5471, see	www	v.irs.gov/form5	471.	-	OMB No. 1	545-0704
(Rev. September 2015) Department of the Treasury	nformation furnished fo	or the foreign	corporation	on's annual acco	untin	g period (tax year		red	*****	
Internal Revenue Service	by section 898) (se	ee instructions)	beginning	, a	nd en	ding 			Attachment Sequence No	.121
Name of person filing this DONALD J TRUMP	return				A 1	Identifying num	ber			
Number street, and room or	suite no. (or P.O. box num	ber if mail is no	t delivered t	to street address)	-7.5-0	Categor, (repealed) 2	*********		applicable b	ox(es)):
City or town, state, and Z	TP code							8		
NEW YORKNY 10022	ir code				votin	nter the total perong stock you owned	ed at th	ne end of it	ts annual ac	counting
Filer's tax year beginning	01-01-2017 , and e	ending 12-31	-2017		<u> </u>					
D Check if any excepted E Person(s) on whose be			reported	on this form (se	e inst	ructions)	. 10			
- reison(s) on whose be	man tins information re	T Tileu.								
(1) Na	ime		(2) Ad	ldress		(3) Identifying nu	mher		ck applicabl	1
						Tochchynig na	iiibei	Snarenoic	Jer Officer	Director
THC BARRA HOTELAR						b(2) Referer		number (s	ee instruction	
						DD.				
						BR				
d Date of incorporation	e Principal place of b	ousiness		l business code number		g Principal busin	ness ac	tivity	h Functio	
2014-04-15			activity	code number		g Principal busin	ness ac	tivity		
2014-04-15  Provide the following in	nformation for the forei	gn corporatio	activity	code number	ed ab	g Principal busin	ness ac	tivity		
2014-04-15  Provide the following in	oformation for the forei	gn corporatio	activity	code number		g Principal busin			currer	
2014-04-15  Provide the following in Name, address, and id	oformation for the forei	gn corporatio	activity	code number	If a U	<b>g</b> Principal busin	turn w	as filed, er	currer	ncy paid (after
2014-04-15  2 Provide the following in Name, address, and id (if any) in the United S	nformation for the forei entifying number of bra States	gn corporatio	activity  in's accour agent	ting period stat	If a U	g Principal busing ove.  S. income tax re	turn w	as filed, er	currer	paid (after
2014-04-15  2 Provide the following in Name, address, and id (if any) in the United S	nformation for the forei entifying number of bra States	gn corporatio	activity  in's accour agent	ting period stat	If a U	g Principal busing ove.  S. income tax re	turn w	as filed, er	currer	paid (after
2014-04-15  2 Provide the following in Name, address, and id (if any) in the United S  Name and address of for country of incorporation	nformation for the forei entifying number of bra States	gn corporatio anch office or tutory or resid	activity  in's accour agent	ting period stat	If a U	g Principal busing ove.  S. income tax re	turn w	as filed, er	currer	ncy paid (after
2014-04-15  2 Provide the following in Name, address, and id (if any) in the United S  2 Name and address of for country of incorporation  Schedule A Stock	nformation for the forei entifying number of bra states	gn corporation  gn corporation	activity  in's accour agent	t in	If a U  ) Taxx  (b) N	g Principal busing ove.  S. income tax real properties or (local properties).	eturn wa	as filed, er	nter: ncome tax all credits)	paid (after
2014-04-15  Provide the following in Name, address, and id (if any) in the United S  Name and address of for country of incorporation  Schedule A Stock	nformation for the foreigentifying number of bracks  breign corporation's states	gn corporation  gn corporation	activity  in's accour agent	t in	If a U	g Principal busing ove.  S. income tax real properties or (local properties).	eturn wa	as filed, er	nter: ncome tax all credits)	paid (after
2014-04-15  2 Provide the following in Name, address, and id (if any) in the United S  Name and address of for country of incorporation  Schedule A Stock	nformation for the foreigentifying number of bracks  breign corporation's states	gn corporation  gn corporation	activity  in's accour agent	t in	If a U  ) Taxx  (b) N	g Principal busing ove.  S. income tax real properties or (local properties).	eturn wa	as filed, er	nter: ncome tax all credits)	paid (after
2014-04-15  2 Provide the following in Name, address, and id (if any) in the United S  Name and address of for country of incorporation  Schedule A Stock	nformation for the foreigentifying number of bracks  breign corporation's states	gn corporation  gn corporation	activity  in's accour agent	t in	If a U  (b) N  (b) N	g Principal busing ove.  S. income tax real properties or (local properties).	eturn wa	as filed, er	nter: ncome tax all credits)	paid (after

Schedule B U.S. Shareholder	s of Foreign Corporation (see instr	uctions.)		
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
				(4)
Schedule C Income Statemen	nt (see instructions.)			

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		
	ь	Returns and allowances	1b		
	c	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
en.	3	Gross profit (subtract line 2 from line 1c)	3		
Income	4	Dividends	4		
0	5	Interest	5		
Ě	6a	Gross rents	6a		
	b	Gross royalties and license fees	6b		at a second and a second a second and a second a second and a second a
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other income (attach statement)	8		
	9	Total income (add lines 3 through 8)	9		
-	10	Compensation not deducted elsewhere	10	THE PARTY OF THE P	
	11a	Rents	11a		
	. ь	Royalties and license fees	11b	4	
S	12	Interest	12		
Deductions	13	Depreciation not deducted elsewhere	13		
Cti	14	Depletion	14		
7	15	Taxes (exclude provision for income, war profits, and excess			
ě		profits taxes)	15	1	
-	16	Other deductions (attach statement-exclude provision for			
		income, war profits, and excess profits taxes)	16		
	17	Total deductions (add lines 10 through 16)	17		
United to	18	Net income or (loss) before extraordinary items, prior period			
•		adjustments, and the provision for income, war profits, and		858	4 4
Ĕ		excess profits taxes (subtract line 17 from line 9)	18		50. <b>-</b> 0.0
8	19	Extraordinary items and prior period adjustments (see instructions)	19		
t Income	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
Net	21	Current year net income or (loss) per books (combine lines 18 through 20)	21		

Form **5471** (Rev. 09-2015)

	5471 (Rev. 09-2015) hedule E Income, War Profits, and Excess Pr	ofits	Tax	es F	Paid	or Acc	rued (See instructions.)	Page
-		T					Amount of Tax	
	(a) Name of country or U.S. possession	I	ı for	(b eign	) curre	ency	(c) Conversion rate	(d) In U.S. dollars
1 (	J.S.							
2								
_3								
4_								
_5_		-						
<u>6</u> 7		+				-+		
			_					
8	Total			•			<u> </u>	
	hedule F Balance Sheet							
Imp	ortant: Report all amounts in U.S. dollars prepared	and ti	ans	late	d in a	accorda	nce with U.S. GAAP. See	instructions.
tor a	n exception for DASTM corporations					Т		
	Assets						(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	. 100				1		
2a	Trade notes and accounts receivable					2a		
b	Less allowance for bad debts		٠			2b	()	
3	Inventories					3		
4	Other current assets (attach statement)		•			4		
5	Loans to shareholders and other related persons					5		
6	Investment in subsidiaries (attach statement)		٠			6		
7	Other investments (attach statement)					7		
8a	Buildings and other depreciable assets					8a		
ь	Less accumulated depreciation					8b	()	
9a	Depletable assets		20			9a		
b	Less accumulated depletion					9b	()	
10	Land (net of any amortization)					10		
11	Intangible assets:							
а	Goodwill					11a		
b	Organization costs					11b		
c	Patents, trademarks, and other intangible assets					11c		
d	Less accumulated amortization for lines 11a, b, and c $$ .	¥ 167				11d	()	
12	Other assets (attach statement)				•	12		
13	Total assets	٠				13	2.0	
	Liabilities and Shareholders' Equity	,						
14	Accounts payable			_		14		
15	Other current liabilities (attach statement)				14	15		
16	Loans from shareholders and other related persons	as any	72		125	16		
17	Other liabilities (attach statement)					17		
18	Capital stock:	(5 15))	0.59	o (*)	1			
	Preferred stock				_	18a		
	Common stock		100			18b		
-			•			1		

19

20

21

19 Paid-in or capital surplus (attach reconciliation) . . . . . .

22 Total liabilities and shareholders' equity . . . . . . . . . . . .

Form **5471** (Rev. 09-2015)

. . . . . . . .

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					Page			
_	5471 (Rev. 09-2015) nedule G Other Information				raye			
	Totalio G Totalio Elifornia dell'				Yes No			
1	During the tax year, did the foreign corporation own	n at least a 10% interest, dire	ectly or indirectly, in any foreign	gn partnership?				
	If "Yes," see the instructions for required statement				Account Second			
2	During the tax year, did the foreign corporation own							
3	During the tax year, did the foreign corporation own from their owners under Regulations sections 301.7	n any foreign entities that wei 7701-2 and 301.7701-3 (see i	re disregarded as entities sepa nstructions)?	arate				
	If "Yes," you are generally required to attach Form				housed from			
4	During the tax year, was the foreign corporation a							
5	During the tax year, did the foreign corporation bed							
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations								
					المار لما			
. 7	If "Yes," attach Form(s) 8886 if required by Regulat During the tax year, did the foreign corporation pay			nder				
,					пп			
8	During the tax year, did the foreign corporation pay		hich section 909 applies, or tr	eat	torand torant			
J	foreign taxes that were previously suspended under							
Scl	nedule H Current Earnings and Profits (	see instructions.)						
Imp	ortant: Enter the amounts on lines 1 through	5c in <b>functional</b> currenc	у.					
1	Current year net income or (loss) per foreign books	of account		1				
2	Net adjustments made to line 1 to determine							
	current earnings and profits according to U.S.	Net	Net					
	financial and tax accounting standards (see	Additions	Subtractions					
	instructions):							
а	Capital gains or losses			]				
b	Depreciation and amortization							
С	Depletion							
d	Investment or incentive allowance							
е	Charges to statutory reserves			]				
f	Inventory adjustments			1				
	Taxes			1				
	Other (attach statement)			1				
	Total net additions			1 1				
3		L		1 1				
4	Total net subtractions			F2				
	Current earnings and profits (line 1 plus line 3 minu DASTM gain or (loss) for foreign corporations that u			5a 5b				
D	Combine lines 5a and 5b	ise DASTIT (see Instructions)		5c				
d	Current earnings and profits in U.S. dollars (line 5c	translated at the appropriate	exchange rate as					
1000	defined in section 989(b) and the related regulation			5d				
	Enter exchange rate used for line 5d	18						
	edule I Summary of Shareholder's Inco	ama From Foreign Corn	oration (see instructions)					
Sch If #	edule I Summary of Shareholder's Income D on page 1 is completed, a separate Schedule I	must be filed for each Categor	ory 4 or 5 filer for whom repor	rting is furnished				
on t	his Form 5471. This schedule I is being completed for	or:						
	ne of U.S. shareholder		entifying number		<del></del>			
1	Subpart F income (line 38b, Worksheet A in the ins	tructions) • • • • •		1				

Ni	iame of U.S. shareholder 🕨	Identifyi	ng n	umb	ber	-									
1									Т	1					1
2										2					
3			Vork	she	et	С			Γ	535					
	in the instructions)								L	3					
4	Previously excluded export trade income withdrawn from investment in expor	t trade a	sset	s (li	ne	7b,									
	Worksheet D in the instructions)							•	L	4					S.
5	Factoring income • • • • • • • • • • • • • • • • • • •			•			٠	•		5					
6	Total of lines 1 through 5. Enter here and on your income tax return. See inst	tructions			٠			•		6					
7	Dividends received (translated at spot rate on payment date under section 98	39(b)(1))		•	٠		٠	•	L	7	$\perp$				
8	Exchange gain or (loss) on a distribution of previously taxed income							•		8					
													Yes	No	
• v	Was any income of the foreign corporation blocked?					•	•	. :	62 GR	•		٠			
• [	Did any such income become unblocked during the tax year (see section 964(b))?	· .													
T.C	the answer to either question is "Yes," attach an explanation.														

### Alternative Minimum Tax - Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information. Attach to Form 1040 or Form 1040NR. Name(s) shown on Form 1040 or Form 1040NR

OMB No. 1545-0074

Your social security number

DONALD J. & MELANIA TRUMP

-	NALD J. & MELANIA TRUMP		Manager of the Contract of the
-	art I Alternative Minimum Taxable Income		
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the		
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	-23,154,869.
		180	
2	Reserved for future use	2	
	Taxes from Schedule A (Form 1040), line 9	3	5,243,690.
	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	4,096,981.
	If Form 1040, line 38, is \$156,900 or less, enter -0 Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	ersteller var der ein Westerder ein ein ein der Methode (SWA Press V. Subsy
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	44,979,682.
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	8,050.
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 44	18	-556,802.
19	Passive activities (difference between AMT and regular tax income or loss)  SEE STATEMENT 43	19	-158,257.
	Loss limitations (difference between AMT and regular tax income or loss)	20	
.21	THE CASE OF THE CONTROL OF THE CONTR	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	The state of the s
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	The second secon
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is	21	
	more than \$249,450, see instructions.)	28	30,458,475.
P	art II Alternative Minimum Tax (AMT)	20	
29	Exemption (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		₩.
	Single or head of household \$120,700 \$54,300		
	Married filing jointly or qualifying widow(er) 160,900 84,500		
	Married filing separately 80,450 42,250	29	0.
	If line 28 is over the amount shown above for your filing status, see instructions.	25	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	30,458,475.
	• If you are filling Form 2555 or 2555-EZ, see instructions for the amount to enter.	30	
•	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
	for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.		7,951,814.
	• All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by	31	7,331,014.
	26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing		
20	separately) from the result.  Alternative minimum tay foreign toy gradit (see instructions)		E1E 0E8
	Alternative minimum tax foreign tax credit (see instructions)	32	515,957.
	Tentative minimum tax. Subtract line 32 from line 31	33	7,435,857.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any	6416.30 130131	
	foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure	EPSE)	
	that tax without using Schedule J before completing this line (see instructions)	34	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0. Enter here and on Form 1040, line 45	35	7,435,857.

Part III Tax Computation Using Maximum Capital Gains Rates Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions. 36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from 30,458,475. line 3 of the worksheet in the instructions for line 31 36 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If 6,229,861. you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 37 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 1,316,464. instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 7,546,325. 2555-EZ, see instructions for the amount to enter 7,546,325. 40 40 Enter the smaller of line 36 or line 39 22,912,150. 41 Subtract line 40 from line 36 42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, 6,411,646. multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result 42 43 Enter: \$75,900 if married filing jointly or qualifying widow(er), 75,900. 43 \$37,950 if single or married filing separately, or • \$50,800 if head of household. 44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 75,900. 45 Subtract line 44 from line 43. If zero or less, enter -0-45 6,229,861. 46 46 Enter the smaller of line 36 or line 37 75.900. 47 Enter the smaller of line 45 or line 46. This amount is taxed at 0% 47 6,153,961. 48 48 Subtract line 47 from line 46 49 Enter: \$235,350 if married filing separately 470 700. \$470,700 if married filing jointly or qualifying widow(er) \$444,550 if head of household 75,900. 50 Enter the amount from line 45 51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter 51 75,900. 52 Add line 50 and line 51 52 394,800. 53 Subtract line 52 from line 49. If zero or less, enter -0-53 394,800. 54 54 Enter the smaller of line 48 or line 53 59,220. 55 55 Multiply line 54 by 15% (0.15) 470,700. 56 56 Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57. 5,759,161. 57 Subtract line 56 from line 46 57 1,151,832. 58 58 Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59. 29,142,011. **59** Add lines 41, 56, and 57 59 1,316,464. 60 60 Subtract line 59 from line 36 329,116. 61 Multiply line 60 by 25% (0.25) 61 7,951,814. 62 62 Add lines 42, 55, 58, and 61 63. If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). 8 524 617. 63 Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result 64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter 7,951,814. this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31

## Form 6251 - AMT Charitable Contributions Worksheet Page 2

Yeal	£	100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated	Total Contributions Allowed	Total Contributions
2016	Contributions	Little	1,191,210.	Little	Troporty 0070 Emilit	1 Topolty 2078 Enfine	Allowed	Carryover
	Allowed	-				;		
Less:	NOL Absorb.						A	
Less:	NOL Abs. CRP and MWD							
	Carryover		1,191,210.					1,191,210.
	CRP c/o							
2017	Contributions		1,358,563.	502,400.				
Less:	Allowed							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP and MWD							
	Carryover	•	1,358,563.	502,400.		A SALES MANAGEMENT OF CARD MANAGEMENT OF OUR MANAGEMENT		1,860,963.
	CRP c/o							
	Disaster c/o							
	AMT charitable c	ontributions						28,734,463.
Less:	Charitable contrib	outions allowed under	regular tax calculation	on		*********		
	Charitable contrib	outions adjustment to	Form 6251, line 27					

## Form 6251 - AMT Charitable Contributions Worksheet Page 1

AGI -12,916,948. 50% of AGI -6,458,474.

Year		100% Limit	50% Limit	30 <u>%</u> Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions	Linit	Lillin	Littie	1 Toporty Go / Entite	1 Toporty 20 % Ellini	Allowed	Odriyovoi
	Allowed	# - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					1 1	
	NOL Abs. CRP							
LUSS.	CRP c/o						1 1	
2007	Contributions		1					
	Allowed						1	
	NOL Abs. CRP							
LUSS.	CRP c/o						1	
2008	Contributions							
	Allowed			Lucia de la contratamenta			i I	
	NOL Abs. CRP							
L000.	CRP c/o						1	
2009	Contributions		******					BERNAND OF THE PARTY OF THE PAR
	Allowed						1	
	NOL Abs. CRP							
L000.	CRP c/o						1 1	
2010	Contributions							William Control of the Control of th
	Allowed	*			(4)			
	NOL Abs. CRP							
_000.	CRP c/o						1	
2011	Contributions					Q.		
	Allowed		MANUAL TO THE STATE OF THE STAT			- The William of the Company of the		
	NOL Abs. CRP	The second secon						
	CRP c/o				The second		1	
2012	Contributions							
	Allowed	A A A A A A A A A A A A A A A A A A A						
	NOL Absorb.							
	NOL Abs. CRP						]	
	Lost c/o					., .,		
	CRP c/o							
2013	Contributions	No.				-		
	Allowed							
	NOL Absorb.							
	NOL Abs. CRP							2 4 . 7 . 4 .
	Carryover							
	CRP c/o							
014	Contributions			20,760,811.				
	Allowed							
	NOL Absorb.							
Less:	NOL Abs. CRP						]	
	Carryover			20,760,811.			] [	20,760,813
	CRP c/o						]	
2015	Contributions		4,871,979.	49,500.			. 1	
	Allowed							
Less:	NOL Absorb. NOL Abs. CRP and MWD						]	
	Carryover		4,871,979.	49,500.				4,921,47
	CRP c/o							

1 -..- . .

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/Form1116 for instructions and the latest information. Name Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. X Passive category income Section 901(i) income Lump-sum distributions General category income Certain income re-sourced by treaty f Resident of (name of country) WINITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. OTHER COUNTRIES AZERBAIJAN possession PANAMA Gross income from sources within country shown above and of the type checked above: 831,536 34,751. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 951,123. (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 15,491. 15,491. 15,491 Other deductions (attach statement) Add lines 3a and 3b 15,491. 15,491, 15,491. 832,682. 34,751. Gross foreign source income Gross income from all sources 271,315,087. 271,315,087, 271,315,087 Divide line 3d by line 3e .00307 .00000 .00013 48. Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) b Other interest expense Losses from foreign sources 951,171. Add lines 2, 3g, 4a, 4b, and 5 2. 6 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (r) Other (s) Total foreign (n) Other (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. accrued accrued (j) Date paid or accrued (o) through (r)) (m) Interest (o) Dividends

41.

LHA For Paperwork Reduction Act Notice, see instructions.

Add lines A through C, column (s). Enter the total here and on line 9, page 2

624.

В C

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#### ALTERNATIVE MINIMUM TAX

Name

# Foreign Tax Credit (Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

201	7
Attachment Sequence No.	19

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amo	ounts in U.S. doll	lars except wh	nere specified in l	ome listed belo Part II helow	w. See Categorie	s of In	come III	the instructions.	. Check only of	ne box on e	acn Forn	n 1116. Report all						
a [					(i) income			o Lumr	o-cum dietribu	tions								
b [	X Passive category income c Section 901(j) income e Lump-sum distributions General category income d Certain income re-sourced by treaty																	
	Solid a datagory modified to solid file solid to solid to a by treaty																	
f R	esident of (name	e of country)	UNITED 8	STATES				***************************************				-						
No	te: If you paid	taxes to only	y one foreign c	ountry or U.S.	possession, use	colun	nn A in F	art I and line A	A in Part II. If	you paid	taxes to							
mo	re than one fo	oreign count	ry or U.S. poss	session, use a	separate columr	and I	ine for ea	ach country or	possession.									
P	art I Taxal	ble Income	or Loss From	Sources Outs	side the United	States	(for Ca	tegory Check	ed Above)									
					***************************************	Foreig	n Coun	try or U.S. Po	ssession			Total						
					Α			В	C		(Add	cols. A, B, and C.)						
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1a			within country s	hown above														
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a			ition for persona															
		employee, your total compensation from all sources is 50,000 or more, and you used an alternative basis to																
	determine its s	No occupation of the contraction of		VC DU313 10														
Dec			tion: See instri	uctions.):														
				•														
2	Expenses defin	Expenses definitely related to the income on line 1a (attach statement)							1000	1.5		9 (9)						
3	Pro rata share of other deductions <b>not definitely related</b> :																	
а	Certain itemized deductions or standard deduction				15	491.	LI LI LI DAVE	15,491.	15,491.									
b		Other deductions (attach statement)								48								
С		1.01			15,	491.	Lancing the control of the control o	15,491.		15,491.	100							
d	Gross foreign s	source income	е						10			w						
е	Gross income	from all sourc	es	, 	271,315,	087.	27	1,315,087.	271,3	15,087.		2						
f	Divide line 3d l				. (	0000		.00000		.00000								
g	Multiply line 3d	c by line 3f	by line 3f								200 A							
4								a share of interest expense:										
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b	Other interest of							MAAATAA BAAAAAAA				**						
5	Losses from fo											g = 0						
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١	for taxes		In forci	an ourranav	roreig	in taxe	es paid (	or accrued	In II C da	llara		**************************************						
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	Add lines A thro	ough C, colum	nn (s). Enter the	total here and	on line 9, page 2				·		<b>8</b>							
-			tion Act Notic					(*)				Form <b>1116</b> (2017)						

#### ALTERNATIVE MINIMUM TAX

# Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Form 1116 (2017)

name								Identifying number as shown on page 1 of your tax return				
DO	NALD J. & M	ELANIA TR	UMP									
				come listed helo	w. See Categorie	n of Income in	the instructions	Check only one	hoy on each Form	1116 Deport all		
am	ounts in U.S. dol	lars except wh	iere specified in	Part II below.	w. ood Calegorie	s of income in	tile ilisti detions	, Officer utily unit	DOX OIT CACITT OIT	i i i io. Neport all		
a	X Passive c	ategory incom	e c	Section 901	(i) income		e Lumi	o-sum distributio	ons			
b.	<b></b>	ategory incom			ome re-sourced by	treatv	<u> </u>			6 2		
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						Foreign Coun	ntry or U.S. Po	T		Total		
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g			oreign country		HTKO							
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Ł	Check if line 1	a is compensa	tion for persona	al services as					18	The state of the s		
			pensation from									
	\$250,000 or m	nore, and you i	used an alternat	ive basis to								
	determine its s											
De	ductions and I	osses (Cau	tion: See instr	ructions.):								
2	Expenses defin	nitely related	to the income o	in line 1a								
_	(attach statem	ent)							7.04			
3			ctions <b>not defin</b>									
8			or standard ded							3)		
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4	Pro rata share			for								
6	Home Mortgag		e the worksneet he instructions)			17 27			- 523 c	4		
t	O Marie Marie Company of the State S							unit was never more species				
5	Other interest of Losses from for	reian sources						***************************************				
6	Add lines 2, 3g				-951	221.			6			
**12	Subtract line 6 f	A THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	CAME A SHALL SAME IN NAME.	ere and on line				J	▶ 7			
	art II Fore	ign Taxes	Paid or A	ccrued	, page =				P 1 · 1			
1	Credit is claimed				Foreig	ın taxes paid	or accrued		77.77.77.77.17.17.17.17.17.17.17.17.17.1			
1	for taxes (you must		In forei	ign currency	- 2			In U.S. dolla	ars			
2	check one)				(n) Other				(r) Other	(s) Total foreign		
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8	(i) Accrued		[ //\ D		taxes paid or		1 / 12	·	taxes paid or accrued	accrued (add cols.		
4	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	audi utu	(o) through (r))		
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<u>c</u>	A 4 4 11 A 44		- /- \ F : .:		l		<u> </u>	L		0.00.000		
8	Add lines A thro	Juan G. COIUM	III (S). Enter the	total nere and	on line 9 nage 2				D 0	624		

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017) DONALD J. & MELANIA TRUMP

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I  10 Carryback or carryover (attach detailed computation)  SEE STATEMENT 45  10 25,277.  11 Add lines 9 and 10  12 Reduction in foreign taxes	5,277.
10 Carryback or carryover (attach detailed computation)  SEE STATEMENT 45  10  25,277.  11 Add lines 9 and 10  11 25,901.	5,277.
11 Add lines 9 and 10	5,277.
11 Add lines 9 and 10	<u>5,277.</u>
	5,277.
	5,277.
12 Reduction in foreign taxes	5,277.
12 Reduction in foreign taxes 12	5,277.
	5,277.
Tayon replaceified under high tay kickout	5,277.
13 Taxes reclassified under high tax kickout	5,277.
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	2
United States (before adjustments) for the category of income checked above Part I	
United States (before adjustments) for the category of mounts discover after	
16 Adjustments to line 15 1, 410, 753.	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.	
(If the result is zero or less, you have no foreign tax credit for the category of income	
you checked above Part I. Skip lines 18 through 22. However, if you are filing more than	
one Form 1116, you must complete line 20.) 17 1,410,753.	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.	
Estates and trusts: Enter your taxable income without the deduction for your	
exemption SEE STATEMENT 46 18 28,412,884.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	
19 Divide line 17 by line 16. If line 17 is more diamline to, enter 1	.04965
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines	
42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37,	1 014
and our foreign octation and tractic british and an annual for an annual foreign octation and an another an an annual foreign octation and an another an annual foreign octation and an another an an annual foreign octation and an another an another an another an another an an another an an another and an another an another an another another an another another and an another another another another and an another anothe	1,814.
Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	4,808.
21 Widitiply line 20 by line 15 (maximum amount of cross)	4,000.
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this  amount on line 28. Otherwise, complete the appropriate line in Part IV	5,277.
amount on line 28. Otherwise, complete the appropriate line in Part IV  Part IV Summary of Credits From Separate Parts III	5,2
25 277	
23 Clean for taxes on passive category mounts	8.50
24 Credit for taxes on general category income 25 Credit for taxes on certain income re-sourced by treaty 25 Credit for taxes on certain income re-sourced by treaty	
26 Credit for taxes on lump-sum distributions 26	
20 Orbit for taxes on fump sum distributions	5,957.
ZI Add iiilus zo dii odgii zo	5,957.
29 Reduction of credit for international boycott operations 29	
30 Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48;	
Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a   30   51	5,957.

Name

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit (Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

Form 1116 (2017)

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. [		ategory income		Section 90	I(i) income			o Lumr	o-sum distributio	ne		
, [	The Chicago and Chicago	ategory income			ome re-sourced by	treaty		e rump	r-sum distributio	115		
, ,		atogory moorno	u		one re-sourced by	ticaty						
Re	esident of (name	e of country)	▶ UNITED	STATES		<del></del>						
				country or U.S	possession, use	e colum	n A in P	art I and line A	A in Part II. If vo	ou paid t	taxes to	
mo	re than one fo				separate colum						ianoo io	
Pa					side the United					<del>)</del>		
						Foreign	Count	try or U.S. Po	ssession			Total
					Α			В	С		(Add	cols. A, B, and C.)
ı	Enter the na	me of the fo	reign country	y or U.S.					>-			
	possession				CANADA	K	OREA,	SOUTH	UNITED KING	DOM		
1a	Gross income			shown above								740
	and of the type	checked abov	e:									
	***************************************			·								
					35,277	,383.					1a	
b	Check if line 1											
			ensation from a									
			sed an alternati	ive basis to								
_		source (see inst		<b>&gt;</b>								
Jed	uctions and I	osses (Cauti	on: See instri	uctions.):								
2	Expenses defin	nitely related t	o the income o	n line 1a	39,742	463.		187.	8 306	5,279.	Sales Sales Sales	
3	Pro rata share					Take the little						in annual
а	Certain itemize			Manager Manager - Comment	15	,491.		15,491.	15	,491.		
b	Other deductio									,		
	Add lines 3a ar	1.01			15	,491.		15,491.	15	,491.		
	Gross foreign				35,277					,	31853 31853	
е	Gross income				271,315		27	1,315,087.	271,315	087.		e mile s
f	Divide line 3d l	C o				13002		.00000		00000		
g	Multiply line 3d				2	,014.						
4	Pro rata share											
а	Home mortgag	je interest (use	the Worksheet	for					LOS MAN MENTO CARDIONAL S CARDO			a - 12 - 14
	Home Mortgag	je Interest in th	e instructions)	************					X*:		ath.	
b	Other interest of	expense										
5	Losses from fo	reign sources										
6	Add lines 2, 3g				39,744	,477.		187.	-8,306	,279.	6	
	Subtract line 6.f				15, page 2						7	
0.8744/030	TOTAL CONTRACTOR		Paid or Ad	ccrued								
CI	edit is claimed for taxes				Foreig	gn taxes	paid o	r accrued				
	(you must		In forei	ign currency	γ				In U.S. dolla	rs		PARTITION OF THE PARTIT
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+	j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest		(0) Div	idends	(p) Rents and royalties	(q) Interest			3 2 3 10
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ا_	Add lines A +b	ugh C solues	) (a) Entarth-	total bessess	n line 0 2						. T.	
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LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

ÚMB No. 1545-0121

► Go to www.irs.gov/Form1116 for instructions and the latest information. Name Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions b X General category income Certain income re-sourced by treaty UNITED STATES f Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total Α C (Add cols. A, B, and C.) DOMINICAN Enter the name of the foreign country or U.S. possession CHINA REPUBLIC PANAMA 1a Gross income from sources within country shown above and of the type checked above: 6,505,458 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 925 1,287 (attach statement) Pro rata share of other deductions not definitely related: 15,491. 15,491 15,491. a Certain itemized deductions or standard deduction Other deductions (attach statement) 15,491. Add lines 3a and 3b 15,491 15,491 6,505,458. d Gross foreign source income Gross income from all sources 271,315,087. 271,315,087. 271,315,087 .02398 00000 .00000 Divide line 3d by line 3e Multiply line 3c by line 3f 371. Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense Losses from foreign sources 1,296. 1,287. Add lines 2, 3g, 4a, 4b, and 5 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (n) Other (r) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign taxes paid or taxes paid or accrued (add cols. accrued (j) Date paid or accrued accrued (o) through (r)) (I) Rents and (k) Dividends (p) Rents and royalties (m) Interest (o) Dividends

LHA For Paperwork Reduction Act Notice, see instructions.

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

Form 1116 (2017)

В C

Name

Foreign Tax Credit (Individual, Estate, or Trust)

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OMB No. 1545-0121

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Form 1116 (2017)

-	ALD J. & MELANIA TRUMP							
Use	a separate Form 1116 for each category of income listed belo	w. See Categories of	Income in	the instructions	. Check only one	box on ea	ach Forr	n 1116. Report all
amo	unts in U.S. dollars except where specified in Part II below.							
a	Passive category income c Section 901	(j) income		e Lum	p-sum distributio	ns		
b	X General category income d Certain inco	me re-sourced by trea	ty					
f R	esident of (name of country)  UNITED STATES				> 41000			
	te: If you paid taxes to only one foreign country or U.S.					ou paid t	axes to	)
mo	re than one foreign country or U.S. possession, use a	separate column an	d line for e	each country o	r possession.			
Pa	art I Taxable Income or Loss From Sources Outs	side the United Sta	tes (for Ca	ategory Check	red Above)			
		For	eign Cour	ntry or U.S. Po	ssession			Total
		A		В	С		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.	UNITED ARAB						
	possession	EMIRATES	PUERTO	O RICO	CANADA			
1a	Gross income from sources within country shown above					200		
	and of the type checked above:							
						LALE PLE		
		135,96	2.		1,091	1,373.	1a	
b	Check if line 1a is compensation for personal services as				Baltington.			
	an employee, your total compensation from all sources is							
	\$250,000 or more, and you used an alternative basis to							
	determine its source (see instructions)							
Dec	luctions and losses (Caution: See instructions.):					TEAS.	200	
0	Evanges definitely related to the income on line to				Carteria.	Zainte.		
2	Expenses definitely related to the income on line 1a (attach statement)			4.	730	640.		
3	Pro rata share of other deductions not definitely related:							
а	Certain itemized deductions or standard deduction	15,49	1.	15,491.	15	5,491.		
b	Other deductions (attach statement)	The state of the s				-		
С	Add lines 3a and 3b	15,49	1.	15,491.	15	5,491.		
d	Gross foreign source income	135,96	2.			1,373.		
е	Gross income from all sources	271,315,08	7. 2	71,315,087.	271,315			
f	Divide line 3d by line 3e	.000		.00000		00402		
g	Multiply line 3c by line 3f		В.			62.		
4	Pro rata share of interest expense:							£1
a	Home mortgage interest (use the Worksheet for	AND SELECTION AND STORES AND		CONTRACTOR OF THE CONTRACT OF THE	2 92-60 2 29 10000 5 148	953/623-1		
	Home Mortgage Interest in the instructions)			141		2		
b	Other interest expense							
5	Losses from foreign sources			****				90
6	Add lines 2, 3g, 4a, 4b, and 5		в.	4	730	702.	6	
7	Subtract line 6 from line 1a. Enter the result here and on line 1	15. page 2				,	7	
	rt II Foreign Taxes Paid or Accrued	,9			2			
Ci	edit is claimed	Foreign to	axes paid	or accrued				3
	for taxes (you must In foreign currency	1			In U.S. dolla	rs		
	check one)	7. (2.0)			I doi:			T
Country	Taxes withheld at source on:	(n) Other foreign	Taxes	s withheld at sou	rce on:	(r) O fore		(s) Total foreign taxes paid or
<b>ā</b> ;	Accrued	taxes paid or			135 5111	taxes p		accrued (add cols.
7	Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	anaruad -	) Dividends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))
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В				1				
C		S. T. S.		<del> </del>		. 109	,138.	109,138
	Add lines A through C, column (s). Enter the total here and c	on line 9, page 2					R	

LHA For Paperwork Reduction Act Notice, see instructions.

# Foreign Tax Credit

(Individual, Estate, or Trust)

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► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Form 1116 (2017)

Identifying number as shown on page 1 of your tax return

OOI	NALD J. & MI	ELANIA TR	UMP									
Use	a separate Form	1116 for eacl	n category of inc	come listed belo	w. See Categorie	s of In	come in	the instructions.	. Check only one	box on e	ach Forn	1116. Report all
amo	ounts in U.S. doll	ars except wh	ere specified in	Part II below.	J							
a [	Passive ca	ategory incom	e c	Section 901	(j) income			e Lump	sum distributio	ns		
b [	X General ca	ategory incom	e d	Certain inco	me re-sourced by	treaty						
f R	esident of (name	of country)	▶ UNITED	STATES								
No	te: If you paid t	taxes to only	one foreign c	ountry or U.S.	possession, use	colun	nn A in F	art I and line A	in Part II. If yo	ou paid	taxes to	
mo	re than one fo	oreign countr	y or U.S. poss	session, use a	separate column	and I	ine for ea	ach country or	possession.	719		
Pa	art   Taxab	ole Income o	or Loss From	Sources Outs	side the United	States	(for Ca	tegory Check	ed Above)			
			24			Foreig	gn Coun	try or U.S. Po	ssession			Total
					A			В	С		(Add	cols. A, B, and C.)
g	Enter the na	me of the fo	reign country	or U.S.							3576	
	possession				PHILIPPINES		GRENAD	A	INDIA			
1a	Gross income				是有"特别"。				100			
	and of the type										16.21	
			**************************************									
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b	Check if line 1a	a is compensa	tion for persona	I services as				16首 (1)首 (1)。				
			pensation from									
			used an alternati		la de							
	determine its s										1600	
Dec	ductions and l		, ,,,,,	uctions.):								
2	Expenses defir	nitely related	to the income o	n line 1a								w.
	(attach stateme	ent)			XI. Mark Control of the		100 200 200 200	4.		433.		
3			ctions <b>not defin</b>	120			lighter.				- 100	
	Certain itemize				15	,491.		15,491.	1	5,491.		
	Other deductio		tement)									
	Add lines 3a ar	*******				491.		15,491.		5,491.		
d	Gross foreign s					,129.				4,340.	24	12
е	Gross income t	from all sourc	es		271,315		27	1,315,087.	271,31			
f		100			. (	00007		.00000		.02106		
g	Multiply line 3c	by line 3f				1.				326.		
4	Pro rata share	of interest exp	ense:	- 12								2
2	Home mortgag	e interest (use	e the Worksheet	for .				. 1				21.4 22.5
	Home Mortgag	je Interest in tl	ne instructions)									
b	Other interest e	expense						dunt reconstitute manners				
5	Losses from fo	reign sources									100	
6	Add lines 2, 3g				-	1.		4.		759.	6	
	Subtract line 6 f	rom line 1a. E	nter the result h	ere and on line	15, page 2					▶	7	
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	redit is claimed for taxes		nn of a second and second	Westerness of the second	Foreig	n taxe	es paid o	or accrued		((0.0))		
	(you must		In forei	gn currency	·			AND THE RESERVE WAS A SECOND CO.	In U.S. dolla	ars		
3	check one)				(n) Other					(r) (	Other	(s) Total foreign
Country	(h) X Paid	Taxes	withheld at sour	ce on:	foreign		Taxes	withheld at sou	rce on:	for	eign	taxes paid or
8	(i) Accrued			•	taxes paid or						paid or	accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0)	Dividends	(p) Rents and royalties	(q) Interest	acc	rued	(o) through (r))
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В												
C	4	ar .										
Q	Add lines A thro	unh C colum	in (c) Enter the	total hara and	on line Q name 2						N 0	

LHA For Paperwork Reduction Act Notice, see instructions.

Name

# Foreign Tax Credit (Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121

Identifying number as shown on page 1 of your tax return

Form **1116** (2017)

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	ALD J. & M	- contamination of the contami		ooma listed hale	C				0	<u> </u>		
amo	unts in U.S. do	llars except wh	here specified in	Part II helow	W. See Categorie	s of In	come In	the instructions	s. Check only one	e box on e	each For	m 1116. Report all
a [		category incom		Section 901	(i) income			a 🗀 Lum	n our distributi			
b		category incom			me re-sourced by	troaty		e L Lum	p-sum distribution	ons .		285
		aragary moon	io u_	Oci talli lilot	ine to sourced by	licaly						
f R	esident of (nam	e of country)	▶ UNITED	STATES				National Commission of the Com				
No	te: If you paid	taxes to only	y one foreign o	country or U.S.	possession, use	e colun	nn A in F	Part I and line	A in Part II If v	ou paid	tayes to	2
mo	re than one f	oreign count	try or U.S. pos	session, use a	separate colum	n and I	ine for e	ach country of	r possession	ou paiu	ianos i	,
Pa	art I Taxa	ble Income	or Loss From	Sources Out	side the United	States	(for Ca	tegory Check	red Above)	и подоличного подо		* *
						Foreig	ın Coun	try or U.S. Po	ssession	***************************************		Total
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	possession				GEORGIA		ISRAEI	ı	AZERBAIJAN			
1a	Gross income	from sources	within country :	shown above								200
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b			ation for persona									
			pensation from									
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Doc	determine its s		tion: See instr	uotiona \								
Dec	iuctions and i	iosses (Cau	ition. See mstr	uctions.).								
2	Expenses defi	nitely related	to the income of	on line 1a		The state of the s		6 000	CHE THE COLL STEELERS	÷ 004		
3			ctions not defin		National designation	an sea	Persense	6,280.	artezione general	5,894.	FEETEN STATE	A 4)
о a			or standard ded		15	491.		15 401	D. 金. 计机场编辑	F 401		
b			tement)		15,	471.		15,491.	т.	5,491.		
c					15	491.		15,491.	1	5,491.		
d	Gross foreign	source income	e		13,	131.		13,431.		3,431.		
e	Gross income	from all source	es		271,315,	087.	2.7	1,315,087.	271,31	5 087	78014 28014 21004	2.5
f	Divide line 3d l					0000		.00000		.00000		
g		(40)			***************************************			······································				
4	Pro rata share											
a		And the second second	e the Worksheet	for		SECHEL :	0.000.2100.010	Roseway at a private qua		Maria Cara Cara Cara Cara Cara Cara Cara		
			he instructions)	\$1.								
b	Other interest		100									
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6	Add lines 2, 3g	, 4a, 4b, and 5	5					6,280.		5,894.	6	
	Subtract line 6 f	rom line 1a. E	nter the result h	ere and on line	15, page 2		- 12 TE		*****		7	TO A MORNING THE WAY IN THE PARTY.
			s Paid or A	ccrued								
C	edit is claimed for taxes				Foreig	n taxe	s paid o	or accrued				(4.
	(you must		In forei	gn currency					In U.S. dolla	ars		
Į.	check one)	_	2011-17		(n) Other	×: .	i t i gr		V 1 00000000000000000000000000000000000	(r) (	Other	(s).Total foreign
<b>∄</b> `	n) X Paid	Taxes \	withheld at sour	ce on:	foreign		Taxes	withheld at sour	rce on:	fore	ign	taxes paid or
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	j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	acoi aca	(0) D	vidends	(p) Rents and royalties	(q) Interest	auci	aou	(v) unough (r))
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<u>c</u>	Add lines A +b	uah C salu	(c)   Entarth -	total base and	n line O = C							<b>_</b>
		SHANNING A STORY OF THE STORY	tion Act Notic		on line 9, page 2						8	
	rurraperw	voik neauct	NOTI ACT NOTIC	e, see instruc	uons.							Form 1116 (2017)

Form 1116

Department of the Treasury nternal Revenue Service (99

# Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

► Go to www.irs.gov/Form1116 for instructions and the latest information.

OMB No. 1545-0121 2017

Name Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(i) income Lump-sum distributions X General category income Certain income re-sourced by treaty f Resident of (name of country) > UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total A (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. BRAZIL SAINT MARTIN possession MEXICO Gross income from sources within country shown above and of the type checked above: 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 570,001 35,491. (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 15,491. 15,491. 15,491 Other deductions (attach statement) Add lines 3a and 3b 15,491. 15,491. 15,491. Gross foreign source income Gross income from all sources 271,315,087 271,315,087. 271,315,087. 00000 00000 .00000 Divide line 3d by line 3e Multiply line 3c by line 3f Pro rata share of interest expense: Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense Losses from foreign sources 35,491. Add lines 2, 3g, 4a, 4b, and 5 ..... 570,001. 6 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (n) Other (r) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or Accrue taxes paid or taxes paid or accrued (add cols. (i) (j) Date paid or accrued (I) Rents and accrued accrued (o) through (r)) (k) Dividends (p) Rents and (m) Interest (0) Dividends (a) Interest В C

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

Foreign Tax Credit (Individual, Estate, or Trust)

Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

► Go to www.irs.gov/Form1116 for instructions and the latest information.

Vam	ie				Identifying number as shown on page 1 of your tax return								
	ALD J. & M												
Jse	a separate Form	1116 for eac	h category of ind nere specified in	come listed belo	w. See Categorie	s of Inc	come in	the instructions.	. Check only one	box on e	ach Forr	n 1116. Report all	
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L		ategory incom ategory incom		Section 901	ome re-sourced by	trooty		e Lump	o-sum distributio	ons			
, ,	General G	ategory micom	ie u		ome re-sourced by	ireary							
Br	esident of (name	of country)	▶ UNITED	STATES									
					possession, use	e colum	nn Δ in F	Part Land line /	\ in Part II If \u	ou paid t	avec to	· · · · · · · · · · · · · · · · · · ·	
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					side the United					***************************************			
			2					try or U.S. Po				Total	
					А	roreig	Tr Oour	В	C		hhA)	cols. A, B, and C.)	
ı	Enter the na	me of the fo	oreign country	or U.S.							Will.	0013. 71, D, and 0.)	
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1a			within country s			Chiefs.							
	and of the type												
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b	Check if line 1a	a is compensa	tion for persona	l services as									
	an employee, y	our total com	pensation from	all sources is							101		
			used an alternati	ve basis to									
	determine its s	ource (see ins	structions)	🕨 🔲					Weeklandige				
Ded	luctions and I	osses (Cau	tion: See instr	uctions.):									
2	Eynenses defin	nitely related	to the income o	n line 1a			SECTION						
<u>د</u> ::	(attach stateme	ent)		,				72.	2,21	7,004.			
3	Pro rata share	of other dedu	ctions not defin	itely related:									
а	Certain itemize	d deductions	or standard ded	uction	15	491.		15,491.	1	5,491.			
			tement)		***************************************								
	Add lines 3a ar				15	491.		15,491.	1:	5,491.			
			<u>;</u>					5,777,225.					
е			es		271,315		27	1,315,087.	271,31	**************************************			
f	Divide line 3d b				. (	00000		.02129		.00000			
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4	Pro rata share												
a			e the Worksheet			-				1.0		in the second	
1000			he instructions)										
	Other interest e										2.448 4.546		
	Losses from fo	-									主		
	Add lines 2, 3g		CONTRACTOR DESIGNATION OF LABOR.		15			402.	2,21	7,004.	6		
	rt II Fore	rom line 1a. E	nter the result h	ere and on line	15, page 2					:	7		
1X2623	redit is claimed	igii raxes	S Faid Of AC		Famaia								
101	for taxes		In forci	an alleranav	roreig	in taxe	s paid (	or accrued	1-110 1-11				
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<b>A</b>	check one) h) X Paid	Тауре	withheld at sour	re on	(n) Other		Tayon	withheld at sour	rea on'	(r) (		(s).Total foreign	
	, [	10,00	withinitia at South	ou UII.	foreign taxes paid or		Idxes	withingly at 5001	I GO UII.	fore taxes p		taxes paid or accrued (add cols.	
יווכי	Accrued     Date paid     or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Di	ividends	(p) Rents and royalties	(q) Interest		rued	(o) through (r))	
Ή,	or accrued	(") Sinderida	' royalties	(III) wireless	-	(0)		'royalties	(4) interest				
4		<del> </del>				-							

LHA For Paperwork Reduction Act Notice, see instructions.

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

#### ALTERNATIVE MINIMUM TAX

# **Foreign Tax Credit**

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T. ► Go to www.irs.gov/Form1116 for instructions and the latest information. Name Identifying number as shown on page 1 of your tax return

DO	NALD J. & M	ELANIA TRUM	ſP									
					w. See Categorie	s of Inc	come in	the instructions.	. Check only one	box on e	ach Forr	n 1116. Report all
am	ounts in U.S. doll	90	e specified in I	Part II below.								
a		ategory income	c	Section 901	***			e Lump	-sum distributio	กร		
b	X General ca	ategory income	d		me re-sourced by t	treaty						
	- in the second second		Activities and the same to the									
	Resident of (name											
					possession, use					ou paid t	taxes to	
					separate column							Proposition Constantial Consta
Ρ	art I Taxal	ole Income or	Loss From	Sources Outs	side the United	States	(for Ca	tegory Check	ed Above)	-		
						Foreig	n Coun	try or U.S. Po	ssession			Total
					Α			В	С		(Add	cols. A, B, and C.)
g	Enter the na	me of the fore	eign country	or U.S.			ST. VI	NCENT AND				
	possession				TURKEY		THE GR		НТКО			
1a	Gross income	from sources wi	thin country s	hown above								
	and of the type	e checked above:										
	2 Parties and American State of the Control of the											
					5,	646.			86	6,287.	1a	55,392,803.
b	Check if line 1a	a is compensatio	n for personal	I services as							1000 SE 1000 S	
	an employee, y	our total compe	nsation from a	all sources is							127	
		ore, and you use		ve basis to								
		ource (see instru										
De	ductions and I	osses (Cautio	n: See instru	uctions.):						L.A		
2	Expenses defin	nitely related to	the income or	n line 1a	2. Sec. 172 - 172 - 173 - 174 - 175 - 175 - 175 - 175 - 175 - 175 - 175 - 175 - 175 - 175 - 175 - 175 - 175 -							
3		of other deduction						4.78			641149 130110	5
a		d deductions or			15	491.	estalling of the	15,491.		111111111111111111111111111111111111111		
		ns (attach staten				171.		13,151.				
b	4 1 1 1 2 0	1.01			15	491.		15,491.				2
d		source income				646.		13,431.				
e		from all sources			271,315,		27	1,315,087.				
f						0002		.00000				
		by line 3f										
g 4		of interest expen				de la constant						
		je interest (use tl		for			- 1987年1日					
3		ge Interest (use ti ge Interest in the			21				* * * **	is the		er out area and
h												
E		expense preign sources						WERANIE EVENING TO A				
6	Add lines 2, 3g								95	1,221.	6	52,571,297.
	Subtract line 6 f		er the recult h	ere and on line	15 nage 2			<del>.</del>		1,221.	7	2,821,506.
		ign Taxes F			15, page 2			***************************************				2,021,300.
	Credit is claimed			ONE OF STREET	Foreig	ın taxe	s paid	or accrued		Annan III		
	for taxes		In forei	gn currency			- pane		In U.S. dolla	ars		
	(you must check one)		111 70101	girourioney	T 20 20 2020				111 0.0. 0011			T
EF.	(h) X Paid	Taxes wit	thheld at source	ce on:	(n) Other foreian		Taxes	withheld at sou	rce on		Other eign	(s) Total foreign
$_{\rm z}$	(i) Accrued		3. 00411	POLET N	taxes paid or		, 47,00				paid or	taxes paid or accrued (add cols.
4	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) D	ividends	(p) Rents and royalties	(q) Interest		rued	(o) through (r))
	or accrued	V-1	royalties	()		(0) -		··· royaities	(4)			
A B												<del>                                     </del>
C							- North				BYM 38 78M = -1	
- 1						100			I ·			1

LHA For Paperwork Reduction Act Notice, see instructions.

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

Form 1116 (2017)

490,056.

Form 1116 (2017) DONALD J. & MELANIA TRUMP

P	art III Figuring the Credit			-	
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued				
	for the category of income checked above Part I	9	490,056.	10.00	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 47	10			
11	Add lines 9 and 10	11	490,056.		
12	Reduction in foreign taxes	12			
					2 25
13	Taxes reclassified under high tax kickout	13	624.		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	490,680.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	2,821,506.		
	3 SAMES				
16	Adjustments to line 15	16	9,974,183.		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.	,			
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filling more than				
	one Form 1116, you must complete line 20.)	17	12,795,689.		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.				ž.
	Estates and trusts: Enter your taxable income without the deduction for your			1715	
	exemption	18	28,412,884.		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in	structions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	.45035
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the				
	42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total				
	and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42			20	7,951,814.
	.Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instru	ictions.			
21	Multiply line 20 by line 19 (maximum amount of credit)			21	3,581,099.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 three	ough 27 an	d enter this		
	amount on line 28. Otherwise, complete the appropriate line in Part IV		<b>&gt;</b>	22	490,680.
P	art IV Summary of Credits From Separate Parts III	·			
23	Credit for taxes on passive category income	23			S
24	Credit for taxes on general category income	24			
25	Credit for taxes on certain income re-sourced by treaty	25			× -
26	Credit for taxes on lump-sum distributions	26			920
	Add lines 23 through 26			27	
	Enter the smaller of line 20 or line 27			28	
29	Reduction of credit for international boycott operations			29	And the second s
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48	i;			32
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		<b>&gt;</b>	30	<u> </u>
					Form <b>1116</b> (2017)

711511 12-21-17

F	n	r	n	1	1	1	1	6

# Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DONALD J. & MELANIA TRUMP

Foreign	Income	Category
---------	--------	----------

PASSIVE INCOME

egular	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						
2. FTC carryback to 2017						
for amended returns						
3. Reduction in foreign						
taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax ( + )						
or excess of limit ( - )				8,596.	8,085.	
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess						
limit remaining				8,596.	8,085.	
Total foreign taxes from all ava	ilable years to be o	carried to next year				16,683

		2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2017					
	for amended returns	4.30				
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax ( + )					
	or excess of limit ( - )					
7.	Foreign tax carryback					
	Foreign tax carryforward					
	Foreign tax or excess	The second secon				
	limit remaining					

### Form 1116

# Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DONALD J. & MELANIA TRUMP

Foreign	Income	Categor	v
I OI CIGII	HILOUHIC	Categor	y

PASSIVE INCOME

AMT		2012	2013	2014	2015	2016	2017
1.	Foreign tax paid/accrued						
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						
5.	Maximum credit allowable						394,808.
6.	Unused foreign tax ( + )						
	or excess of limit ( - )				17,192.	8,085.	-394,808.
7.	Foreign tax carryback						
8.	Foreign tax carryforward				17,192.	8,085.	25,277.
9.	Foreign tax or excess						
	limit remaining			*			-369,531.
	Total foreign taxes from all av	ailable years to be car	rried to next year			·L	

		2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2017					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax ( + )					
	or excess of limit ( - )					
7.	Foreign tax carryback					
	Foreign tax carryforward		-			
	Foreign tax or excess		2	Ni		
	limit remaining					-

Form	1 1	1	16

# Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DONALD J. & MELANTA TRUMP

#### Foreign Income Category

GENERAL LIMITATION INCOME

Regular	2012	2013	2014	2015	2016	2017
<ol> <li>Foreign tax paid/a</li> </ol>	ccrued					490,680.
2. FTC carryback to 2	2017					THE WAS A STATE OF THE STATE OF
for amended retur	ns					
3. Reduction in forei	gn					
taxes						
4. Foreign tax availat	ole					490,680.
5. Maximum credit a	llowable					0.
6. Unused foreign ta:	< ( + )					· · · · · · · · · · · · · · · · · · ·
or excess of limit	(-) 363,405.	1,002,346.	550,298.	465,747.	1,254,108.	490,680.
7. Foreign tax carryb	ack					
8. Foreign tax carryfo	prward					
9. Foreign tax or exce	ess					**************************************
limit remaining	363,405.	1,002,346.	550,298.	465,747.	1,254,108.	490,680.
	from all available years to be of	carried to next year				9,656,443.

		2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2017					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable			<b>的现在式光线</b>		
	Unused foreign tax ( + )					
	or excess of limit ( - )	1,154,408.	617,258.	1,401,174.	2,010,500.	346,519.
7.	Foreign tax carryback					到。我 <sub>"</sub> 我",我是"
	Foreign tax carryforward					
	Foreign tax or excess					
	limit remaining	1,154,408.	617,258.	1,401,174.	2,010,500.	346,519.

### Form 1116

# Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DONALD J. & MELANIA TRUMP

Foreign	Income	Category

GENERAL LIMITATION INCOME

AMT		2012	2013	2014	2015	2016	2017
1	Foreign tax paid/accrued						490,680.
2.	FTC carryback to 2017						
	for amended returns						
3.	Reduction in foreign						
	taxes						
4.	Foreign tax available						490,680.
5.	Maximum credit allowable						3,581,099.
6.	Unused foreign tax ( + ) or excess of limit ( - )					-117,524.	-3,090,419.
7.	Foreign tax carryback						
8.	Foreign tax carryforward				No.		the state of the s
9.	Foreign tax or excess limit remaining				·	-117,524.	-3,090,419.

		2007	2008	2009	2010	2011
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2017					
	for amended returns					
3.	Reduction in foreign					
	taxes					
	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax ( + )					
	or excess of limit ( - )				Compared to the second	
7.	Foreign tax carryback	national field				
8.	Foreign tax carryforward				***************************************	
9.	Foreign tax or excess					
	limit remaining					

Form 1116 U.S. and Foreign Source Income Summary							
NAME							
DONALD J. & MELANIA TRUMP							
INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL				
Compensation	373,629.	373,629.					
Dividends/Distributions SEE STATEMENT 89	21,984.	13,838.	8,146.				
Interest	6,758,494.	6,758,494.					
Capital Gains	12,206,298.	12,206,298.					
Business/Profession	2,265,119.	2,265,119.					
Rent/Royalty	745,037.	745,037.					
State/Local Refunds							
Partnership/S Corporation SEE STATEMENT 90	216,158,712.	160,772,909.	55,385,803.				
Trust/Estate	-5,848.	-5,848.					
Other Income	32,791,662.	32,791,662.	Company of the Compan				
Gross Income	271,315,087.	215,921,138.	55,393,949.				
Less:							
Section 911 Exclusion			·				
Capital Losses	4,678,000.	4,678,000.					
Capital Gains Tax Adjustment	-,,	2,0,0,000.					
Total Income - Form 1116	266,637,087.	211,243,138.	55,393,949.				
	-						
Deductions:							
Business/Profession Expenses	137,638,421.	96,228,569.	41,409,852.				
Rent/Royalty Expenses	214,663.	214,663.	,105,002.				
Partnership/S Corporation Losses	96,629,569.	85,471,286.	11,158,283.				
Trust/Estate Losses	5,848.	5,848.	11,100,200.				
Capital Losses							
Non-capital Losses	r .						
Individual Retirement Account							
Moving Expenses							
Self-employment Tax Deduction	97,548.	97,548.					
Self-employment Health Insurance	,		<u>u</u>				
Keogh Contributions							
Alimony							
Forfeited Interest							
Foreign Housing Deduction		20					
Other Adjustments	44,979,682.	44,979,682.					
Capital Gains Tax Adjustment	,,	11,575,002.					
Total Deductions	279,565,731.	226,997,596.	52,568,135.				
Adjusted Gross Income	-12,928,644.	-15,754,458.	2,825,814.				
Low House of Dodge Const.		terminace (Art TaxCNS) et al. (Art TaxCNS) et al. (Art TaxCNS)					
Less Itemized Deductions:							
Specifically Allocated							
Home Mortgage Interest	NEW 2002 - 600 A 500 B						
Other Interest	881,759.	881,759.					
Ratably Allocated	9,356,162.	7,445,907.	1,910,255.				
Total Adjustments to Adjusted Gross Income	10,237,921.	8,327,666.	1,910,255.				
Taxable Income Before Exemptions	-23,166,565.	-24,082,124.	915,559.				

### Form 1116

### **Allocation of Itemized Deductions**

NAME

DONALD J. & MELANIA TRUMP

DONALD J. & MELANIA TRUMP					
	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
	5,243,690.	5,243,690.		*	5,243,690.
Taxes	5,243,090.	3,243,030.			0,210,1111
Interest - Not Including Investment Interest				Manage in the second se	
Contributions		NAME AND ADDRESS OF THE OWNER OWNER OWNER.		AND THE RESIDENCE OF THE PERSON OF THE PERSO	
Miscellaneous Deductions Subject to 2%	4,096,981.	4,096,981.			4,096,981.
Other Miscellaneous Deductions -			ä		
Not Including Gambling Losses	15,491.	15,491.			15,491.
Foreign Adjustment					
Total Itemized Deductions					
Subject to Sec. 68	9,356,162.	9,356,162.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental		s. •	1 1		
Investment Interest	881,759.	881,759.	881,759.		
Casualty Losses	a				
Gambling Losses					- All All All All All All All All All Al
Qualified contributions	1-2				
Qualified Contributions				2	
Foreign Adjustment					
Total Itemized Deductions	10,237,921.				
Total Allowed on Schedule A		10,237,921.	881,759.	7	9,356,162.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Internal Revenue Service (99) Name(s) shown on return

Identifying number

_	NALD J. & MELANIA TRUMP		
Pa	art 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing	Part I.	
	ntal Real Estate Activities With Active Participation (For the definition of active participation, see	132	
Spe	ecial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1,		
	column (a)) 1a		
b	Activities with net loss (enter the amount from Worksheet 1,		
	column (b))		
С	Prior years' unallowed losses (enter the amount from Worksheet		
	1, column (c)) 1c (	)	
a	Combine lines 1a, 1b, and 1c	1d	STATE OF THE STATE OF THE PROPERTY OF THE PROP
	mmercial Revitalization Deductions From Rental Real Estate Activities		
	Commercial revitalization deductions from Worksheet 2, column (a) 2a (		
b	Prior year unallowed commercial revitalization deductions from		
	Worksheet 2, column (b)		
	Add lines 2a and 2b Other Passive Activities	2c	
За	Activities with net income (enter the amount from Worksheet 3,	725	
	column (a)) 3a 83,141	, 123.	
d .	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b ( 47,248	089	
		,005.	
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (	1	
d	I Combine lines 3a, 3b, and 3c	3d	35,893,636.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; al		33,033,030.
	losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses		1.5
	the forms and schedules normally used	4	35,893,636.
	***************************************	4	35,893,636.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.	4	35,893,636.
	If line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.		35,893,636.
Cai	If line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.	o to line 15.	
Par	If line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to II and III and III and III and II and III and III and II and II and III and II a	o to line 15. ear, do not o	
Par	If line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III and III and go to Part III. Instead, go to line 15.  Line 1d is a loss, go to Part III.  Special Allowance for Rental Real Estate Activities With Active Participation	o to line 15. ear, do not o	
Par Pa	If line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to III and III a	o to line 15. ear, do not o	
Par Pa	If line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III and III and go to Part III and III and go to Part III III III III III III III III III I	o to line 15.	
Par Pa	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III and III and go to Part III and III and go to Part III and III and go to III and III and go to Part III and III	o to line 15.	
Par Pa	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go aution: If your filing status is married filing separately and you lived with your spouse at any time during the yeart III or Part III. Instead, go to line 15.  Art III Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4	o to line 15.	
Par Pa	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to III and III and III and go to III and III	o to line 15.	
Par Pa	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go aution: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  Art II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.	o to line 15.	
Par Pa	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go aution: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  Art II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6	o to line 15.	
Par Pa 6 7 8 9	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III and III and go to Part III.  Part III and III and go to Part III.  Part III and go to Part II	ear, do not do	
Par Pa 6 7 8 9	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 1d is a loss, go to line 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Part III Instead, go to line 15.  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d and 2c are zero or more), skip Parts III and III and go to Part III.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III and go to Part III.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III and go to Part III.  Line 3d is a loss (and line 1d in exercises whith parts III and go to Part III.  Line 3d is a loss (and line 1d is zero or more), skip Parts II and go to Part III.  Line 3d is a loss (and line 1d is zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts II and III and go to Parts III.  Line 4 is a loss (and line in the los with parts II and III and go to Parts III.  Line 4 is a loss (and line 5 exity parts II and III and 2c are zero or more), skip Parts II and III and go to Part III.  Line 4 is a loss (and line 5 exity parts II and III and 2c are zero or more), skip Parts II and III and go the s	ear, do not do	
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III and III and go to Part III.  PLINE 3d is a loss (and line 1d is zero or more), skip Part III and III and go to Part III.  PLINE 3d is a loss (and line 1d is zero or more), skip Part III and go to Part III.  PLINE 3d is a loss (and line 1d is zero or more), skip Part III and go to Part III.  PLINE 3d is a loss (and line 1d is zero or more), skip Part III and go to Part III.  PLINE 3d is a loss (and line 1d is zero or more), skip Part III and go to Part III.  PLINE 3d is a loss (and line 1d is zero or more), skip Part III and III and go to Part III.  PLINE 3d is a loss (and line 1d ind and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and line 1d and 2c are zero or more), skip Part III.  PLINE 3d is a loss (and iIII and 2c is a loss (and iIII and 2c is a loss (and iIII and 2c is a loss (and		complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go aution: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Special Allowance for Commercial Revitalization Deductions From Rental Reparts III.  Special Allowance for Commercial Revitalization Deductions From Rental Reparts III.	o to line 15. ear, do not o	complete
Par Pa	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go aution: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  Art II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Art III Special Allowance for Commercial Revitalization Deductions From Rental R  Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions	o to line 15. ear, do not o	complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go aution: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  Art II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  The production of the instructions of the example for Part III in the instructions of the example for Part III in the instructions of the special Allowance for Commercial Revitalization Deductions From Rental Revitalization of Part III in the instructions of the special Allowance for Commercial Revitalization Deductions From Rental Revitalization of Part III in the instructions of the special Allowance for Commercial Revitalization for Part III in the instructions of the special Allowance for Commercial Revitalization for Part III in the instructions of the special Allowance for Commercial Revitalization for Part III in the instructions of the special Allowance for Commercial Revitalization for Part III in the instructions of the special Allowance for Commercial Revitalization for Part III in the instructions of the special Allowance for Part III in the instructions of the special Allowance for Part III in the instruct	o to line 15. ear, do not o	complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts II and III and III. Instead, go to line 15.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III and III. In the instructions go to Part III.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III. In the instructions go to Part III.  Line 2c is a loss (and line 1d and 2c are zero or more), skip Parts III and III	9 10 eal Estate	complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts III and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts III and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts III and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III and go to Part III. In the instructions to Part III. In the instruction in Part III. In the instructions in Part III. In the instructions in Part III. In the loss on line 4.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Part III and go to Part III. In the instructions in Part III. In the instructions in Part III. In the loss on III. In II	9 10 eal Estate	complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts II and III and III. Instead, go to line 15.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III and III. In the instructions go to Part III.  Line 3d is a loss (and line 1d and 2c are zero or more), skip Parts III and III. In the instructions go to Part III.  Line 2c is a loss (and line 1d and 2c are zero or more), skip Parts III and III	9 10 eal Estate	complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go untion: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  The special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  The special Allowance for Commercial Revitalization Deductions From Rental Report III in the instructions and the loss from line 4  Reduce line 12 by the amount, if any, on line 10. If married filing separately, see instructions are the smallest of line 2c (treated as a positive amount), line 11, or line 13  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	9 10 eal Estate	complete
Par	Line 4 is a loss and:  Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. Instead, go to line 14.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to Part III. III and III and go to Part III. III and III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts III and go to Part III. Instead, go to line 15.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts III and go to Part III. Instead III.	9 10 eal Estate	complete
Par	Line 1d is a loss, go to Part II.  Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.  Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go untion: If your filing status is married filing separately and you lived with your spouse at any time during the yeart II or Part III. Instead, go to line 15.  The special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.  Enter the smaller of the loss on line 1d or the loss on line 4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  The special Allowance for Commercial Revitalization Deductions From Rental Report III in the instructions and the loss from line 4  Reduce line 12 by the amount, if any, on line 10. If married filing separately, see instructions are the smallest of line 2c (treated as a positive amount), line 11, or line 13  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	9 10 eal Estate	complete

#### SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# **Capital Gains and Losses**

Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2017 Attachment 12

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Pa	rt I Short-Term Capital Gains and Lo	sses - Assets Held	One Year or Less	63	-	
ente This	instructions for how to figure the amounts to r on the lines below.  form may be easier to complete if you round off s to whole dollars.	(d) (e) Proceeds Cost (sales price) (or other basis)		(g) Adjustments to gain or loss fron Form(s) 8949, Part line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (q)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			(3)	With Column (g)	
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term g	ain or (loss) from Forms	4684, 6781, and 8824		4	
5	Net short-term gain or (loss) from partnerships, S					
•	from Schedule(s) K-1				5	
6	Short-term capital loss carryover, Enter the amount Carryover Worksheet in the instructions		our Capital Loss		6 (	
7	Net short-term capital gain or (loss). Combine					
	capital gains or losses, go to Part II below. Otherw				7	
Pa	t II Long-Term Capital Gains and Los	ses - Assets Held	More Than One Ye	ear		
See	nstructions for how to figure the amounts to			(g)	(h) Gain or (loss)	
	on the lines below.	(d) Proceeds	(e) . Cost	Adjustments to gain or loss from	Subtract column (e)	
	form may be easier to complete if you round off to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I line 2, column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	·				
8b	Totals for all transactions reported on Form(s)	AND THE COLUMN TO SERVE TO	88			
	8949 with Box D checked	2,010,922.	1,368,794.		642,128.	
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s)			TOTAL TOTAL PROPERTY OF THE PARTY OF THE PAR		
	8949 with Box F checked		3,762,000.		<3,762,000.>	
11	Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824				1 10,648,170.	
12	Net long-term gain or (loss) from partnerships, S o	orporations, estates, an	d trusts from Schedule(s	s) K-1 <u>1</u>	2	
13	Capital gain distributions			1	3	
14	Long-term capital loss carryover. Enter the amount	t, if any, from line 13 of	your Capital Loss Carr	yover		
15	Worksheet in the instructions	nes 8a through 14 in col	umn (h). Then ao to	<u>  1</u>	4 ( )	
	Part III on page 2		(.,. 1.1.511 go to		7 528 298	

Schedule D (Form 1040) 2017 DONALD J. & MELANIA TRUMP

Pa	t III Summary		
16	Combine lines 7 and 15 and enter the result	16	7,528,298.
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		of pro-
17	Are lines 15 and 16 both gains?  X Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22.	Ť	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	und plants and a second a second and a second a second and a second a second and a second and a second and a
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet  SEE STATEMENT 26	19	1,316,464.
20	Are lines 18 and 19 both zero or blank?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	<ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 (	)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

2,010,922. 1,368,794.

642,128. Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

3,762,000.

<3,762,000.>

above is checked), or line 10 (if Box F above is checked)

Department of the Treasury

# Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information. Attach to your tax return.

nternal Revenue Service Name(s) shown on return Identifying number DONALD J. & MELANIA TRUMP Part I Total Investment Interest Expense Investment interest expense paid or accrued in 2017 (see instructions)

SEE STATEMENT 52 881 759 Disallowed investment interest expense from 2016 Form 4952, line 7 Total investment interest expense. Add lines 1 and 2 881,759. Net Investment Income 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) 11,209,182. 4a Qualified dividends included on line 4a 4b 11,191,155. Subtract line 4b from line 4a Net gain from the disposition of property held for investment 4d Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) f Subtract line 4e from line 4d 4f Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) 4g Investment income. Add lines 4c, 4f, and 4g 11,191,155. 4h Investment expenses (see instructions) 15,491. 5 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-11,175,664. Investment Interest Expense Deduction Disallowed investment interest expense to be carried forward to 2018, Subtract line 6 from line 3. 0. If zero or less, enter -0-881,759. Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions Form 4952 (2017) .For Paperwork Reduction Act Notice, see separate instructions.

> REGULAR FORM 4952, LINE 8 LESS RECOMPUTED FORM 4952, LINE 8 INTEREST ADJUSTMENT - FORM 6251, LINE 8

881,759.

881,759.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

# Passive Activity Loss Limitations See separate instructions.

Attach to Form 1040 or Form 1041.

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number

	ALD J. & MELANIA TRUMP				
Pa	art I 2017 Passive Activity Loss Caution: Complete Worksheets	1, 2, and	3 before completing Part	 I.	WENT CONTROL OF THE C
Ren	ntal Real Estate Activities With Active Participation (For the definition of acti				
	ecial Allowance for Rental Real Estate Activities in the instructions.)	ro partion			
	Activities with net income (enter the amount from Worksheet 1,				
ıu	column (a))	1a			
h	Activities with net loss (enter the amount from Worksheet 1,				
b	column (b))	1b	(	)	
c	Prior years' unallowed losses (enter the amount from Worksheet				
·	1, column (c))	1c		)	
d	Combine lines 1a, 1b, and 1c			1d	do contrata Campania 934-155-154-15-15-15-15-15-15-
	mmercial Revitalization Deductions From Rental Real Estate Activities	STATE OF THE PARTY		15	
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	1	)	
	Prior year unallowed commercial revitalization deductions from				
	Worksheet 2, column (b)	2b	1	)	
	Add lines 2a and 2b			2c	1
All (	Other Passive Activities				The second
3a	Activities with net income (enter the amount from Worksheet 3,				
	column (a))	3a	83,038,137		
b	Activities with net loss (enter the amount from Worksheet 3,				
~	column (b))	3b	( 46,986,244	-)	
С	Prior years' unallowed losses (enter the amount from Worksheet 3,				
-	column (c))	3c	(	)	
d	Combine lines 3a, 3b, and 3c			3d	36,051,893.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include	this form	n with your return; all		
	losses are allowed, including any prior year unallowed losses entered on line 1	c, 2b, or 3	3c. Report the losses on		
	the forms and schedules normally used			4	36,051,893.
	If line 4 is a loss and:  • Line 1d is a loss, go to Part II.			0.000	4.400
	<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip F</li> </ul>	art II and	go to Part III.		
	Line 3d is a loss (and lines 1d and 2c are zero or me				
	ution: If your filing status is married filing separately and you lived with your spo	ouse at ar	ny time during the year, d		omnista
	rt II or Part III. Instead, go to line 15.			o not c	complete
Pa	MILE Special Allowance for Rental Real Estate Activities Wi			o not c	complete
	art II Special Allowance for Rental Real Estate Activities Wi		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	o not c	
-	Note: Enter all numbers in Part II as positive amounts. See instructions	for an ex	ample.	o not c	complete
5 -	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4	for an ex	ample.	o not c	complete
5 ··	Note: Enter all numbers in Part II as positive amounts. See instructions	for an ex	ample.	1	complete
	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line.1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)	for an ex	ample.	1	complete
6	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions	for an ex	ample.	1	Montpiere
6	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.	for an ex	ample.	1	Minipiere
6	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and	6 7	ample.	1	Omplete
6 7	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions)  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing	6 7 8 separate	ample.	1	ompiere
6 7 8	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6	6 7 8 separate	ample.	5	Minipiere
6 7 8 9 10	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.	for an ex	ample.	9	
6 7 8 9 10	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int IIII Special Allowance for Commercial Revitalization Dedi	for an ex	ly, see instructions  From Rental Real E	9	
6 7 8 9 10	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Special Allowance for Commercial Revitalization Dedi  Note: Enter all numbers in Part III as positive amounts. See the example	6 7 8 separate	ly, see instructions  From Rental Real E	9	
6 7 8 9 10	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedicates  Note: Enter all numbers in Part III as positive amounts. See the example	6 7 8 separate of the formula of the	ly, see instructions  From Rental Real E II in the instructions. instructions	9	
6 7 8 9 10	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedi  Note: Enter all numbers in Part III as positive amounts. See the example  Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separenter the loss from line 4	6 7 8 separate of the for Part ately, see	ly, see instructions  From Rental Real E Il in the instructions. instructions	9 10	
6 7 8 9 10 Pa	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedu  Note: Enter all numbers in Part III as positive amounts. See the exampl  Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separenter the loss from line 4  Reduce line 12 by the amount on line 10	6 7 8 separate uctions e for Part	ly, see instructions  From Rental Real E II in the instructions. instructions	9 10 state	
6 7 8 9 10 Pa 11 12 13 14	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedu  Note: Enter all numbers in Part III as positive amounts. See the exampl  Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separenter the loss from line 4  Reduce line 12 by the amount on line 10  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	6 7 8 separate uctions e for Part	ly, see instructions  From Rental Real E II in the instructions. instructions	9 10 sstate	
6 7 8 9 10 Pa 11 12 13 14	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedi  Note: Enter all numbers in Part III as positive amounts. See the exampl  Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separe.  Enter the loss from line 4  Reduce line 12 by the amount on line 10  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13  Int IV Total Losses Allowed	for an ex  6 7 8 separate	ly, see instructions  From Rental Real E II in the instructions. instructions	9 10 state 11 12 13	
6 7 8 9 10 Pa 11 12 13 14	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing  Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedicates  Note: Enter all numbers in Part III as positive amounts. See the examplement of the loss from line 4  Reduce line 12 by the amount on line 10  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	for an ex  6 7 8 separate	ly, see instructions  From Rental Real E II in the instructions. instructions	9 10 state 11 12 13	
8 9 10 Pa	Note: Enter all numbers in Part II as positive amounts. See instructions  Enter the smaller of the loss on line 1d or the loss on line.4  Enter \$150,000. If married filing separately, see instructions  Enter modified adjusted gross income, but not less than zero (see instructions  Note: If line 7 is greater than or equal to line 6, skip lines 8 and  9, enter -0- on line 10. Otherwise, go to line 8.  Subtract line 7 from line 6  Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing Enter the smaller of line 5 or line 9  If line 2c is a loss, go to Part III. Otherwise, go to line 15.  Int III Special Allowance for Commercial Revitalization Dedi  Note: Enter all numbers in Part III as positive amounts. See the exampl  Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separe.  Enter the loss from line 4  Reduce line 12 by the amount on line 10  Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13  Int IV Total Losses Allowed	for an exemple of the second s	ly, see instructions  From Rental Real E II in the instructions. instructions	9 10 state	

Caution: The worksheets must be filed with your t							
Worksheet 1 - For Form 8582, Lines 1a	a, <b>1b</b> , and <b>1c</b> (S	ee instruc	ctions.)				
Name of activity	Curre	nt year		Prior ye	are	Overall	gain or loss
Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)			(c) Unallowed loss (line 1c)		(d) Gain	(e) Loss
1						_	
Total. Enter on Form 8582, lines 1a, 1b, and 1c	2						
Worksheet 2 - For Form 8582, Lines 2a	and 2b (See in	struction	s.)				
Name of activity	(a) Current deductions (li		unallo	(b) Prior y wed deducti		(c	) Overall loss
					***************************************		***
						<del> </del>	- The state of the
						-	- All All All All All All All All All Al
Total. Enter on Form 8582, lines 2a					anaryumat anaram manifesta		
Worksheet 3 - For Form 8582, Lines 3a	a, 3b, and 3c (S	ee instruc	ctions.)				
Name of activity		nt year		Prior ye	ars	Overall	gain or loss
Name of activity	(a) Net income (b) Net (line 3a) (line					(d) Gain	(e) Loss
•	SEE ATTACHED S	TATEMENT	FOR W	ORKSHEET :	3		
Total. Enter on Form 8582, lines 3a, 3b, and 3c	83,038,137.	-46,98	6 244				
3b, and 3c ► Vorksheet 4 - Use this worksheet if ar				82, line 10	or 14 (S	ee instruct	tions.)
	Form or schedule						(d) Subtract
Name of activity	and line number to be reported on (see instructions)	(a) Lo	oss	(b) Ra		(c) Special allowance	column (c) from column (a)
					27 10		
Company of the control of the contro	A SAN SHARING REPORT OF THE SAN SHARING SHARIN						
Worksheet 5 - Allocation of Unallowed	U occas (See in	etrúction	e 1		L		
Worksheet 5 - Allocation of Orlahowec	Form or sch		3.)			T	
Name of activity	and line nur to be reporte (see instruct	nber ed on	(a) I	Loss	(b) R	atio	(c) Unallowed loss
		2.					
- Committee of the Spanning Committee of the				the management of the same of			A RESIDENCE AND AND LONG TO SHARE SH
	140						
Total		▶					

# Form **8582-CR**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

Name(s) shown on return

# **Passive Activity Credit Limitations**

► See separate instructions.

Attach to Form 1040 or 1041.

OMB No. 1545-1034

Attachment Sequence No. 89

Identifying number

	ALD J. & MELANIA TRUMP	and the second s	······································			
Pa	rt I Passive Activity Credits					
	Caution: If you have credits from a pub	olicly traded partnership, see Pu	blicly Traded Parti	nerships (PTPs) in t	he instructio	ons. ,
Cred Low-	ts From Rental Real Estate Activities With Active Income Housing Credits) (See Lines 1a through	Participation (Other Than Rehabilite in the instructions.)	tation Credits and			
1a	Credits from Worksheet 1, column (a)		1a			
b	Prior year unallowed credits from Worksheet 1, o	column (b)	1b			
С	Add lines 1a and 1b				1c	
Reha	bilitation Credits From Rental Real Estate Activit	ies and Low-Income Housing Credi	ts for Property Plac	ed in Service		
Befor	e 1990 (or From Pass-Through Interests Acquire	d Before 1990) (See Lines 2a throu	gh 2c in the instruc	tions.)		
2a	Credits from Worksheet 2, column (a)		2a	1,556,874.		
b	Prior year unallowed credits from Worksheet 2, o	olumn (b)	2b			
С	Add lines 2a and 2b				2c	1,556,874.
-W0	ncome Housing Credits for Property Placed in Se	rvice After 1989 (See Lines 3a thr	ough 3c in the instri	uctions.)		
0 -	Cradita from Waykahast 2 aslumn (a)		1 - 1			
s a b	Credits from Worksheet 3, column (a)	olumn (h)	3a	N. R. Caracteristic Commission Co		
AII O	Add lines 3a and 3b	h 4c in the instructions.)	***************************************		3c	
4 a	Credits from Worksheet 4, column (a)			214,326.		
b	Prior year unallowed credits from Worksheet 4, c	olumn (b)	4h	1,292,115.		
С	Add lines 4a and 4b				4c	1,506,441.
5	Add lines 1c, 2c, 3c, and 4c				5	3,063,315.
6	Enter the tax attributable to net passive income (	see instructions)			6	0.
7	Subtract line 6 from line 5. If line 6 is more than	or equal to line 5, enter -0- and see i	177		7	3,063,315.
	If your filing status is married filing separate do not complete Part II, III, or IV. Instead, g	go to line 37.				
Pa	t II Special Allowance for Renta	I Real Estate Activities V	Vith Active Pa	rticipation		
	Note: Complete this part only if you ha					
8	Enter the smaller of line 1c or line 7				8.	Control Control of the Control of th
9	Enter \$150,000. If married filing separately, see in		9			
10	Enter modified adjusted gross income, but not les					
	If line 10 is equal to or more than line 9, skip line					
11	through 15 and enter -0- on line 16 Subtract line 10 from line 9		10			e a war or common
12	Multiply line 11 by 50% (.50). Do not enter mor	e than \$25 000. If married	11			
	filing separately, see instructions		12			
13a	Enter the amount, if any, from line 10 of					
	Form 8582	13a				
b	Enter the amount, if any, from line 14 of		Malla	t vant		
	Form 8582	13b				
С	Add lines 13a and 13b		13c			
						(*)
4	Subtract line 13c from line 12	water manage construction of the construction	14	DAMES THE BETTER THE SECOND THE SECOND SECON		18 11 (2012)
5 .	Enter the tax attributable to the amount on line 14	(see instructions)			15	
16	Enter the smaller of line 8 or line 15				16	

277	Housing Credits for Property Placed in Service Before 1990 (or Acquired Before 1990)		Pass-Through I	nterest	S
	Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Pa	art IV.			
				477	3 063 315
	Enter the amount from line 7	The second secon	17	3,063,315.	
	Enter the amount from line 16			18	3,063,315.
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V $\dots$	19			
20	Enter the smaller of line 2c or line 19	•		20	1,556,874.
21	Enter \$250,000. If married filing separately, see instructions to find	.	'omo 'o'oo		328
	out if you can skip lines 21 through 26	21	250,000.		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line				
	22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30	22	36,051,893.		
	Subtract line 22 from line 21	23			
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married				
	filing separately, see instructions	24			
25a	Enter the amount, if any, from line 10 of		Marine M. 2007-0411 (See		
	Form 8582 <b>25a</b>				
b	Enter the amount, if any, from line 14 of				
	Form 8582				
C	Add lines 25a and 25b	25c			
	Subtract line 25c from line 24	26			
	Enter the tax attributable to the amount on line 26 (see instructions)	27			
	Enter the amount, if any, from line 18	Agent at the control of the control			
	Subtract line 28 from line 27	L		29	
Pa	Inter the smaller of line 20 or line 29  TIV Special Allowance for Low-Income Housing Credits for Proper Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Page 1	rty Plac	ed in Service A	30 fter 198	9
21	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7			31	
	Enter the amount from line 30			32	
	Subtract line 32 from line 31. If zero, enter -0- here and on line 36			33	
	Enter the smaller of line 3c or line 33			34	
	Tax attributable to the remaining special allowance (see instructions)			35	
33					
00	Enter the smaller of line 34 or line 35			36	
	rt V Passive Activity Credit Allowed				
10.5486.c				F T	
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to	o report the	allowed credit on		
41.7	your tax return and how to allocate allowed and unallowed credits if you have more than one credit of				
	activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partners	hips (PTP	s) in the instructions.	37	0.
Pa	rt VI Election To Increase Basis of Credit Property				
38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable	transaction	, and you		
	elect to increase your basis in credit property used in that activity by the unallowed credit that reduce	d vour basi	s in the		
	property, check this box. See instructions				<b>&gt;</b>
20	Name of passive activity disposed of				
39 40	Description of the credit property for which the election is being made				
41	Amount of unallowed credit that reduced your basis in the property		<b>▶</b> \$		-00 OD -
				Form 85	582-CR (Rev. 01-2012)

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

( promoved water and the control of	Current y		Prior years	Overall gain o	loss	
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
HE EAST 61 ST. COMP		-30,065			-30,0	
HE EAST 61 ST. COMP		-193			-19	
PARK BRIAR ASSOCIATE	65,600			65,600		
O WALL DEVELOPMENT		-144,479			-144,47	
10 WALL DEVELOPMENT	7,347,053			7,347,053		
HUDSON WATERFRONT AS	280,489			280,489		
HUDSON WATERFRONT AS	524,656	504 400		524,656		
DJT HOLDINGS LLC - M	14 900	-501,498			-501,49	
TRUMP PLAZA LLC	14,899 1,315,825			14,899		
TRUMP 845 UN LIMITED	1,315,625	EE 270		1,315,825	55.05	
DJT HOLDINGS LLC - O	20,377	-55,370		00.077	-55,37	
OJT HOLDINGS LLC - O	9,490			20,377		
RUMP MODEL MANAGEME	9,490	-67,209		9,490	07.0	
DJT HOLDINGS LLC - T		-67,209			-67,20	
TIPPERARY REALTY COR		-757			-18	
IPPERARY REALTY COR	20,359	-737		20.250	-75	
PLAZA CONSULTING COR	20,833	-1,269		20,359	4.00	
RUMP PROJECT MANAGE		-9,665			-1,26	
OJT HOLDINGS MM LLC		-9,665			-9,66	
OJT HOLDINGS MM LLC	7,813	-143		7.040	-14	
IFTY-SEVEN MANAGEME	80,429			7,813 80,429		
RUMP CPS CORP	00,423	-2,198		80,429	0.17	
FIRST MEMBER INC		-2,196			-2,19	
DJT HOLDINGS MM LLC	307	-554		307	-35	
RUMP PLAZA MEMBER I	12,112					
RUMP VILLAGE CONST	68,704			12,112 68,704		
RUMP TOWER MANAGING	30,704	-7,651	-	08,704	7.00	
RUMP TOWER MANAGING	111,188	-7,031		111 100	-7,65	
RUMP 845 UN MGR COR	111,100	-1,242		111,188	1.24	
BEACH HAVEN APARMTEN	25,225	-1,242		25,225	-1,24	
SHORE HAVEN APARTMEN	68,250					
RUMP MANAGEMENT INC	00,230	-14,849		68,250	44.04	
RUMP DELMONICO LLC		-5,082			-14,84	
STARRETT CITY ASSOCI	323,214	-5,002		202.044	-5,08	
RUMP PARK AVENUE LL	323,214	5 120		323,214	T 45	
OJT HOLDINGS MM LLC		-5,139 -1,195			-5,13	
OJT HOLDINGS LLC - T	1,995,036	-1,195		4.005.000	-1,19	
OJT HOLDINGS MM LLC	20,355			1,995,036		
OJT HOLDINGS LLC - T	6,505,458			20,355		
OJT HOLDINGS MM LLC	6,303,436	-6		6,505,458		
OJT HOLDINGS MM LLC	145	-0		445		
OJT HOLDINGS LLC - T	140	-34		145		
THT MEMBER LLC		-1,945			-3	
THT COMMERCIAL LLC	548,654	-1,545		F 40 0F 4	-1,94	
JT HOLDINGS LLC -TR	340,034	-542		548,654		
JT HOLDINGS LLC - T	-	-2,153,598			-54	
RUMP MARKS PHILADEL					-2,153,59	
RUMP MARKS WAIKIKI	284,917	-2,772		201.017	-2,77	
RUMP MARKS WAIKIKI	1,957			284,917		
JT HOLDINGS MM LLC	1,957	20		1,957		
JT HOLDINGS MM LLC	<del>                                     </del>	-29			-2	
JT HOLDINGS MINI LLC	+	-22 -4			-2	
RUMP MARKS PHILADEL		-253				
JT HOLDINGS MM LLC	<del>                                     </del>				-25	
JT HOLDINGS LLC -TR		-29 16 000			-2	
JT HOLDINGS LLC - IR		-16,900			-16,90	
JT HOLDINGS MMC LLC	14.040	-172			-17	
JT HOLDINGS LLC - 8  JT HOLDINGS MM LLC	14,210			14,210		
JT HOLDINGS MM LLC	19,129			19,129		
JT HOLDINGS MM LLC	5,646	40		. 5,646		
JT HOLDINGS MM LLC		-18			-1	
	-	-1,764			-1,76	
JT HOLDINGS LLC - T	-	-349			-34	
JT HOLDINGS MM LLC	-	-4				
JT HOLDINGS MM LLC		-6,195			-6,19	
JT HOLDINGS LLC - G		-225,884			-225,88	
JT HOLDINGS MM LLC		-6,510			-6,51	
IELANIA MARKS ACCESS		-1,780			-1,78	
JT HOLDINGS LLC - T		-294			-29	
ELANIA MARKS ACCESS		-137			-13	

	Current		Prior years	Overall gair	or loss	
Name of activity	(a) Net income	(b) Net loss	(c) Unallowed	(d) Gain	(e) Loss	· ·
DJT HOLDINGS MM LLC	(line 3a)	(line 3b) -13	loss (line 3c)		-13	
DJT HOLDINS MM LLC -	652			652		
SC LP SHOPPING CENTE	21,058			21,058		
DJT HOLDINGS LLC - T		-1,247			-1,247	
DJT HOLDINGS LLC - T		-2,666			-2,666 -282,014	
TRUMP INTERNATIONAL TRUMP INTERNATIONAL	2 527 917	-282,014		2,537,817	-282,014	
DJT HOLDINGS MM LLC	2,537,817 1,555			1,555		
DJT HOLDINGS MM LLC	1,555	-13		1,000	-13	
TRUMP FERRY POINT ME	6,320			6,320		
DJT HOLDINGS MM LLC	351			351		
DJT HOLDINGS MM LLC		-27			-27	
DJT HOLDINGS MM LLC		-2,305			-2,305	
TIHH MEMBER CORP	24,220			24,220		
DJT HOLDINGS MM LLC/ DJT HOLDINGS LLC - T	17,415 778,833			17,415 778,833		
DJT HOLDINGS LLC - T	34,400			34,400		
DJT HOLDINGS LLC - T	1,706,855			1,706,855		
DJT HOLDINGS LLC - P	1,7 00,000	-112		.,, .,,	-112	
DJT HOLDINGS LLC - T	126,348			126,348		
DJT HOLDINGS LLC -TR		-349	**		-349	3.60
DJT HOLDINGS LLC - T	152,384			152,384		
DJT HOLDINGS LLC - T	556,576			556,576		
DJT HOLDINGS LLC - T		-1,274			-1,274	
DJT HOLDINGS MM LLC		-4			-4 -1	
DJT HOLDINGS MM LLC DJT HOLDINGS MM LLC	5,679	-1		5,679	-1	
DJT HOLDINGS MM LLC	3,073	-29		0,070	-29	
DJT HOLDINGS MANAGIN	5,114,234			5,114,234		
DJT HOLDINGS MM LLC/	1,289			1,289		
DJT HOLDINGS LLC - T		-32,994			-32,994	
DJT HOLDINGS LLC - T		-2,856			-2,856	
DJT HOLDINGS LLC - T		-2,756,411			-2,756,411	
DJT HOLDINGS LLC - T		-1,560,541			-1,560,541	
DJT HOLDINGS LLC - T		-607,143			-607,143	
DJT HOLDINGS LLC - T		-638,042			-638,042 -586,804	
DJT HOLDINGS LLC - T DJT HOLDINGS LLC - T		-586,804 -6,217			-586,804	
DJT HOLDINGS LLC - T		-313			-313	
DJT HOLDINGS LLC - T		-591			-591	•
DJT HOLDINGS MM LLC		-3			-3	
DJT HOLDINGS MM LLC	*	-63			-63	
DJT HOLDINGS MM LLC		-29			-29	
DJT HOLDINGS MM LLC		-337			-337	
DJT HOLDINGS MM LLC		-40			-40 -1,273,638	
TAG AIR INC DJT HOLDINGS MM LLC		-1,273,638 -6,505			-1,273,636 -6,505	
DJT HOLDINGS MM LLC		-6,505			-6	
DJT.HOLDINGS MM LLC		-28,097			-28,097	
DJT HOLDINGS LLC -		-637,524			-637,524	
DJT HOLDINGS LLC -		-3,944			-3,944	
DJT HOLDINGS MM LLC		-5,987			-5,987	
DJT HOLDINGS MM LLC		-29			-29	
TRUMP MARKS PUNE MAN		-48			-48	
DJT HOLDINGS MM LLC	90.749	-3	•	05.000	-3	
T INTERNATIONAL REAL	33,740	-7,854 -455,454	* 17 3	25,886	-455,454	
DJT HOLDINGS LLC - T		-431			-431	
DJT HOLDINGS LLC - T	1,392,345			1,392,345	101	
DJT HOLDINGS - WHITE	1,002,010	-294		.,	-294	
DJT HOLDINGS JUPITER	14,211	-2,321,503		•	-2,307,292	
DJT HOLDINGS - TRUMP		-17,550,863			-17,550,863	***
DJT HOLDINGS LLC - T		-1,745,543			-1,745,543	*
DJT HOLDINGS LLC - E		-570,001	,		-570,001	
DJT HOLDINGS LLC - D	134,589			134,589		
DT MARKS VANCOUVER L	360,733			360,733	400	
DJT HOLDINGS LLC - T		-406 25 120			-406 -35,129	
DJT HOLDINGS LLC - T DJT HOLDINGS LLC - T	318,377	-35,129		318,377	-35,129	
DJT HOLDINGS LLC - I	310,377	-4		310,077	-4	
DJT HOLDINGS MM LLC	1,373	7		1,373		4.2
DJT HOLDINGS MM LLC	1,5,5	-358			-358	
DJT HOLDINGS MM LLC		-4			4	The state of the s
DJT HOLDINGS MM LLC		-5,816		A CONTRACTOR OF THE PROPERTY O	-5,816	
DJT HOLDINGS MM LLC	3,248			3,248		
DJT HOLDINGS MM LLC		-17,810			-17,810	
HUDSON WATERFRONT AS	3,094,176			3,094,176		
HUDSON WATERFRONT AS	5,789,255			5,789,255	200	
FRUMP 845 UN GP LLC	382,610	-939,632		382,610	-939,632	
DJT HOLDINGS LLC - T DJT HOLDINGS MANAGIN		-939,632			-1,465	•
B45 UN LIMITED PARTN	574,375	-1,400		574,375	1,400	
TRUMP PARK AVENUE LL	5,929,927			5,929,927		
TRUMP PARK AVENUE LL	280,105			280,105		

	Current y		Prior years	Overall gain	or loss
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
TRUMP PARK AVENUE LL	5,584,729	(IIIIe 3b)	loss (line 3c)	5,584,729	
TRUMP PARK AVENUE LL	127,207			127,207	
DT CONNECT II MEMBER	127,207	-6,494		121,201	-6,
DJT HOLDINGS MM LLC		-4			-0,
DJT HOLDINGS MM LLC	-				
		-50			
DJT HOLDINGS MM LLC		-173			-
DJT HOLDINGS MM LLC		-59			
DJT HOLDINGS MM LLC		-4			
DJT HOLDINGS MM LLC		-11			
DJT HOLDINGS MM LLC		-4			
TTTT VENTURE MEMBER		-2,987			-2,
DJT HOLDINGS MM LLC	14,206			14,206	
DJT HOLDINGS MM LLC	998				
DJT HOLDINGS MM LLC	950	04.070		998	
		-61,878			-61
DJT HOLDINGS LLC - T		-349			
DJT HOLDINGS LLC - T		-5,806			-5
DJT HOLDINGS LLC - T		-1,120			-1
DJT HOLDINGS LLC - T		-349			
OJT HOLDINGS LLC - T		-221			
DJT HOLDINGS LLC - P		-16,927			
	07.050	-10,927			-16
DJT HOLDINGS LLC - T	97,856			97,856	
DJT HOLDINGS LLC -TW		-2,194,612			-2,194
DT CONNECT II LLC	The second secon	-611,214			-611
DJT HOLDINGS LLC - T		-6,064,703			-6,064
OJT HOLDINGS MM LLC		-22,392			-22
OJT HOLDINGS MM LLC		-2			-22
OJT HOLDINGS MM LLC	145	-23,686			
	145				-23
DJT HOLDINGS MM LLC		-48		1001	
OJT HOLDINGS MM LLC		-335			
OJT HOLDINGS MM LLC	1,465			1,465	
DJT HOLDINGS MM LLC		-4			
OJT HOLDINGS MM LLC		-9			
OJT HOLDINGS MM LLC	1,513			1,513	
OJT HOLDINGS MM LLC	1,010	-38		1,515	
OJT HOLDINGS MM LLC	-				
		-4			
ID VENTURE II MEMBE		-370			
OJT HOLDINGS MM LLC		-4			
OJT HOLDINGS MM LLC		-4			
ID VENTURE II LLC		-466			
OJT HOLDINGS LLC - D		-392			
OJT HOLDINGS LLC - D	5,714,340	552		F 714 240	
DJT HOLDINGS MM LLC				5,714,340	
	58,304		The second secon	58,304	
DJT HOLDINGS LLC - D		-31,389	6	(545)	-31
OJT HOLDINGS MM LLC		-15,922			-15
RUMP PALACE PARC LL		-132,068			-132
JT HOLDINGS LLC - W	14,964			14,964	
JT HOLDINGS LLC - T		-794			
JT HOLDINGS LLC - T	5,667			5,667	
OJT HOLDINGS LLC - T	0,007	-56		3,007	
OJT HOLDINGS LLC - W					
		-22,475			-22
JT HOLDINGS LLC - T		-81			
JT HOLDINGS LLC - L		-479			
JT HOLDINGS LLC - T		-56			
JT HOLDINGS LLC - T		-1,566			-1
JT HOLDINGS LLC - T		-905			
JT HOLDINGS LLC - T					
	*	187			
JT HOLDINGS LLC - C		-1,704			-1
JT HOLDINGS LLC - D	50,237			50,237	100.2
JT HOLDINGS LLC - T		-353			
JT HOLDINGS LLC - T		-259			
JT HOLDINGS LLC - T		-94,710			-94
					-34
JT HOLDINGS LLC - T		_//J /UE		T.	-42
	*	-42,405			
JT HOLDINGS LLC - T		-113			
JT HOLDINGS LLC - T JT HOLDINGS LLC - T		-113 -25			
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T		-113 -25 -271,309			
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W		-113 -25			-271
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W		-113 -25 -271,309			-271 -117
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D		-113 -25 -271,309 -117,702 -135,740			-271 -117 -135
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D		-113 -25 -271,309 -117,702 -135,740 -32,877		10 540 224	-271 -117 -135
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT	20,305,017	-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653		19,548,364	-271 -117 -135 -32
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307		19,548,364	-271 -117 -135 -32
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987		19,548,364	-271 -117 -135 -32
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC RUMP FERRY POINT LL		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307		19,548,364	-271 -117 -135 -32
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC RUMP FERRY POINT LL		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987		19,548,364	-271 -117 -135 -32 -144 -81
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC RUMP FERRY POINT LL JT HOLDINGS MM LLC		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569		19,548,364	-271 -117 -135 -32 -144 -81
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC RUMP FERRY POINT LL JT HOLDINGS MM LLC		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76		19,548,364	-271 -117 -135 -32 -144 -81
JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC RUMP FERRY POINT LL JT HOLDINGS MM LLC		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741		19,548,364	-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS LLC RUMP FERRY POINT LL JT HOLDINGS MM LLC JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189		19,548,364	-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC/		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189 -1		19,548,364	-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC/		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189		19,548,364	-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D HOLDINGS LLC - D HOLDINGS LLC - D HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC/		-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189 -1		19,548,364	-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC/	20,305,017	-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189 -1			-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T  JT HOLDINGS LLC - T  JT HOLDINGS LLC - T  JT HOLDINGS LLC - W  JT HOLDINGS LLC - D  JT HOLDINGS LLC - D  RUMP EQUITABLE FIFT  JT HOLDINGS MM LLC/  JT HOLDINGS MM LLC/  JT HOLDINGS MM LLC  JT HOLDINGS MM LLC  JT HOLDINGS MM LLC/	20,305,017	-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189 -1 -8			-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - D JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC/	20,305,017	-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189 -1 -8			-271 -117 -135 -32 -144 -81 -1
JT HOLDINGS LLC - T JT HOLDINGS LLC - W JT HOLDINGS LLC - D JT HOLDINGS LLC - D RUMP EQUITABLE FIFT JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC/ JT HOLDINGS MM LLC JT HOLDINGS MM LLC JT HOLDINGS MM LLC/	20,305,017	-113 -25 -271,309 -117,702 -135,740 -32,877 -756,653 -307 -144,987 -81,597 -1,569 -76 -2,741 -1,189 -1 -8			-271 -117 -135 -32 -144 -81 -1

25 6500 65	Current y		Prior years	Overall gain	or loss
Name of activity	(a) Net income	(b) Net loss	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
DJT HOLDINGS MM LLC/	(line 3a)	(line 3b) -16	ioss (iiile 50)		-16
DJT HOLDINGS MM LLC/		-9			-9
DJT HOLDINGS MM LLC/		-2			-2
DJT HOLDINGS MM LLC/		-17		507	-17
DJT HOLDINGS MM LLC/	507			507	-4
DJT HOLDINGS MM LLC/ DJT HOLDINGS MM LLC/		-4 -3		-	
DJT HOLDINGS MM LLC/		-3			
DJT HOLDINGS MM LLC/		-957			-957
DJT HOLDINGS MM LLC/	65,712			65,712	
DJT HOLDINGS MM LLC/		-333			-333
DJT HOLDINGS MM LLC/		-40			-40
DJT HOLDINGS MM LLC/		-29			-29
DJT HOLDINGS MM LLC/		-27,816			-27,816
DJT HOLDINGS MM LLC/		-15,763			-15,763
DJT HOLDINGS MM LLC/		-6,133		11.004	-6,133
DJT HOLDINGS MM LLC/	14,064	70.400		14,064	-78,406
DJT HOLDINGS MM LLC/		-78,406 -3			-70,400
DJT HOLDINGS MM LLC/	144	-23,450			-23,306
DJT HOLDINGS MM LLC/	11,988	-23,430		11,988	20,000
DJT HOLDINGS MM LLC/	206			206	
DJT HOLDINGS MM LLC/		-177,281			-177,281
DJT HOLDINGS MM LLC/		-171			-171
DJT HOLDINGS MM LLC/		-22,168			-22,168
DJT HOLDINGS MM LLC/	988			988	
DJT HOLDINGS MM LLC/		-317			-317
DJT HOLDINGS MM LLC/		-61,260			-61,260
DJT HOLDINGS MM LLC/		-6,445			-6,445
DJT HOLDINGS MM LLC/	144			144	
DJT HOLDINGS MM LLC/		-6,440			-6,440 -428
DJT HOLDINGS MM LLC/		-428			-9,491
DJT HOLDINGS MM LLC/		-9,491 -1,371			-1,371
DJT HOLDINGS MM LLC/		-1,371			-1,57
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/	206			206	
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		59			-59
DJT HOLDINGS MM LCC/		-332			332
DJT HOLDINGS MM LLC/		-4			
DJT HOLDINGS MM LLC/	96			96	
DJT HOLDINGS MM LLC/		-2			
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-4	<del></del>		-18
DJT HOLDINGS MM LLC/		-16			-{
DJT HOLDINGS MM LLC/		-27			-27
DJT HOLDINGS MM LLC/	20,152			20,152	
DJT HOLDINGS MM LLC/	25,132	-13			-13
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/		-4			4
DJT HOLDINGS MM LLC/		-171			-171
DJT HOLDINGS MM LLC/		63			-63
DJT HOLDINGS MM LLC/		-13			-13
DJT HOLDINGS MM LLC/	17,241			17,241	
DJT HOLDINGS MM LLC/	1,276			1,276	
DJT HOLDINGS MM LLC	5,622	3		5,622	-4
DJT HOLDINGS MM LLC/		-4			-355
DJT HOLDINGS MM LLC/	1,539	-333		1,539	-330
DJT HOLDINGS MM LLC/	1,539			151	
DJT HOLDINGS MM LLC/	151			151	
DJT HOLDINGS MM LLC/	347			347	
OJT HOLDINGS MM LLC/		-4			
DJT HOLDINGS MM LLC/		-4			-4
OJT HOLDINGS MM LLC/		-4			4
OJT HOLDINGS MM LLC/	1,359			1,359	
OJT HOLDINGS MM LLC/	12819	-21,754			-21,754
OJT HOLDINGS MM LLC/	11.1	-11			-11
OJT HOLDINGS MM LLC/		-2,282		7.007	2,282
DJT HOLDINGS MM LLC/	7,867			7,867	-5,758
OJT HOLDINGS MM LLC/		-5,758		E7 704	-5,/56
DJT HOLDINGS MM LLC/	57,721	10.040		57,721	-12,842
DJT HOLDINGS MM LLC/		-12,842 -5,927			-12,842
DJT HOLDINGS MM LLC/	3,216	-5,921		3,216	-0,821
DJT HOLDINS MM LLC/L	3,210	-17,632		3,210	-17,632
RPV DEVELOPMENT LLC	6,084	-17,032		6.084	17,302
OONALD J. TRUMP	17,875			17,875	
OJT OPERATIONS LLLC	295,560			295,560	
UI LIVIIUITU I LLU	200,000			1,119,595	

	Current	year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)	. (b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
1094 S. OCEAN AVENUE		-2,885			-2,885	
124 WOODBRIDGE - 124		-1,336			-1,336	
воок	325,074			325,074		

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production DLN: 16221685381668 Passive Activity Credit Limitations Form8582-CR OMB No. 1545-1034 (Rev. January 2012) ▶ See separate instructions. Department of the Treasury ► Attach to Form 1040 or 1041. Internal Revenue Service Sequence No. 89 Identifying r DONALD J & MELANIA<TRUMP Part I Passive Activity Credits Caution: If you have credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions. Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.) Credits from Worksheet 1, column (a) . . . . . . Prior year unallowed credits from Worksheet 1, column (b) Add lines 1a and 1b · · · · · · · · · · · 1c Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.) Credits from Worksheet 2, column (a) 2a Prior year unallowed credits from Worksheet 2, column (b) . . . 2b 2c 1,556,874 Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.) Credits from Worksheet 3, column (a) . . . . . . . . . 3a Prior year unallowed credits from Worksheet 3, column (b) 3b 3c All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.) Credits from Worksheet 4, column (a) Prior year unallowed credits from Worksheet 4, column (b) . . . . 4b 1,292,115 С 1,506,441 3,063,315 6 Enter the tax attributable to net passive income (see instructions) . . . . 6 0 Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions 3.063.315 Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III. 8 Enter the smaller of line 1c or line 7 . . . . . . . 8 9 Enter \$150,000. If married filing separately, see instructions 9 Enter modified adjusted gross income, but not less than zero (see 10 instructions). If line 10 is equal to or more than line 9, skip lines 11 10 Subtract line 10 from line 9 11 . . . . . . . . . . . Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions 12 Enter the amount, if any, from line 10 13a of Form 8582 . . . . . . . 13a Enter the amount, if any, from line 14 of Form 8582 . . . . . . 13b Add lines 13a and 13b. 13c Subtract line 13c from line 12 14 Enter the tax attributable to the amount on line 14 (see instructions) 16 Enter the smaller of line 8 or line 15 . . . . . . . . . . . . . . . 16 For Paperwork Reduction Act Notice, see instructions. Cat. No. 64641R

Form 8582-CR (Rev. 01-2012)

Page	2
1 age	-

Form 8	3582-CR (Rev. 01-2012)		Page 2
Par	t III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-In	come	Housing
12	Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquire Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.	ea Be	erore 1990)
17	Enter the amount from line 7	17	3,063,315
18	Enter the amount from line 16	18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V	19	3,063,315
20	Enter the smaller of line 2c or line 19 · · · · · · · · · · · · · · · · · ·	20	1,556,874
21	Enter \$250,000. If married filing separately, see instructions to find out if		
	you can skip lines 21 through 26		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30		- 1,
23	Subtract line 22 from line 21		
			2
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions		
25a	Enter the amount, if any, from line 10 of Form 8582 25a		180
b	Enter the amount, if any, from line 14 of Form 8582 25b		
С	Add lines 25a and 25b 25c		
	0.14 - 15 - 65 - 64 - 15 - 24		
26	Subtract line 25c from line 24	1	l
27	Enter the tax attributable to the amount on line 26 (see instructions)		
28	Enter the amount, if any, from line 18		
00	Subtract line 28 from line 27	29	ľ
29	Subtract line 26 from line 27	23	
30	Enter the smaller of line 20 or line 29 · · · · · · · · · · · · · · · · · ·	30	0
Par	t IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 19 Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.	89	
31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7 · · · ·	31	
32	Enter the amount from line 30 · · · · · · · · · · · · · · · · · ·	32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36 · · · · · · · · · · · ·	33	
34	Enter the smaller of line 3c or line 33 · · · · · · · · · · · · · · · · · ·	34	
35	Tax attributable to the remaining special allowance (see instructions)	35	
36 -	Enter the smaller of line 34 or line 35	36	• • • •
Par	rt V Passive Activity Credit Allowed		
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions	37	
Par			
38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable tran elect to increase your basis in credit property used in that activity by the unallowed credit that reduced you	our ba	sis in the
	property, check this box. See instructions		
39	Name of passive activity disposed of		
40	Description of the credit property for which the election is being made		
41	Amount of unallowed credit that reduced your basis in the property	Fc	orm <b>8582-CR</b> (Rev. 01-2012)
		10000	

Department of the Treasury

Internal Revenue Service

# Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2017, and ending DEC 31

2017

OMB No. 1545-1668

Attachment Sequence No.

Nan	ne of pers	son filing this return					Filer	's identifyin	g mber	
	DONALI	J. & MELANIA TRUMP								
_										
Filer	r's addres	ss (if you are not filing this form v	with your tax r	return)	A Category	of filer (see Categories of Fi	lers in th	e instructions	and check ap	plicable box(es)):
					1 [	X 2	3		4	
				2 0	B Filer's tax beginning	year JAN 1	20:	17 , and end	ing DEC	31 , 2017
<u>C</u>	Filer's sha	are of liabilities: Nonrecourse \$		Qualified nonre	course financi	ing \$		Other	\$	
<u>D</u> 1	If filer is a	a member of a consolidated group	p but not the p	parent, enter the following i	nformation ab	out the parent:				
1	Name						EIN			
	Address									
<u>E</u> (	Check if a	ny excepted specified foreign fina	ancial assets a	are reported on this form (s	ee instruction	s)				
<u>F</u>	Informatio	on about certain other partners (s	see instruction	ns)						
		(4) Name		(A) A 11				(4)	Check application	able box(es)
		(1) Name		(2) Address		(3) Identifying numb	er	Category 1	Category 2	Constructive owner
			November 1							
G1 N	Name and	l address of foreign partnership						2(a) EIN	(if any)	A CONTRACTOR OF THE PARTY OF TH
								9 8	8-048574	. 4
TRU	MP INT	PERNATIONAL GOLF CLUB						2(b) Refe	rence ID nu	ımber
SCO	TLAND	LIMITED								
C/0	TRUME	ORGANIZATION						3 Country	under who	se laws organized
	YORK,	NY 10022						UNITED I	KINGDOM	
4 0	Date of organizati	on 5 Principal place of business		6 Principal business activity code number	Principal bus	siness 8a	Funct	ional	8b Excha	ange rate nstr.)
	21/200				MUSEMENT		POUNI		(300)	.740000
H F	Provide th	ne following information for the fo	oreign partner:	ship's tax year:				,		/TO C. (1) THE C. (1)
1 1	Vame, add	dress, and identifying number of	agent (if any)	in the United States	2 Check if th	ne foreign partnership i	must fil	e:		
							orm 880		7 Form 106	35 or 1065-B
					Service Ce	enter where Form 1065	or 106	5-B is filed:	333	
3 1	Name and	address of foreign partnership's	agent in cour	ntry of organization, if any	4 Name and a	ddress of person(s) with cu and the location of such bo	stody of	the books and	records of th	e foreign
						ANIZATION C/O				
4					NEW YORK,	NY 10022				
5	Were ar	ry special allocations made by the	e foreign partr	nership?					. Yes	X No.
6	Enter th	e no. of Forms 8858, Info Return	of U.S. Perso	ons With Respect To Foreign						
7		this partnership classified under t						PRIVATE	LIMITED	CO
8a		e filer have an interest in the fore				reign partnership, that	is a sen	arate		************
		der Reg. 1.1503(d)-1(b)(4) or par							Yes	X No
ь		does the separate unit or combin							Yes	No
9	Does th	is partnership meet <b>both</b> of the fo	ollowina requi	rements?		``	.(=)(=)(	,.		
	<ul><li>Ine pa</li></ul>	artnership's total receipts for the alue of the partnership's total ass	tax year were	less than \$250,000 and	on Od maillian				Yes	X No
	If "Yes,"	do not complete Schedules L, M	-1, and M-2.	of the tax year was less tha	an Di million.	ſ			103	NO
Sign I	Here If You	Under penalties of perjury, I declare th	at I have examin	ed this return, including accomp	anying schedule	s and statements, and to th	e best of	my knowledg	e and belief, i	t is true,
Are Fi	iling	correct; and complete. Declaration of	preparer (other th	han general partner or limited liab	oility company m	ember) is based on all-infor	mation o	f which prepar	rer has any kn	owledge.
Separ	rately Not With								1 📐	
Your	Tax	Signature of general partner or	limited liability c	ompany member	-				-	Date
u.uli		Print/Type preparer's name		Preparer's signature		Date	T.	h	PTIN	- Late
Pai	id						1	heck · i	II	(2)
	LUMIU I	DONALD BENDER						E-100	1.5	
Use		Firm's name MAZARS USA	A T.T.P	1			l rivert	- FINI N	12 145	0550
Onl		Firm's address				Ammonto e e e e e e e e e e e e e e e e e e e	2000	EIN >	13-145	J J J U
	-	WOODBURY, NY 11797-200	0.3	-			Phone		100 10	0.0
energy poets		1 12121 200					I	( O T O )	488-12	UU

Scl	redul		Interest. Check the boxes that apply to the filer. If you ch					
			number (if any) of the person(s) whose interest you constru		msuucu	U115.		
		a X Owns a direct interest	b Owns a construc	tive interest I			Check if	Check if
		Name	Address	Identifying n	umber (if a	iny)	foreign person	direct partner
					************			
Include:				<u> </u>				
Scl	redul	e A-1 Certain Partners of Foreign Partnersh	p (see instructions)					Check if
		Name	Address	Identify	ying numbe	er (if any)		foreign person
					Season to the se			
		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE						
							- Tyr	٦
		partnership have any other foreign person as a dire	ect partner?	una a direct inter		Yes	X	No
Scl	redul		ps (foreign or domestic) in which the foreign partnership o	wiis a direct iiiter	EST OI			<u>.</u> .
-		indirectly owns a 10% interest.		EIN	T	Total o	rdinary	Check
		. Name	Address	(if any)		income		partner
00000								
	MANUAL INC.							
	redul			ore information				
Cau	ion:	include only trade or business income and expens	es on lines 1a through 22 below. See the instructions for m	ore information.				
		Cross resolute or colon	1a					
		Gross receipts or sales  Less returns and allowances	1b		1c			•
	2			44.	2			
Φ	3				3	-		
Income	4		estates, and trusts (attach statement)		4			
Ĕ	5		040))		5			
	6	Net gain (loss) from Form 4797, Part II, line 17 (a	ittach Form 4797)		6		2 221	E 002
	7	Other income (loss) (attach statement)	STATEMEN'	L. 97	7		3,32	5,902.
		Table 1 Combine lines 2 Have us 5 7		* 1	8		3 32	5,902.
	8		employment credits)		9			
	9		employment distances	4	10			
	11				11			
tions)	12				12			
nimit.	13				13			
ons for	14	Taxes and licenses			14			
tructic	15			The second of th	15	-		
(see instructions for limitations)	16 a	Depreciation (if required, attach Form 4562)		1,035,126.			1 02	5 126
	L	Less depreciation reported elsewhere on return			16c		1,03	5,126.
Deductions	17		, , , , , , , , , , , , , , , , , , ,		17			
que	18	Ketirement plans, etc.			19		· .	
De	19	Other deductions (attach statement)	STATEMEN	т 63	20		4,47	8,460.
	20	Ortioi degagnione (arragni eratornein)						
	21	Total deductions. Add the amounts shown in the	far right column for lines 9 through 20		21		5,51	3,586.
	Π				1- 1-6		Q15 Screen	
	22	Ordinary business income (loss) from trade or h	ousiness activities. Subtract line 21 from line 8		22	-	-2,18	7,684.

Sc	hedu	e K Partners' Distributive Share Items		невень
				Total amount
Marie III Securi	1	Ordinary business income (loss) (page 2, line 22)	1	-2,187,684.
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3 a	Other gross rental income (loss) 3a		
Income (Loss)	b	Expenses from other rental activities (attach statement) 3b		
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments .	4	
	5	Interest income	5	
	6	Dividends: a Ordinary dividends	6a	
је (		b Qualified dividends 6b		
com	7	Royalties	7	
Ĕ	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	7
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)		THE STATE OF THE S
	C	Unrecaptured section 1250 gain (attach statement)		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type	11	
	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13 a	Contributions	13a	
icti	ь	Investment interest expense	13b	
edt	С	Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)	
Ω	d	Other deductions (see instructions) Type	13d	
. 5.		Net earnings (loss) from self-employment	14a	
Self- Employ-	ь	Gross farming or fishing income	14b	The state of the s
Ema	C	Gross nonfarm income	14c	
	15 a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	THE PARTY OF THE P
D.	d	Other rental real estate credits (see instructions) Type	15d	
•	е	Other rental credits (see instructions)	15e	
	f	Other credits (see instructions)	15f	
	16 a	Name of country or U.S. possession VNITED KINGDOM	1.481	
	b	Gross income from all sources	16b	
S	c	Gross income sourced at partner level	16c	
sactions		Foreign gross income sourced at partnership level		
sac	d	Passive category    General category   3,325,902. f Other (att. stmnt.)	16f	
aus		Deductions allocated and apportioned at partner level		
Foreign Trans	g	Interest expense ► h Other ►	16h	
· ig	, .	Deductions allocated and apportioned at partnership level to foreign source income		
ore	i	Passive category 5,417,364. k Other (att. stmnt.)	16k	
-	- 1	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	161	
	m	Reduction in taxes available for credit (attach statement)	16m	
	<u>n</u>	Other foreign tax information (attach statement)		
	17 a	Post-1986 depreciation adjustment	17a	
Alternative Minimum Tax (AMT) Items	b	Adjusted gain or loss	17b	
nati Im Ite	C	Depletion (other than oil and gas)	17c	
Fire	d	Oil, gas, and geothermal properties - gross income	17d	
A F	е	Oil, gas, and geothermal properties - deductions	17e	
	f_	Other AMT items (attach statement)	17f	
	18 a	Tax-exempt interest income	18a	
ı,	b	Other tax-exempt income	18b	
atic	С	Nondeductible expenses	18c	13,004.
E.	.19 a	Distributions of cash and marketable securities	19a	
Other Information	b	Distributions of other property	19b	300000000000000000000000000000000000000
ē	20 a	Investment income	20a	
Oth	b	Investment expenses	20b	
		Other items and amounts (attach statement)		Partra

		Beginning of ta	x year	End of tax ye	ear
	Assets	(a)	(b)	(c)	(d)
1 Cash			187,252.		179,576.
	and accounts receivable	0.000		1600	
b Less allowan	nce for bad debts				
3 Inventories			168,333.		257,211.
4 U.S. governn	ment obligations				
5 Tax-exempt :	securities				
6 Other curren	t assets (attach statement)	STMT 66	10,559.		89,774.
7a Loans to par	tners (or persons related to				
partners)					
	d real estate loans	The second secon			
8 Other investr	ments (attach statement)		102		
9a Buildings and	d other depreciable assets	25,779,116.		22,274,749.	
	lated depreciation		19,982,630.	1,019,786.	21,254,963.
10a Depletable as	ssets			180 H	
	ılated depletion				The state of the s
	any amortization)	「100mm からない自然のようとかないからなっておりましてものようとはあったとのできたがあったが、	11,469,361.		12,585,299.
12a Intangible as	sets (amortizable only)			•	
b Less accumu	lated amortization				
13 Other assets	(attach statement)	STMT 65	12,907,113.		10,155,014.
14 Total assets			44,725,248.		44,521,837.
Liabilit	ties and Capital				
15 Accounts pay	yable		307,034.		454,866.
16 Mortgages, not	es, bonds payable in less than 1 yea				
17 Other current	t liabilities (attach statement)	STMT 64	384,185.		422,546.
18 All nonrecour	rse loans		19 (19)		
	tners (or persons related to partners)				
b Mortgages, not	es, bonds payable in 1 year or more				
20 Other liabilitie	es (attach statement)	STMT 67	45,331.		29,936.
21 Partners' cap	ital accounts		43,988,698.		43,614,489.
	es and capital	THE RESIDENCE OF THE CONTRACT OF THE PROPERTY	44,725,248.		44,521,837.

Form 8865 (2017)

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	ns listed in columns (a) throug		I I I I I I I I I I I I I I I I I I I	140 b 115
Transactions of . foreign partnership	(a) U.S. person filing this return	(b) Any democile corporation or partnership controlling or controlled by the U.S. person filing this return	(a) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
				oral parasir ming the return
1 Sales of inventory				
2 Sales of property rights				
(patents, trademarks, etc.)			м;	
3 Compensation received for				
technical, managerial,				
engineering, construction,			· ·	
or like services	Mark Control of the C			
4 Commissions received				
5 Rents, royalties, and				
license fees received				
6 Distributions received				
7 Interest received				
8 Other				
			The state of the s	
9 Add lines 1 through 8				
AND THE STATE OF T				
10 Purchases of inventory				
11 Purchases of tangible				
property other than				
inventory				*
12 Purchases of property rights				
(patents, trademarks, etc.)		1		VALUE (1997)
13 Compensation paid for				The same state of the same sta
technical, managerial,				
engineering, construction,				19.
or like services				
14 Commissions paid				
15 Rents, royalties, and	ACTOR SOCIETY OF THE		- The state of the	
license fees paid				
16 Distributions paid			The state of the s	
17 Interest paid	***************************************			
,				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter				
the maximum loan balance				
during the year). See				
instructions				
21 Amounts loaned (enter the				
maximum loan balance				
during the year). See		1 8		
instructions				

Form 8865 (2017)

Schedule M Balance Sheets for Interest A	Allocation			
			(a) Beginning of Lax year	(b) End of lax yeal
2 Total foreign assets:			44 725 249	44 402 277
a Passive category			44,725,248.	44,492,277.
<b>b</b> General category				
c Other (attach statement)			d if Itam IIIO page 1 is anowated "V	/oc "\
Schedule M-1 Reconciliation of Income (Lo	ss) per Books With Income (	T	d if Item H9, page 1, is answered "Y	es. )
		6 Income recorded on boo	THE THE PERSON NAMED IN TH	
1 Net income (loss) per books		year not included on Sc		
2 Income included on Schedule K,		lines 1 through 11 (item	50.	
lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11		a Tax-exempt interest \$_		
not recorded on books this year	(P 1 1 1 2	- Company of the Comp		
(itemize):		7 Deductions included on	200000000000000000000000000000000000000	
3 Guaranteed payments (other		K, lines 1 through 13d, a		
than health insurance)	The annihological and the second second second second	charged against book in	1	
4 Expenses recorded on books				
this year not included on	(42) 8e	a Depreciation \$		
Schedule K, lines 1 through 13d,	/ <b>*</b>	and the second s		
and 16l (itemize):				
a Depreciation \$				
b Travel and entertainment \$		8 Add lines 6 and 7		
		9 Income (loss). Subtract	line 8	
5 Add lines 1 through 4		from line 5		
Schedule M-2 Analysis of Partners' Capital	Accounts. (Not required if Ite	em H9, page 1, is answered "Yes	5.")	
1 Balance at beginning of year	41,778,369.	6 Distributions: a Cash		
2 Capital contributed:		b Prope	erty	
a. Cash	1,836,120.		e):	
b Property			245 284	
3 Net income (loss) per books				
4 Other increases (itemize):				
		8 Add lines 6 and 7		
a gram market all care a	Name and American American States	9 Balance at end of year. S	6 3 5 C	
5 Add lines 1 through 4	43,614,489.	T		43,614,489.

TRUMP INTERNATIONAL GOLF CLUB

**Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMD No. 1545-0172

Attachment Sequence No. 179

Identifying number

DONALD J. & MELANIA TRUMP

Dusiness or activity to which this form relates

TRUMP INTERNATIONAL GOLF CLUB

SCOTLAND

P	art   Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	u have anv li	sted pr	operty.	complete Part	V before	vou complete Part I
1	Maximum amount (see instructions)								
2	Total cost of section 179 property placed in service (see instructions)							2	
3							3		
4	4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-								
				*********					
6	(a) Description of pr			(b) Cost (busin			(c) Elected		
ATTICAL									
								1000	
							· · · · · · · · · · · · · · · · · · ·		
estel 15 67		The state of the s		assante e prosenti a patrona en	-				
7	Listed property. Enter the amount from	line 29				7		0	
	Total elected cost of section 179 prope							8	A SERVICE OF THE PROPERTY OF
9	Tentative deduction. Enter the smaller	of line 5 or line 8					• • • • • • • • • • • • • • • • • • • •	9	
10	Carryover of disallowed deduction from	line 13 of your 20	016 Form 456	2				10	
11	Business income limitation. Enter the s	maller of business	income (not l	ess than zer	o) or lir	ne 5		11	
12	Section 179 expense deduction. Add li	nes 9 and 10, but	don't enter m	ore than line	11			12	
	Carryover of disallowed deduction to 2					13			
No	te: Don't use Part II or Part III below for	listed property. In:	stead, use Pa	rt V.					246646110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-35110-3511
P	art II Special Depreciation Allowa	nce and Other De	epreciation (I	Oon't includ	e listed	proper	tv.)		
14	Special depreciation allowance for qual								
	the tax year			30 A) 7001.174			0	14	
15	Property subject to section 168(f)(1) ele							15	
	Other depreciation (including ACRS)							16	
P	art III MACRS Depreciation (Don't	include listed pro	perty.) (See in	structions.)				. 1 10	
	*		Sec	tion A					
17	MACRS deductions for assets placed in	n service in tax yea						17	
	MACRS deductions for assets placed in If you are electing to group any assets placed in serving to group any assets placed in the		ars beginning	before 2017			<b>&gt;</b>	17	
	If you are electing to group any assets placed in servi	ce during the tax year in	ars beginning	before 2017	ints, chec	k here	▶ □		
		ce during the tax year in	ars beginning	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here	▶ □		tem
	If you are electing to group any assets placed in servi Section B - Assets  (a) Classification of property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery	eral Deprecia	tion Sys	tem
18	Section B - Assets  (a) Classification of property  3-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery	eral Deprecia	tion Sys	tem
192	Section B - Assets  (a) Classification of property  3-year property  5-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery	eral Deprecia	tion Sys	tem
18 19a	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery	eral Deprecia	tion Sys	tem
19a	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery	eral Deprecia	tion Sys	tem
19a	If you are electing to group any assets placed in serving Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 15-year property 15-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery	eral Deprecia	tion Sys	tem
19a b c c d	If you are electing to group any assets placed in servi  Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t	k here he Gene Recovery period	eral Deprecia	tion Sys (f) Method	tem
19a b c c d e f g	Section B - Assets  (a) Classification of property  3-year property  7-year property  10-year property  15-year property  20-year property  20-year property  25-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	Jsing t (d) F	k here he Geno Recovery period	eral Depreciation (e) Convention	(f) Method	tem
19a b c c d e f	If you are electing to group any assets placed in serving Section B - Assets  (a) Classification of property  a. 3-year property b. 5-year property c. 7-year property c. 10-year property c. 15-year property c. 20-year property c. 25-year property c. 25-year property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	young the control of	k here he Gene Recovery period  5 yrs. 5 yrs.	(e) Convention	(f) Method S/L S/L	tem
19a b c c d e f g h	Section B - Assets  (a) Classification of property  3-year property  7-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	25 27	he General According to the General According	(e) Convention	(f) Method S/L S/L S/L	tem
19a b c c d e f g	If you are electing to group any assets placed in servi Section B - Assets  (a) Classification of property  3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 25-year property Residential rental property	Placed in Service (b) Month and year placed	ars beginning to one or more ger e During 201 (c) Basis for (business/inv	before 2017 neral asset accounty 7 Tax Year Under the depreciation estment use	25 27	k here he Gene Recovery period  5 yrs. 5 yrs.	(e) Convention  MM  MM  MM	S/L S/L S/L S/L	tem
19a b c c d e f g h	Section B - Assets  (a) Classification of property  a 3-year property  5-year property  10-year property  20-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	ce during the tax year in  Placed in Service  (b) Month and year placed in service	ars beginning to one or more ger e During 201 (c) Basis for (business/inv only - see ir	before 2017 neral asset accou 7 Tax Year U depreciation estment use structions)	25 27 27	bk here  he Gene Recovery beriod  5 yrs. 5 yrs. 5 yrs. 9 yrs.	(e) Convention  MM  MM  MM  MM	s/L S/L S/L S/L S/L	tem  (g) Depreciation deduction
19a b c c d e f g h	Section B - Assets  (a) Classification of property  3-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P	ce during the tax year in  Placed in Service  (b) Month and year placed in service	ars beginning to one or more ger e During 201 (c) Basis for (business/inv only - see ir	before 2017 neral asset accou 7 Tax Year U depreciation estment use structions)	25 27 27	bk here  he Gene Recovery beriod  5 yrs. 5 yrs. 5 yrs. 9 yrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L	tem  (g) Depreciation deduction
19ab de e f g	If you are electing to group any assets placed in servi Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property 4 15-year property 20-year property Nonresidential rental property Nonresidential real property Section C - Assets P	ce during the tax year in  Placed in Service  (b) Month and year placed in service	ars beginning to one or more ger e During 201 (c) Basis for (business/inv only - see ir	before 2017 neral asset accou 7 Tax Year U depreciation estment use structions)	25 27 27 30 0	by yrs.  5 yrs.  5 yrs.  5 yrs.  6 yrs.	(e) Convention  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L	tem  (g) Depreciation deduction
19a b c c d e e f g h i	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property 21-year property Nonresidential rental property Nonresidential real property Class life 12-year	ce during the tax year in  Placed in Service  (b) Month and year placed in service	ars beginning to one or more ger e During 201 (c) Basis for (business/inv only - see ir	before 2017 neral asset accou 7 Tax Year U depreciation estment use structions)	25 27 27 30 0 sing the	bk here  he Gene Recovery beriod  5 yrs. 5 yrs. 5 yrs. 9 yrs. e Altern.	eral Depreciation  (e) Convention  MM  MM  MM  MM  MM  MM  ative Deprecia	S/L	tem  (g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  25-year property  Nonresidential rental property  Section C - Assets P  Class life  12-year	ce during the tax year in  Placed in Service  (b) Month and year placed in service	ars beginning to one or more ger e During 201 (c) Basis for (business/inv only - see ir	before 2017 neral asset accou 7 Tax Year U depreciation estment use structions)	25 27 27 30 0 sing the	by yrs.  5 yrs.  5 yrs.  5 yrs.  6 yrs.	(e) Convention  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L	tem  (g) Depreciation deduction
19a b c c d d e e f i i 20a b c C P a	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets P Class life 12-year 40-year Summary (See instructions.)	ce during the tax year in  Placed in Service  (b) Month and year placed in service  /	ars beginning to one or more ger e During 201  (c) Basis for (business/inv only - see in	before 2017 neral asset accounty Tax Year Users I asset Accoun	25 27 27 36 0	bk here  he Geno Recovery beriod  5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eral Depreciation  (e) Convention  MM  MM  MM  MM  MM  MM  ative Deprecia	S/L	tem  (g) Depreciation deduction  stem
19a bb cc de e f i i cc Pa 20a 21	Section B - Assets  (a) Classification of property  a 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 240-year Act IV Summary (See instructions.) Listed property.	ce during the tax year in Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service	ars beginning to one or more ger e During 20 17 (c) Basis for (business/inv only - see ir	before 2017 neral asset accour 7 Tax Year U depreciation estment use istructions)	25 27 27 27 39 0	bk here he Gene Recovery beriod  5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eral Depreciation  (e) Convention  MM  MM  MM  MM  MM  MM  ative Deprecia	S/L	tem  (g) Depreciation deduction  stem
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property 25-year property Nonresidential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year Act IV Summary (See instructions.) Listed property. Bection B - Assets P Total. Add amounts from line 12, lines	ce during the tax year in Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service  (f) Month and year placed in service	ars beginning to one or more gere During 201  (c) Basis for (business/invonly - see in	before 2017 neral asset accour 7 Tax Year U depreciation estment use structions)  Fax Year Us  ax Year Us	28 27 27 39 0 sing the	bk here he Geno Recovery period  5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eral Depreciation  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	tem  (g) Depreciation deduction  stem
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Nonresidential rental property  Nonresidential real property  Class life  12-year  40-year  Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines  Enter here and on the appropriate lines	ce during the tax year in Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service	ars beginning to one or more ger e During 201  (c) Basis for (business/inv only - see in	before 2017 neral asset accounty Tax Year Usepreciation estment use structions)  Tax Year Usepreciation estment use structions estment estme	28 27 27 39 0 sing the	bk here he Geno Recovery period  5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eral Depreciation  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	tem  (g) Depreciation deduction  stem
19a b c c c c c c c c c c c c c c c c c c	Section B - Assets  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property 25-year property Nonresidential rental property Nonresidential real property Section C - Assets P Class life 12-year 40-year Act IV Summary (See instructions.) Listed property. Bection B - Assets P Total. Add amounts from line 12, lines	ce during the tax year in Placed in Service  (b) Month and year placed in service  (c) Month and year placed in service  (d) Month and year placed in service  (e) Month and year placed in service  (e) Month and year placed in service  (f) Month and year placed in service  (g) Month and year placed in service  (h) Month and year placed in service  (e) Month and year placed in service  (h) Month and year placed	to one or more gere Puring 201  (c) Basis for (business/invonly - see in puring 2017  During 2017  During 2017	peral asset accourty Tax Year User I account (g) If S corporation column (g) If S corporation content the	28 27 27 39 0 sing the	bk here he Geno Recovery period  5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	eral Depreciation  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	tem  (g) Depreciation deduction  stem

Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24b If "Yes," is the evidence written? No Yes 24a Do you have evidence to support the business/investment use claimed? Yes (i) Elected (b) (c) (e) (d) Date Business/ Basis for depreciation Depreciation Recovery Method/ Type of property Cost or section 179 (business/investment placed in investment period Convention deduction (list vehicles first) other basis use percentage use only) cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use S/L-% S/L -% S/L-% 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the	(a Veh		(b Veh	Š.	(c Veh	Ž.,	(c Veh	Ď.,	(e Veh		(f Veh	1
55 67	year (don't include commuting miles)  Total commuting miles driven during the year  Total other personal (noncommuting) miles driven	(4)											Aug. Paul
	Total miles driven during the year.  Add lines 30 through 32  Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
15 A	during off-duty hours? Was the vehicle used primarily by a more	165	NO			103	No						
36	than 5% owner or related person?  Is another vehicle available for personal use?								- Anna				

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?	#1000 PBF 11840 PB	
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes." don't complete Section B for the covered vehicles.		100

Part VI Amortization (a) Description of costs	(b) Date amortization bagins	(c) Amortizable amount	(d) Code section	(e) Amortiza period or per		(f) Amortization for this year	14
42 Amortization of costs that begins durin	g your 2017 tax year:					ATTOMAS TO STATE OF THE STATE O	
43 Amortization of costs that began befor	e your 2017 tax year				43	r and r area.	
44 Total. Add amounts in column (f). See		re to report	·		44		10017

# Foreign Taxes

Na		partnership/corporation		Employer identification number
		MP INTERNATIONAL GOLF CLUB		
_	SCO	TLAND LIMITED		98-0485744
a	Name	of foreign country or U.S. possession	UNITED KINGDOM	-
b	Total	gross income sourced at shareholder/partner level	***************************************	
C	Total	gross income sourced at corporate/partnership level:		
	(1)	Passive category		
	(2)	General category		3,325,902.
	(3)	Section 901(j) income		The state of the s
	(4)	Income re-sourced by treaty		
	(5)	Other income		
d	Dedu	ctions allocated and apportioned at shareholder/partner level:		
	(1)	Interest expense		
	(2)	Other		
е	Dedu	ctions allocated and apportioned at corporate/partnership level:		The state of the s
	(1)	Passive category		
	(2)	General category		5,417,364.
	(3)	Section 901(j) income		The state of the s
	(4)	Income re-sourced by treaty		
	(5)	Other income		
f		foreign taxes - Paid Accrued		
		ction in taxes available for credit		

¥

Statement of Specified Foreign Financial Assets

Go to www.irs.gov/Form8938 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Attach to your tax return. For calendar year 2017 or tax year beginning

Attachment Sequence No. 175

lf you ha	ave attached continua	ation statements, check here	Nui	mber of continuat	tion state	ments	
1 Name(s) shown on re	eturn			2 TIN			
DONALD J. & MELANIA	TRUMP						
3 Type of filer							
a X Specified in	dividual b	Partnership c	Corporati	on	d [	Trust	(4)
4 If you checked box 3	Ba, skip this line 4. If yo	u checked box 3b or 3c, enter the	name and TIN	of the specified in	dividual v	vho closely	holds the
partnership or corpo	ration. If you checked I	box 3d, enter the name and TIN of	the specified p	erson who is a cu	rrent ben	eficiary of th	ne trust.
(See instructions for	definitions and what to	do if you have more than one spe	cified individua	al or specified pers	on to list.	.)	
a Name				b TIN			
		dial Accounts Summary					
1 Number of Deposit A	ccounts (reported in P	art V)			<b>&gt;</b>		
2 Maximum Value of A					\$		
		Part V)					
Control of the Contro	II Custodial Accounts				\$		
5 Were any foreign dep	posit or custodial accor	unts closed during the tax year?				Yes	No
Part II Other Fore							
Name of the last o	ssets (reported in Part				<u> </u>	****	T-07000000
	Il Assets (reported in P	7			\$	7	
3 Were any foreign ass	ets acquired or sold du	uring the tax year?	<u></u>		<u></u> L	Yes	No
Part III Summary	of Tax Items Attri	butable to Specified Forei	gn Financia				
(-) A+ O-+	# N T '1	(c) Amount reported on form or schedule			e reporte		
(a) Asset Category	(b) Tax item		(d) Fo	orm and line		(e) Schedul	e and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$					
oustodial Accounts	1b Dividends	\$					
	1c Royalties	\$				-	
	1d Other income	\$					
543	1e Gains (losses)	\$					
	1f Deductions	\$					manuscript
PARTY STREET, CO., CO., CO., CO., CO., CO., CO., CO.	1g Credits	\$					
2 Other Foreign Assets	2a Interest	\$					
	2b Dividends	\$		Sine			- Commence
	2c Royalties	\$					
	2d Other income	\$					
	2e Gains (losses)	\$					Maria de la composição de
	2f Deductions	\$					
Dort IV E	2g Credits	\$	L			*****************	
		Financial Assets (see inst		, . ,	1		
If you reported specified for	oreign financial assets	on one or more of the following for	ms, enter the r	number of such for	rms filed.	You do not	need to
include these assets on Fo							
1. Number of Forms 3520		<ol><li>Number of Forms 3520-A</li></ol>		3. 1	Number o	f Forms 547	711
<ol><li>Number of Forms 8621</li></ol>		5. Number of Forms 8865	1				
Part V Dotailed In	formation for Ea	ob Foreign Danasit and O	:_I A			D 110	······································
(see instruc		ch Foreign Deposit and Cເ	istodiai Acc	count included	in the	Part I St	ummary
				1.12.2			
		art V, attach a continuation statem			Application of the second		***************************************
1 Type of account	Deposit	Custodial	2	Account number of	or other d	esignation	
3 Check all that apply	a Account ope	ened during tax year <b>b</b>	Account close	d during tay year			
- oos., an indiappry				d during tax year ported in Part III w	ith respe	ct to this as	eet
4 Maximum value of ac	count during tax year	itiy ewiled with apodde u				or to tillo do	ioo L
		te to convert the value of the acco				Yes	No
	" to line 5, complete al				<u> </u>		
(a) Foreign currency		(b) Foreign currency exchange ra	ite used to	(c) Source of exc	change ra	ite used if n	ot from U.S.
is maintained		convert to U.S. dollars	orano geometralio FORICO	Treasury Departm			
Virginianian anna anna anna anna anna anna	41. T. T. T. T. J.			-			

P	art V Detailed Information for Each Foreign Deposit and Custo (see instructions) (continued)	odial Account Included in the Part I Summary
7a	Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
8	Mailing address of financial institution in which account is maintained. Number, st	reet, and room or suite no.
9	City or town, state or province, and country (including postal code)	
	art VI Detailed Information for Each "Other Foreign Asset" Inc	
If yo	ou have more than one asset to report in Part VI, attach a continuation statement fo	
1		dentifying number or other designation
3	Complete all that apply. See instructions for reporting of multiple acquisition or dis	
	a Date asset acquired during tax year, if applicable	
ŀ	Date asset disposed of during tax year, if applicable	
(		ck if no tax item reported in Part III with respect to this asset
4	Maximum value of asset during tax year (check box that applies)  a	d  \$150,000
5	Did you use a foreign currency exchange rate to convert the value of the asset int	
6	If you answered "Yes" to line 5, complete all that apply.	o o.o. dollaro
<u> </u>	(a) Foreign currency in which asset is denominated  (b) Foreign currency exchange rate to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S.  Treasury Department's Bureau of the Fiscal Service
7 a c d	If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity  Name of foreign entity  Type of foreign entity  (1) Partnership  (2) Co  Mailing address of foreign entity. Number, street, and room or suite no.	ty, enter the following information for the asset.  b GIIN (Optional)  rporation  (3) Trust  (4) Estate
.8	City or town, state or province, and country (including postal code)  If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity or an interest in a foreign entity or an interest in a	
	<b>Note.</b> If this asset has more than one issuer or counterparty, attach a continuation or counterparty (see instructions).	statement with the same information for each additional issuer
а	Name of issuer or counterparty	
	Check if information is for Issuer Counterparty	A
		The state of the s
b	Type of issuer or counterparty  (1) Individual (2) Partnership (3) Co	rporation (4) Trust (5) Estate
С	Check if issuer or counterparty is a U.S. person Foreign	person
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.	
е	City or town, state or province, and country (including postal code)	
		Form <b>8938</b> (2017)

Form 1116	U.S. and Foreign Sou	rce Income Summa	ry	
NAME				and the second s
DONALD J. & MELANIA TRUMP				
INCOME TYPE	- PE	TOTAL	11.0	FOREIGN GENERAL
Compensation		373,629.	U.S. 373,629.	GENERAL
Dividends/Distributions	SEE STATEMENT 89	21,984.	13,838.	0 146
Interest	DDD DIMIDMENT 09	6,758,494.	6,758,494.	8,146.
Capital Gains		12,206,298.		
Business/Profession	an B F		12,206,298.	
Rent/Royalty	¥	2,265,119.	2,265,119.	
		745,037.	745,037.	
State/Local Refunds	CDP CENTRONE 00	046 450 740	460 550 000	55 005 000
Partnership/S Corporation	SEE STATEMENT 90	216,158,712.	160,772,909.	55,385,803.
Trust/Estate		-5,848.	-5,848.	2
Other Income		32,791,662.	32,791,662.	Maria Ma
Gross Income		271,315,087.	215,921,138.	55,393,949.
Less:				
Section 911 Exclusion	Ÿ.			
Capital Losses		4,678,000.	4,678,000.	
Capital Gains Tax Adjustment		,		
Total Income - Form 1116	_	266,637,087.	211,243,138.	55,393,949.
			y.	
Deductions:				
Business/Profession Expenses		137,638,421.	96,228,569.	41,409,852.
Rent/Royalty Expenses		214,663.	214,663.	
Partnership/S Corporation Losses		96,629,569.	85,471,286.	11,158,283.
Trust/Estate Losses	¥	5,848.	5,848.	
Capital Losses				
Non-capital Losses				a
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction		. 97,548.	97,548.	
Self-employment Health Insurance			te ts at as	
Keogh Contributions				
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments		44,979,682.	44,979,682.	
Capital Gains Tax Adjustment		44,575,002.	44,575,002.	
Provided Bodic and Montal Architectures of Provided Research Section 1997		279,565,731.	226,997,596.	F2 F60 13F
Total Deductions		279,365,731.	226,997,596.	52,568,135.
Adjusted Gross Income	_	-12,928,644.	-15,754,458.	2,825,814.
Less Itemized Deductions:				
Specifically Allocated				
Home Mortgage Interest				
Other Interest		881,759.	881,759.	
		9,356,162.		1 010 255
Ratably Allocated Total Adjustments to Adjusted Gross Incor	me —	10,237,921.	7,445,907. 8,327,666.	1,910,255. 1,910,255.
an ever a section ( ) - Control and Consulting to dept. The CONTROL and CONTRO			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Taxable Income Before Exemptions	· The control of the	-23,166,565.	-24,082,124.	915,559.

### Form 1116

# **Allocation of Itemized Deductions**

NAME

DONALD J. & MELANIA TRUMP		100			٦
	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
9	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
Taxes	5,243,690.	5,243,690.			5,243,690.
Interest - Not Including Investment Interest	,				
Contributions					
Miscellaneous Deductions Subject to 2%	4,096,981.	4,096,981.		and an arrangement of the control of	4,096,981.
Other Miscellaneous Deductions - Not Including Gambling Losses	15,491.	15,491.			15,491.
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	9,356,162.	9,356,162.			
Add Itemized Deductions Not Subject to Sec. 68:				¥	
Medical/Dental	e III				
Investment Interest	881,759.	881,759.	881,759.	2	
Casualty Losses					
Gambling Losses			·		2
Qualified contributions					~
Foreign Adjustment			6-16 v. T. S. T. S		
Total Itemized Deductions	10,237,921.				
Total Allowed on Schedule A		,10,237,921.	. 881,759.		9,356,162.

Form 1116	Foreign Tax Preference Items		
NAME			The state of the s
DONALD J. & MELANIA TRUMP	7	* *	-
Alternative minimum tax deductions allocation:			
Itemized deductions		15,491.	
Other deductions not directly allocated		0.	
Total alternative minimum tax adjustments		15,491.	
Total foreign source income	55,393,949.		
Total foreign source income Total gross income	271,315,087.		
Ratio of foreign source income to gross income	<del></del>	.204168	
Total foreign source deductions	=	3,162.	
Total deductions allocated to foreign income class:			
	4		2 112
General limitation income Passive income			3,112.
Income re-sourced by treaty			Marian A. A. Physical and Association (Company)

Form 1116	Foreign Wages, Salaries, Business and Pro	fession Income	
NAME			
DONALD J. & MELANIA S Wages and Salaries:	TRUMP		
Trugos una Salarios.			
	Source	Amount	
The state of the s			
Total Foreign Wages and Salar	ies		
Business and Profession Incom	ne:		
	_	A	
A STATE OF THE STA	Source	Amount	æ
Management			
17			
		*	
Total Foreign Business and Pro	ofession Income		
	*		
Reduction for Foreign Earned I	ncome Exclusion/Deduction:		
Total Foreign Wages and Salar	ies		
	ion/Deduction		
Percent Applicable to Foreign V	Vages and Salaries	-	
Reduction Amount			
Wagne and Calarina Included a	on Form 1116, line 1	-	
wayes and Salaries included o	)(		sinaguna 444 mar -
	ofession Income		
	ion/Deduction Business and Profession Income		
. S. soitt . Aphioasis to I dioigii L			
Reduction Amount			
Business and Profession Incor	me Included on Form 1116, line 1		

Form 1116	Pro F	Rata Share of All	ocated Losses		
NAME  DONALD J. & MELANIA TRUMP  Allocation of Losses from Other Categories			ĵ.		=
INCOME CLASSIFICATION		INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income Income re-sourced by treaty General limitation income Totals	_	915,559. 915,559.		2000	TALESON ILD
Allocation of U.S. Losses	The state of the s				
INCOME CLASSIFICATION		REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income Income re-sourced by treaty General limitation income Totals		915,559. 915,559.	24,070,428. 24,070,428.	915,559. 915,559.	23,154,869 23,154,869
Recapture of Prior Year Overall Foreign Los	SS	****			
INCOME CLASSIFICATION		REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income Income re-sourced by treaty General limitation income Totals Recapture percentage  Recapture of Separate Limitation Loss Acco					
INCOME CLASSIFICATION	,	REMAINING	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income Income re-sourced by treaty General limitation income Totals			7,128,592. 7,128,592.		7,128,592, 7,128,592,
Recapture of Overall Domestic Loss Prior to	2012				
INCOME CLASSIFICATION Passive income		U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Income re-sourced by treaty General limitation income Totals	_	0.	2,486,985.		2,486,985. 2,486,985.
Recapture of Overall Domestic Loss					
INCOME CLASSIFICATION		U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income Income re-sourced by treaty General limitation income Totals		0.	53,553. 53,553.	,	53,553. 53,553.
Adjustments to Form 1116, Line 15					
INC. CLASSIFICATION CATEGORIES Passive	U.S. LOSSES	PRIOR YFA OVERALL		DOMESTIC RECAPTURE	FORM 1116, LINE 16
Re-sourced by treaty General limitation	-915,5	559.			-915,559.

Form 1116 Alterna	tive Minimum Tax	Foreign Tax Credit	•	
· · · · · · · · · · · · · · · · · · ·	Rata Share of All	ocated Losses		
NAME DONALD J. & MELANIA TRUMP				
Allocation of Losses from Other Categories		W 4		
			ALLOCATED	LOSS NOT
INCOME CLASSIFICATION	INCOME	LOSS	LOSS	ALLOCATED
Passive income				
Income re-sourced by treaty	2,821,506.			
General limitation income Totals	2,821,506.			
lutais		·		· · · · · · · · · · · · · · · · · · ·
Allocation of U.S. Losses				
INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income			MANAGET TOTAL III	
Income re-sourced by treaty				
General limitation income	2,821,506.			
Totals	2,821,500.			
Recapture of Prior Year Overall Foreign Loss			S. CARROLL S. AMERICAN S.	
INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty		C 0C4 F1F	1 410 753	A CE2 76A
General limitation income	2,821,506.	6,064,517.	1,410,753.	4,653,764
Totals  Recenture percentage .5000	2,821,500.	0,004,517.	1,410,733.	2,000,101
Recapture percentage5000				
Recapture of Separate Limitation Loss Accounts				
INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income			1,410,753.	
Income re-sourced by treaty	1 410 752	2 502 204		2 171 531
General limitation income	1,410,753.	3,582,284.	1,410,753.	2,171,531
Totals	1,410,733.	3,302,201.	2,220,.001	
Recapture of Overall Domestic Loss Prior to 2012				A CONTRACT OF THE PARTY OF THE
INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				man Proces
Income re-sourced by treaty				
General limitation income				
Totals				
Recapture of Overall Domestic Loss	The state of the s	***************************************		
INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	.: PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income			Security Section (Internal Property Section 1997)	
Income re-sourced by treaty General limitation income	12,795,689.	43,853,308.	12,795,689.	31,057,619
	14 173 009.	#1 077 100.	14,133,003.	01,001,010

Adjustments to Form 1116	, Line 15		•			
INC. CLASSIFICATION	OTHER. CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116,. LINE 16
Passive			-	1,410,753.		1,410,753.
Re-sourced by treaty General limitation			-1,410,753.	-1,410,753.	12,795,689.	9,974,183.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## Sales and Other Dispositions of Capital Assets ▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

Sequence No. 12A

DONALD J & MELANIA <trump< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></trump<>							
Before you check Box A, B, or C belo statement will have the same inform broker and may even tell you which	ation as Form	r you received a 1099-B. Either	any Form(s) 1099-E will show whether y	3 or substitute stat your basis (usually	ement(s) fi your cost)	rom your broker. was reported to t	A substitute he IRS by your
Part I Short-Term. Transact	ions involving	capital asse	ts you held 1 yea	r or less are sho	ort term. I	or long-term tr	ansactions,
see page 2.						ACTION OF THE PERSON OF THE PE	0.000 miles 6.000 0.000 0.000 1.000 0.000
<b>Note:</b> You may aggree and for which NO adju- to report these transac	stments or co	ides are requi	red. Enter the to	Form(s) 1099-E tals directly on S	3 showing Schedule	basis was repo D, line 1a; you	rted to the IRS aren't required
You must check Box A, B, or C be				, annling for usur o	hout town		-1-1
Form 8949, page 1, for each applical complete as many forms with the sa	ble box. If you l	have more shor	t-term transactions	s than will fit on th	is page for	one or more of th	e boxes,
(A) Short-term transactions rep	orted on Form(	(s) 1099-B show	ving basis was repo	orted to the IRS (se	ee <b>Note</b> ab	ove)	
(B) Short-term transactions rep	10			eported to the IRS			
(C) Short-term transactions not	reported to yo	u on Form 109	9-B				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e)	If you enter	nt, if any, to gain or loss. an amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the
*			23	in the separate instructions	from instructions	Amount of adjustment	result with column (g)
					mstructions		(3)
				-			
				#			
*							
			7,				
2 Totals. Add the amounts in colum (subtract negative amounts). Ente include on your Schedule D, line 1 checked), line 2 (if Box B above Box C above is checked)	r each total her Lb (if Box A abos s checked), or l	re and ove is line 3 (if		()			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Software ID: Software Version: SSN:

Spouse SSN

Name: DONALD J & MELANIA<TRUMP

-		
Form	8949	(2017)

Attachment Sequence No. 12A

Page 2

Name(s) shown on return, Name and SSN or taxpayer identification no. not required if shown on other side DONALD J & MELANIA<TRUMP

Social security number or taxoaver identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement (statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	If you enter	nt, if any, to gain or loss. an amount in column (g), ode in column (f). parate instructions.  (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
7000.000 SH - APPLE INC	10-08-2013	01-09-2017	833,118	(481,505)			351,613
2800.000 SH - CATERPILLAR INC	12-20-2013	01-10-2017	263,889	(248,253)			15,636
1000.000 SH - EXXON MOBIL CORP	02-18-2015	01-10-2017	87,106	(91,951)			-4,845
2250.000 SH - HALLIBURTON COMPANY	10-07-2013	02-18-2015	124,575	(99,770)			24,805
7400.000 SH - MICROSOFT CORP	10-07-2013	01-09-2017	464,558	(248,867)			215,691
1300.000 SH - PHILLIPS 66	02-18-2015	01-10-2017	110,395	(99,293)			11,102
1250.000 SH - PEPSICO INC	10-08-2013	01-12-2017	127,281	(99,155)			28,126
2 Totals. Add the amounts in colum (subtract negative amounts). Ente include on your Schedule D, line & checked), line 9 (if Box E above i Box F above is checked)	er each total her Bb (if Box D above s checked), or I	e and ove is ine 10 (if	2,010,922	(1,368,794)			642,128

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Note: You may aggreg and for which NO adjus to report these transac	jate all long-te stments or co	des are requi	red. Enter the to	Form(s) 1099-B tals directly on S	showing Schedule I	basis was repor D, line 8a; you	ted to the IRS aren't required
You must check Box D, E, or F bel Form 8949, page 2, for each applicat complete as many forms with the sar	low. Check on ole box. If you h	ly one box. If nave more long	more than one box	applies for your lo than will fit on this	ong-term tr s page for o	ansactions, compone or more of the	lete a separate e boxes,
☐(D) Long-term transactions repo ☐(E) Long-term transactions repo ☐(F) Long-term transactions not	orted on Form(s	) 1099-B show	ing basis wasn't re		e <b>Note</b> abo	ove)	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate	If you enter	it, if any, to gain or loss. an amount in column (g), ode in column (f). arate instructions.  (g)  Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
10500.000 SH - GLOBAL FASHION	VARIOUS	01-18-2017		instructions (3,762,000)	instructions	adjustment	-3,762,000
TECHNOLOGIES							
r							
p.							
2 Totals. Add the amounts in column (subtract negative amounts). Ente include on your Schedule D, line 8 checked), line 9 (if Box E above i Box F above is checked)	r each total her Bb (if Box D ab s checked), or I	e and ove is ine 10 (if		(3,762,000)		reposited to the	-3,762,000

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term

transactions, see page 1.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2017)

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074

Go to www.irs.gov/Form8959 for instructions and the latest information. Name(s) shown on return Your social security number DONALD J. & MELANIA TRUMP Part I Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 373,629 2 Unreported tips from Form 4137, line 6 3 Wages from Form 8919, line 6 3 373,629 4 Add lines 1 through 3 4 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 250,000. 6 Subtract line 5 from line 4. If zero or less, enter -0-123,629 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009), Enter here and go to Part II 1,113. 7 Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 6,727,405. 8 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 250 000 10 Enter the amount from line 4 373,629 11 Subtract line 10 from line 9. If zero or less, enter -0-12 Subtract line 11 from line 8. If zero or less, enter -0-6,727,405. 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009), Enter 60,547. 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 16 Subtract line 15 from line 14. If zero or less, enter -0-16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV 17 Part IV Total Additional Medicare Tax Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V 61,660. Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 6,968 19 20 Enter the amount from line 1 373,629 20 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 5.418. Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages 1,550. 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this

and 1040-SS filers, see instructions)

amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR,