

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: DONALD J & MELANIA < TRUMP Last name: Your social security number:

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street name, city, state, and ZIP code). If you have a P.O. box, see instructions. Apt. no.: Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. PALM BEACH, FL 33480 If more than four dependents, see inst and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature: ***** Date: 10-11-2019 Your occupation: PRESIDENT If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Spouse's signature. If a joint return, both must sign. ***** Date: 10-11-2019 Spouse's occupation: FIRST LADY If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid Preparer Use Only Preparer's name: DONALD BENDER Preparer's signature: Firm's EIN: 13-1459550 Check if: 3rd Party Designee Self-employed
 Firm's name: MAZARS USA LLP Phone no. (516) 488-1200
 Firm's address:

WOODBURY, NY, 117972003

		1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	393,957	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a 1,154	b Taxable interest	2b 9,435,377	
	3a	Qualified dividends	3a 17,573	b Ordinary dividends	3b 60,254	
	4a	IRAs, pensions, and annuities	4a	b Taxable amount	4b 86,532	
	5a	Social security benefits	5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	14,418,973	6	24,395,093	
		7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1 line 36, from line 6	7	24,339,696	
Standard Deduction for- <input type="checkbox"/> Single or married filing separately, \$12,000 <input type="checkbox"/> Married filing jointly or Qualifying widow(er), \$24,000 <input type="checkbox"/> Head of Household, \$18,000 <input type="checkbox"/> If you checked any box under Standard deduction, see instructions.	8		Standard deduction or itemized deductions (from Schedule A)	8	1,388,307	
	9		Qualified business income deduction (see instructions)	9		
	10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	22,951,389	
	11 a		Tax (see inst) 5,287,122 (check if any from: <input type="checkbox"/> Form 8814 <input type="checkbox"/> Form 4972)	11	9,356,232	
	3		<input type="checkbox"/> b Add any amount from Schedule 2 and check here	12	8,356,766	
	12 a		Child tax credit/credit for other dependents	13	999,466	
	13		Subtract line 12 from line 11. If zero or less, enter -0-	14	1,069,356	
	14		Other taxes. Attach Schedule 4	15	2,068,822	
	15		Total tax. Add lines 13 and 14	16	87,310	
	16		Federal income tax withheld from Forms W-2 and 1099	17	11,962,437	
	17		Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5	18	12,049,747	
	18		Add lines 16 and 17. These are your total payments	19	9,980,925	
	19		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a		
	20a		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here			
	Direct deposit? See instructions.	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number			
	21		Amount of line 19 you want applied to your 2019 estimated tax	21	9,980,925	
	22		Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22		
23		Estimated tax penalty (see instructions)	23			

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

**Additional
Income**

1-9b Reserved	1-9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	0
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ <input checked="" type="checkbox"/>	12	-430,408
13 Capital gain or (loss). Attach Schedule D if required. <input checked="" type="checkbox"/> If not required, check here <input type="checkbox"/>	13	22,015,123
14 Other gains or (losses). Attach Form 4797	14	
15a Reserved	15b	
16a Reserved	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <input checked="" type="checkbox"/>	17	-11,992,220
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Reserved	20b	
21 Other income. List type and amount <input checked="" type="checkbox"/> ▶	21	4,826,478
22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	14,418,973

**Adjustments
to Income**

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses for members of the armed forces. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE <input checked="" type="checkbox"/>	27	55,397
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Reserved	34	
35 Reserved	35	
36 Add lines 23 through 35	36	55,397

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

**SCHEDULE 2
(Form 1040)**

Tax

OMB No. 1545-0074

2018

Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

Tax

- 38-44** Reserved
- 45** Alternative minimum tax. Attach Form 6251
- 46** Excess advance premium tax credit. Attach Form 8962
- 47** Add the amounts in the far right column. Enter here and include on Form 1040, line 11

38-44	
45	4,069,110
46	
47	4,069,110

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71478U

Schedule 2 (Form 1040) 2018

**SCHEDULE 3
(Form 1040)**

Nonrefundable Credits

OMB No. 1545-0074

2018

Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

Nonrefundable Credits		48	1,264,257
48 Foreign tax credit. Attach Form 1116 if required 		48	1,264,257
49 Credit for child and dependent care expenses. Attach Form 2441		49	
50 Education credits from Form 8863, line 19		50	
51 Retirement savings contributions credit. Attach Form 8880		51	
52 Reserved		52	
53 Residential energy credit. Attach Form 5695		53	
54 Other credits from Form a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		54	7,092,509
55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12		55	8,356,766

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71480G

Schedule 3 (Form 1040) 2018

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**






▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

DONALD J & MELANIA<TRUMP

Your social security number

**Other
Taxes**

57	Self-employment tax. Attach Schedule SE 	57	110,793
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H 	60a	7,475
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959  b <input checked="" type="checkbox"/> Form 8960  c <input type="checkbox"/> Instructions; enter codes(s) 	62	951,088
63	Section 965 net tax liability installment from Form 965-A	63	
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	1,069,356

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71481R

Schedule 4 (Form 1040) 2018

**SCHEDULE 5
(Form 1040)**

Other Payments and Refundable Credits

OMB No. 1545-0074

2018

Attachment
Sequence No. **05**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

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

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	4,431,776
and	67a	Reserved	67a	
Refundable	67b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	7,500,000
	72	Excess social security and tier 1 RRTA tax withheld	72	63
	73	Credit for federal tax on fuels. Attach Form 4136 	73	30,598
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and on Form 1040, line 17	75	11,962,437

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

**SCHEDULE 6
(Form 1040)**

Foreign Address and Third Party Designee

OMB No. 1545-0074

2018

Attachment
Sequence No. **05A**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040 DONALD J & MELANIA<TRUMP		Your social security number
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Foreign Address	Foreign country name	Foreign province/county	Foreign postal code

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/>

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Header - Primary Name Control: TRUM

Header - Spouse Name Control: TRUM

Dependent 1 Name Control: TRUM

Top Left Margin - Refund Product Code: NO FINANCIAL PRODUCT

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(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 16.

OMB No. 1545-0074
2018
Attachment
Sequence No. **07**

Name(s) shown on Form 1040
DONALD J & MELANIA<TRUMP
Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38	2	
	3 Multiply line 2 by 7.5% (0.075)	3	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4

Taxes You Paid	5 State and local taxes			
	a State and local taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	9,482,423	
	b State and local real estate taxes (see instructions)	5b	1,029,017	
	c State and local personal property taxes	5c		
	d Add lines 5a through 5c	5d	10,511,440	
	e Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing separately)	5e	10,000	
	6 Other Taxes. List type and amount	6		
7 Add lines 5e and 6			7	10,000

Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a Home mortgage interest and points reported to you on Form 1098	8a		
	b 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	8b		
	c Points not reported to you on Form 1098. See instructions for special rules	8c		
	d Reserved	8d		
	e Add lines 8a through 8c	8e		
9 Investment interest. Attach Form 4952 if required. See instructions	9	871,001		
10 Add lines 8e and 9			10	871,001

Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	500,150	
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12		
	13 Carryover from prior year	13		
	14 Add lines 11 through 13			14

Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
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Other Itemized Deductions	16 Other — from list in instructions. List type and amount	16		7,156
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Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17		1,388,307
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18 If you elect to itemize deductions even though they are less than your standard deduction, check here

Additional Data


Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

efile GRAPHIC print - DO NOT PROCESS

LATEST DATA - Production

DLN: 16221684664919

TY 2018 Other Income Type Statement**Name:** DONALD J & MELANIA<TRUMP**SSN:****Spouse SSN:**

Other Income Literal or Code	Other Income Amt
SECTION 108(I) INCLUSION	282,485
SECTION 108(I) INCLUSION	27,966,102
NOL 	-23,422,109

**TY 2018 Net Operating Loss
Carryforward Deduction Statement**

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Regulation: Pub 536 Deducting a Carryforward

Net Operating Loss Carryforward Deduction Statement: TOTAL AMOUNT AVAILABLE FOR CARRYOVER - 63203350; LESS TOTAL AMOUNTS USED - 63203350; YEAR CARRIED FROM - 2013 AMOUNT AVAILABLE FOR CARRYOVER - 63203350 AMOUNT USED IN 21557573 AMOUNT USED IN 2018 23422109 AMOUNT USED IN 2016 18223668 ;

TY 2018 Other Tax Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Other Tax Literal	Other Tax Amount
FROM FORM 8959	35,680
FROM FORM 8960	915,408

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LATEST DATA - Production

DLN: 16221684664919

**TY 2018 Other Miscellaneous Deductions
Statement****Name:** DONALD J & MELANIA<TRUMP**SSN:****Spouse SSN:**

Type Of Miscellaneous Deduction	Miscellaneous Deduction Amount
SCHEDULE K-1	4,677
SCHEDULE K-1	2,409
SCHEDULE K-1	47
SCHEDULE K-1	23

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LATEST DATA - Production

DLN: 16221684664919

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040.

Attachment Sequence No. 08

Name(s) shown on return DONALD J & MELANIA <TRUMP

Your social security number

Part I Interest

(See instructions and the instructions for Form 1040, line 2b.)

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 form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address



Table with 10 rows for listing interest payers. Each row has a dotted line for the payer name and a dotted line for the amount.

Payer

See Additional Data Table

Table with 10 rows for listing payer information. Each row has a dotted line for the payer name and a dotted line for the amount.

2	Add the amounts on line 1	2	9,435,377
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b	4	9,435,377
			Amount

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary
Dividends**

(See instructions and the instructions for Form 1040, line 3b.)

Note: If you received a Form 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.

5 List name of payer▶		
FROM K-1 - PARK BRIAR ASSOCIATES LLC		4,001
FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR		5,002
FROM K-1 - BEACH HAVEN APARTMENTS #1 INC DJT GR TR		2,334
FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR		4,668
FROM K-1 - DONALD J TRUMP ELIZABETH TRUST		3,951
FROM K-1 - DONALD J TRUMP 'FRED' TRUST		5,386
FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD		8,236
FROM K-1 - STARRETT CITY ASSOCIATES	5	26,270
FROM K-1 - SC LP SHOPPING CENTER LLC		406
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . . ▶	6	60,254

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and
Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	Yes	No
7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	Yes	
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCen Form 114 and its instructions for filing requirements and exceptions to those requirements	Yes	
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶UK		
8 During 2018, 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		No

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Part I, Line 1 - Interest Subtotal Literal: INTEREST SUBTOTAL
Part I, Line 1 - Interest Subtotal Amount: 9,454,934
Part I, Line 1 - Nominee Interest Literal: NOMINEE DISTRIBUTION
Part I, Line 1 - Nominee Interest Amount: 19,557
Part II, Line 5 - Nominee Dividend Literal: NOMINEE DISTRIBUTION

Form 1040 Schedule B, Part I, Group 2

#	Payer	Amount
1	CAPITAL ONE NA	414,361
2	JP MORGAN CHASE	1,620
3	BANK UNITED	1,869
4	PROFESSIONAL BANK	69,396
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	24,000
8	FIRST REPUBLIC BANK	25
9	SIGNATURE BANK	5,368
10	FROM K-1 - PARK BRIAR ASSOCIATES LLC	2,005
11	FROM K-1 - MAR-A-LAGO CLUB LLC	24
12	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	105,158
13	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	2,789,104
14	FROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,310,223
15	FROM K-1 - TRUMP CPS LLC	28
16	FROM K-1 - TRUMP PLAZA LLC	588
17	FROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	121
18	FROM K-1 - DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	35,917
19	FROM K-1 - DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	18,817
20	FROM K-1 - TIPPERARY REALTY CORP	58
21	FROM K-1 - DJT HOLDINGS MM LLC - PARC CONSULTING INC	105
22	FROM K-1 - TRUMP PLAZA MEMBER INC	6
23	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	3,026
24	FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	160
25	FROM K-1 - BEACH HAVEN APARTMENTS #1 INC DJT GR TR	1,263
26	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	2,591
27	FROM K-1 - TRUMP MANAGEMENT INC	155
28	FROM K-1 - STARRETT CITY ASSOCIATES	5,815
29	FROM K-1 - HUDSON WATERFRONT ASSOC III LP	4,387,054
30	FROM K-1 - DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	21
31	FROM K-1 - TIHT COMMERCIAL LLC	1,150
32	FROM K-1 - TRUMP MARKS WAIKIKI CORP	7
33	FROM K-1 - SC LP SHOPPING CENTER LLC	737

#	Payer	Amount
34	FROM K-1 - DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	9,850
35	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	139
36	FROM K-1 - DJT HOLDINGS LLC - LFB ACQUISITION LLC	50
37	FROM K-1 - CHARLOTTESVILLE CATERING & EVENTS LLC	144,072
38	FROM K-1 - DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	1,134
39	FROM K-1 - TRUMP 845 UN GP LLC	258
40	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	83
41	FROM K-1 - 845 UN LIMITED PARTNERSHIP - 845 LP LLC	387
42	FROM K-1 - TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	3,268
43	FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	3,261
44	FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	13,914
45	FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	284
46	FROM K-1 - DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	2
47	FROM K-1 - DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	1
48	FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	2,819
49	FROM K-1 - TRUMP PALACE PARC LLC	77
50	FROM K-1 - DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	1,036
51	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	57,385
52	FROM K-1 - DJT HOLDINGS LLC	7,184
53	FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP	420
54	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	897
55	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	18
56	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	11
57	FROM K-1 - DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	363
58	FROM K-1 - DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	190
59	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	100
60	FROM K-1 - DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	1
61	FROM K-1 - DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	141
62	FROM K-1 - DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MANAGING MEMBER LLC	3
63	FROM K-1 - DJT HOLDINGS MM LLCLLC TRUMP FERRY POINT LLC	99

SCHEDULE C
(Form 1040)
Department of the Treasury
Internal Revenue Service
(99)

Profit or Loss From Business

OMB No. 1545-0074
2018
Attachment
Sequence No. **09**

(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.

Name of proprietor
DONALD J TRUMP

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
MANAGEMENT SERVICES

B Enter code from instructions
541600

C Business name. If no separate business name, leave blank.
DONALD J TRUMP

D Employer ID number
(EIN)/(see instr.)

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
NEW YORK, NY 10022

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes No
H If you started or acquired this business during 2018, check here.
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No
J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income			
1	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 <input type="checkbox"/>	1	
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest (see instructions):		
	a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	
18	Office expense (see instructions)	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	
	b Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	38,764
24	Travel and meals:		
	a Travel	24a	
	b Deductible meals (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27	Other expenses (from line 48)	27a	
	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	38,764
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-38,764
30	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.	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 . • 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 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	31	-38,764
		32a	<input checked="" type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

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 [] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. [] Yes [] No

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle.

Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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 2018, 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?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal : PAL

Part II, Line 31 - Passive Activity Loss Amount : 0

SCHEDULE C
(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service
(900)

▶ 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.

Name of proprietor DONALD J TRUMP	Social security number (SSN)
A Principal business or profession, including product or service (see instructions) AVIATION	B Enter code from instructions 532289
C Business name. If no separate business name, leave blank. DJT AEROSPACE LLC	D Employer ID number (EIN)/(see instr.)

E Business address (including suite or room no.) ▶ C/O MAZARS
City, town or post office, state, and ZIP code WOODBURY, NY 11797

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2018, check here.

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income			
1	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 <input type="checkbox"/>	1	53,200
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	53,200
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	53,200
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	53,200

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising		
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	2,453
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	23
15	Insurance (other than health)	15	10,467
16	Interest (see instructions):		
	a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	450
18	Office expense (see instructions)	18	1,015
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	17,453
	b Other business property	20b	69
21	Repairs and maintenance	21	57,473
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	67
24	Travel and meals:		
	a Travel	24a	3,140
	b Deductible meals (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	48,465
27	Other expenses (from line 48)	27a	12,852
	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	153,927
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-100,727
30	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.	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 . • 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 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	31	-100,727
	32a <input checked="" type="checkbox"/> All investment is at risk.		
	32b <input type="checkbox"/> Some investment is not at risk.		

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** Other (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	39	
40 Add lines 35 through 39	40	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	0

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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 2018, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **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

47a 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.

MISCELLANEOUS FEES	128
UNIFORM EXPENSE	131
LANDING FEES	3,326
CLEANING FEES	241
FUEL EXPENSE	9,026

48 **Total other expenses.** Enter here and on line 27a **48** 12,852

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal : PAL

Part II, Line 31 - Passive Activity Loss Amount : 0

Form 1040 Schedule C, Part V, Other expenses:

(a) Description	(b) Amount
MISCELLANEOUS FEES	128
UNIFORM EXPENSE	131
LANDING FEES	3,326
CLEANING FEES	241
FUEL EXPENSE	9,026

SCHEDULE C
(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service

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.

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

B Enter code from instructions

532289

A Principal business or profession, including product or service (see instructions)
AVIATION

D Employer ID number

(EIN)/(see instr.)

27-3212458

C Business name. If no separate business name, leave blank.
DJT OPERATIONS I LLC

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
C/O MAZARS
WOODBURY, NY 11797

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2018, check here.

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	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 <input type="checkbox"/>	1	
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	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):	20a	
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20b	
12	Depletion	12			b Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	11,877	21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	2,277
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest (see instructions):			24	Travel and meals:	24a	
	a Mortgage (paid to banks, etc.)	16a			a Travel	24b	
	b Other	16b			b Deductible meals (see instructions)	25	
17	Legal and professional services	17	1,000	25	Utilities	26	
				26	Wages (less employment credits)	27a	
				27a	Other expenses (from line 48)	27b	
					b Reserved for future use		
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		28	15,154
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	-15,154
30	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.	30		30		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 . • 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 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	31		31		31	-15,154
				32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
				32b	<input type="checkbox"/> Some investment is not at risk.	32b	

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 [] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. [] Yes [] No

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle.

Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 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 2018, 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?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal : PAL
Part II, Line 31 - Passive Activity Loss Amount : 0

SCHEDULE C
(Form 1040)
Profit or Loss From Business
(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service
(900)

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

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.

Name of proprietor
DONALD J TRUMP

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
AVIATION

B Enter code from instructions
532289

C Business name. If no separate business name, leave blank.
DT ENDEAVOR I LLC

D Employer ID number
(EIN)/(see instr.)
35-2555712

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
NEW YORK, NY 10022

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2018, check here.

I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	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 <input type="checkbox"/>	1	38,392
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	38,392
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	38,392
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	38,392

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	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):	20a	17,751
11	Contract labor (see instructions)	11		20b	a Vehicles, machinery, and equipment	20b	
12	Depletion	12		21	b Other business property	21	73,326
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	152,098	22	Repairs and maintenance	22	5,185
14	Employee benefit programs (other than on line 19)	14		23	Supplies (not included in Part III)	23	1,040
15	Insurance (other than health)	15	4,417	24	Taxes and licenses	24	
16	Interest (see instructions):	16a		24a	Travel and meals:	24a	4,826
16a	a Mortgage (paid to banks, etc.)	16b		24b	a Travel	24b	
16b	b Other	17	6,417	25	b Deductible meals (see instructions)	25	
17	Legal and professional services			26	Utilities	26	14,759
18				27	Wages (less employment credits)	27a	32,954
19				27a	Other expenses (from line 48)	27a	
20				27b	b Reserved for future use	27b	
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	312,773
22				29	Tentative profit or (loss). Subtract line 28 from line 7	29	-274,381
23				30	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.	30	
24				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 . • 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 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	31	-274,381
25				32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
26				32b	<input type="checkbox"/> Some investment is not at risk.	32b	

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** Other (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	39	
40 Add lines 35 through 39	40	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	0

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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 2018, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **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

47a 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.

FUEL EXPENSE	24,353
TELEPHONE	8,601

48 **Total other expenses.** Enter here and on line 27a **48** 32,954

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal : PAL

Part II, Line 31 - Passive Activity Loss Amount : 0

SCHEDULE C
(Form 1040)
Department of the Treasury
Internal Revenue Service
(99)

Profit or Loss From Business

OMB No. 1545-0074
2018
Attachment
Sequence No. 09

(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.

Name of proprietor: DONALD J TRUMP
Social security number (SSN):
A Principal business or profession, including product or service (see instructions): AVIATION
B Enter code from instructions: 532289
C Business name. If no separate business name, leave blank. DJT OPERATIONS II LLC
D Employer ID number (EIN)/(see instr.): 27-3212492
E Business address (including suite or room no.): C/O MAZARS
City, town or post office, state, and ZIP code: WOODBURY, NY 11797

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses. Yes No
H If you started or acquired this business during 2018, check here. Yes No
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No
J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	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	<input type="checkbox"/>	1	
2	Returns and allowances		2	0
3	Subtract line 2 from line 1		3	
4	Cost of goods sold (from line 42)		4	0
5	Gross profit. Subtract line 4 from line 3		5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	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):	20	
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	382
16	Interest (see instructions):			24	Travel and meals:		
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17	1,000	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28		28	1,382
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	-1,382
30	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.	30		30		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 . • If a loss, you must go to line 32.	31		31		31	-1,382
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 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

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 Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. Yes No

Table with 2 columns: Description (lines 35-41) and Amount. Line 42: Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. Amount: 0.

Part IV Information on Your Vehicle.

Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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 2018, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) 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
47a 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.

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal : PAL

Part II, Line 31 - Passive Activity Loss Amount : 0

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2018

Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

Name(s) shown on return
DONALD J & MELANIA<TRUMP

Your social security number

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	961			961
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 961

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(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)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with 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) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 23,609,622
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 -1,595,460
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 22,014,162

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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. • 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. 	16	22,015,123
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	12,022,472
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> 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). Do not complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Attachment
Sequence No. **13**

Name(s) shown on return
DONALD J & MELANIA <TRUMP

Your social security number

Part I 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 2018 that would require you to file Form(s) 1099? (see instructions) **Yes** **No**
- B** If "Yes," did you or will you file all required Forms 1099? **Yes** **No**

1a Physical address of each property (street, city, state, and ZIP code)

A	
B	
C	NEW YORK, NY 10022

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	ROYALTIES				<input type="checkbox"/>
B	ROYALTIES				<input type="checkbox"/>
C	COMMERCIAL		365		<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:		Properties:		A	B	C
3	Rents received	3				75,000
4	Royalties received	4		221,753	70	
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				14,425
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				500
11	Management fees	11				2,250
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13				
14	Repairs	14				
15	Supplies	15				
16	Taxes	16				20,174
17	Utilities	17				10,976
18	Depreciation expense or depletion	18				17,487
19	Other (list) ▶ BOOK WRITER FEE	19		64,772		
20	Total expenses. Add lines 5 through 19	20		64,772		65,812
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		156,981	70	9,188
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		()	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			75,000	
b	Total of all amounts reported on line 4 for all royalty properties	23b			221,823	
c	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			17,487	
e	Total of all amounts reported on line 20 for all properties	23e			130,584	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				166,239
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25				()
26	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 18. Otherwise, include this amount in the total on line 41 on page 2	26				166,239

Name(s) shown on return. Do not enter name and social security number if shown on other side. DONALD J & MELANIA<TRUMP Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations -- Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) 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. [X] Yes [] No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A-D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts. Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, 34b Totals, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder. Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part V Summary. Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Form 1040 Schedule E, Part II, Line 28 - Income or Loss From Partnership and S Corporations'

	(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
A	THE EAST 61 ST COMPANY	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>
B	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>
C	THE EAST 61 ST COMPANY	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>
D	PARK BRIAR ASSOCIATES LLC	P	<input type="checkbox"/>	11-6160410	<input type="checkbox"/>
E	MAR-A-LAGO CLUB LLC	P	<input type="checkbox"/>	65-0567671	<input type="checkbox"/>
F	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0567671	<input type="checkbox"/>
G	40 WALL DEVELOPMENT ASSOC LLC	P	<input type="checkbox"/>	13-3845249	<input type="checkbox"/>
H	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3845249	<input type="checkbox"/>
I	HUDSON WATERFRONT ASSOC I LP	P	<input type="checkbox"/>	13-3796302	<input type="checkbox"/>
J	HUDSON WATERFRONT ASSOC V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>
K	HUDSON WATERFRONT ASSOC II LP	P	<input type="checkbox"/>	13-3796305	<input type="checkbox"/>
L	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>
M	HUDSON WATERFRONT ASSOC IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>
N	TRUMP CPS LLC	P	<input type="checkbox"/>	13-3917414	<input type="checkbox"/>
O	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3917414	<input type="checkbox"/>
P	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	TRUMP PLAZA LLC	P	<input type="checkbox"/>	13-3972488	<input type="checkbox"/>
R	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3972488	<input type="checkbox"/>
S	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
T	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
U	TRUMP 845 UN LIMITED PARTNERSHIP	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>
V	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>
W	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
X	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Y	TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	P	<input type="checkbox"/>	13-4040286	<input type="checkbox"/>
Z	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-4040286	<input type="checkbox"/>
AA	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
AB	REG TRU EQUITIES LTD	S	<input type="checkbox"/>	11-2482098	<input type="checkbox"/>
AC	TIPPERARY REALTY CORP	S	<input type="checkbox"/>	11-2405629	<input type="checkbox"/>
AD	PLAZA CONSULTING CORP	S	<input type="checkbox"/>	13-3385468	<input type="checkbox"/>
AE	THE TRUMP CORPORATION	S	<input type="checkbox"/>	13-3038887	<input type="checkbox"/>
AF	UNREIMBURSED EXPENSES	S	<input type="checkbox"/>	13-3038887	<input type="checkbox"/>
AG	TRUMP PROJECT MANAGEMENT CORP	S	<input type="checkbox"/>	13-3775593	<input type="checkbox"/>
AH	UNREIMBURSED EXPENSES	S	<input type="checkbox"/>	13-3775593	<input type="checkbox"/>
AI	TRUMP'S CASTLE MANAGEMENT CORP	S	<input type="checkbox"/>	22-3167829	<input type="checkbox"/>
AJ	TRAVEL ENTERPRISES MANAGEMENT INC	S	<input type="checkbox"/>	13-3345689	<input type="checkbox"/>

	(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
AK	THE TRUMP HOTEL CORP	S	<input type="checkbox"/>	13-3430478	<input type="checkbox"/>
AL	TRUMP ICE INC	S	<input type="checkbox"/>	13-3355527	<input type="checkbox"/>
BM	HELICOPTER AIR SERVICES INC	S	<input type="checkbox"/>	13-3478858	<input type="checkbox"/>
BN	DJT HOLDINGS MM LLC - PARC CONSULTING INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BO	THE TRUMP ORGANIZATION INC	S	<input type="checkbox"/>	13-3070440	<input type="checkbox"/>
BP	TRUMP EMPIRE STATE INC	S	<input type="checkbox"/>	13-3766196	<input type="checkbox"/>
BQ	FIFTY-SEVEN MANAGEMENT CORP	S	<input type="checkbox"/>	13-3860845	<input type="checkbox"/>
BR	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BS	TRUMP VILLAGE CONSTRUCTION CORP	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>
BT	TRUMP CPS CORP	S	<input type="checkbox"/>	13-3917416	<input type="checkbox"/>
BU	FIRST MEMBER INC	S	<input type="checkbox"/>	13-3914818	<input type="checkbox"/>
BV	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BW	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BX	TRUMP PAYROLL CORP	S	<input type="checkbox"/>	13-3494471	<input type="checkbox"/>
BY	FLIGHTS INC	S	<input type="checkbox"/>	13-3929051	<input type="checkbox"/>
BZ	TRUMP PLAZA MEMBER INC	S	<input type="checkbox"/>	13-3979038	<input type="checkbox"/>
B	TRUMP VILLAGE CONST CORP-DJT GR TR	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>
B	TRUMP TOWER MANAGING MEMBER INC	S	<input type="checkbox"/>	13-3981225	<input type="checkbox"/>
B	TRUMP 845 UN MGR CORP	S	<input type="checkbox"/>	13-4026239	<input type="checkbox"/>
B	BEACH HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1681481	<input type="checkbox"/>
B	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1582802	<input type="checkbox"/>
B	TRUMP MANAGEMENT INC	S	<input type="checkbox"/>	11-2196835	<input type="checkbox"/>
B	TRUMP PARK AVENUE LLC (DELMONICO)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
B	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
B	TRUMP TORONTO DEVELOPMENT INC	S	<input type="checkbox"/>	20-0005703	<input type="checkbox"/>
B	STARRETT CITY ASSOCIATES	P	<input type="checkbox"/>	11-6189342	<input type="checkbox"/>
B	TRUMP LAS VEGAS SALES & MARKETING INC	S	<input type="checkbox"/>	20-1866514	<input type="checkbox"/>
B	TRUMP PARK AVENUE LLC	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(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
C	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	TIHM MEMBER CORP	S	<input type="checkbox"/>	20-5074158	<input type="checkbox"/>
C	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP FLORIDA MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	TRUMP 55 WALL CORP	S	<input type="checkbox"/>	13-3922525	<input type="checkbox"/>
C	TIHT MEMBER LLC	S	<input type="checkbox"/>	20-5315528	<input type="checkbox"/>
C	TIHT COMMERCIAL LLC	P	<input type="checkbox"/>	13-4038061	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-4038061	<input type="checkbox"/>
C	DJT HOLDINGS LLC -TRUMP LAS OLAS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP MARKS PHILADELPHIA LLC	P	<input type="checkbox"/>	20-8882513	<input type="checkbox"/>
C	TRUMP MARKS WAIKIKI LLC	P	<input type="checkbox"/>	20-8882101	<input type="checkbox"/>
C	TRUMP MARKS WAIKIKI CORP	S	<input type="checkbox"/>	20-8858096	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	TRUMP MARKS PHILADELPHIA CORP	S	<input type="checkbox"/>	20-8881726	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC -TRUMP GOLF COCO BEACH LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - 809 NORTH CANON LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	TRUMP CANOUAN ESTATE MEMBER CORP	S	<input type="checkbox"/>	26-1624146	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	SENTIENT JETS MEMBER CORP	S	<input type="checkbox"/>	26-3467929	<input type="checkbox"/>
D	TRUMP MARKS PUERTO RICO II MEMBER CORP	S	<input type="checkbox"/>	26-2982043	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D		S		27-4162256	

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	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER CORP		<input type="checkbox"/>		<input type="checkbox"/>
D	DJT HOLDINGS LLC - GOLF PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES LLC	P	<input type="checkbox"/>	27-0226891	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES MEMBER CORP	S	<input type="checkbox"/>	27-0226852	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	SC LP SHOPPING CENTER LLC	P	<input type="checkbox"/>	27-1551456	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
E	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
E	TRUMP INTERNATIONAL HOTEL HAWAII LLC	P	<input type="checkbox"/>	27-0963857	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TRUMP FERRY POINT MEMBER CORP	S	<input type="checkbox"/>	27-8202438	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TIHH MEMBER CORP	S	<input type="checkbox"/>	27-0963803	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TRUMP TORONTO HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	26-4450770	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP INTERNATIONAL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

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E	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	TRUMP MARKS MEMBER CORP	S	<input type="checkbox"/>	27-1357658	<input type="checkbox"/>
F	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS LLC - 401 MEZZ	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - LFB ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TNGC PINE HILL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP BOOKS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	CHARLOTTESVILLE CATERING & EVENTS LLC	P	<input type="checkbox"/>	38-3862571	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TAG AIR INC	S	<input type="checkbox"/>	95-4464111	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TRUMP OLD POST OFFICE MEMBER CORP	S	<input type="checkbox"/>	45-2671826	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

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G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TRUMP MARKS PUNE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	MIDOCEAN CREDIT OPPORTUNITY FUND LP	P	<input type="checkbox"/>	26-4254073	<input type="checkbox"/>
G	T INTERNATIONAL REALTY LLC	P	<input type="checkbox"/>	90-0883344	<input checked="" type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS - WHITE COURSE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS 4 SHADOW TREE LANE	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS JUPITER GOLF CLUB	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS OPO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DT MARKS VANCOUVER LP	P	<input type="checkbox"/>	90-0930859	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC RIO MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC- THC CENTRAL RESERVATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	TRUMP HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	13-3489501	<input type="checkbox"/>
H	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC RIO MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - EXCEL VENTURE I CORPORATION	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	OPO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	46-3066239	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H		S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

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	DJT HOLDINGS MM LLC - THC SALES & MARKETING MEMBER CORP				
H	THC VANCOUVER MANAGEMENT CORP	S	<input type="checkbox"/>	46-1843645	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	TW VENTURE I MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-4146150	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOCIATES V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>
H	TRUMP 845 UN GP LLC	P	<input type="checkbox"/>	13-3958321	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	845 UN LIMITED PARTNERSHIP - 845 LP LLC	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>
I	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
I	TRUMP PARK AVENUE LLC - ACQUISITION	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
I	DJT HOLDINGS MM LCLLC - DB PACE ACQUISITIONS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DT CONNECT II MEMBER CORP	S	<input type="checkbox"/>	47-1519047	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	47-2191989	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	THC BAKU HOTEL MANAGER SERVICE MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC QATAR HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	TTTT VENTURE MEMBER CORP	S	<input type="checkbox"/>	47-2297906	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TNGC CHARLOTTE MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	S	<input type="checkbox"/>	26-2979757	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS-D B PACE ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DT DUBAI II GOLF MANAGER LLC	P	<input type="checkbox"/>	47-2265157	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC QATAR HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

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I	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC (TW VENTURE I LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC -TW VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DT CONNECT II LLC	P	<input type="checkbox"/>	36-4791039	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DT TOWER GURGAON LLC	P	<input type="checkbox"/>	47-3351290	<input type="checkbox"/>
J	MOBILE PAYROLL CONSTRUCTION LLC	P	<input type="checkbox"/>	36-4813676	<input type="checkbox"/>
J	DT BALI TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	36-4812795	<input type="checkbox"/>
J	DT LIDO HOTEL MANAGER LLC	P	<input type="checkbox"/>	61-1769144	<input type="checkbox"/>
J	DT LIDO TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	30-0881420	<input type="checkbox"/>
J	DT JEDDAH TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	61-1771503	<input type="checkbox"/>
J	WILLIAM M TRUMP MEDICAL FUND LLC	P	<input type="checkbox"/>	47-5214076	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	THC JEDDAH HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	47-5150947	<input type="checkbox"/>
J	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DTW VENTURE MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-5292006	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	EID VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1201049	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DT TOWER II MEMBER CORP	S	<input type="checkbox"/>	81-1112510	<input type="checkbox"/>
K	DT VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1743521	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	HUDSON WATERFRONT ASSOCIATES IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>
K	DT TOWER GURGAON LLC	P	<input type="checkbox"/>	47-3351290	<input type="checkbox"/>
K	EID VENTURE II LLC	P	<input type="checkbox"/>	32-0488634	<input type="checkbox"/>

	(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
			<input type="checkbox"/>		<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT TOWER I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT CONNECT II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	TRUMP PALACE PARC LLC	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>
K	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP ICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DTW VENTURE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	TRUMP EQUITABLE FIFTH AVE CO	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>
L	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

	(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 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-2802479	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP CARIBBEAN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S	<input type="checkbox"/>		<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(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
N	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S	<input type="checkbox"/>		<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE - 124	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(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
O	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMM L MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUR MANGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS NECK	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC CENTRL RESERVATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	RPV DEVELOPMENT LLC - VH PROPERTY CORP	S	<input type="checkbox"/>	76-0718710	<input type="checkbox"/>

	(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
P	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLCLLC TRUMP FERRY POINT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	TMG MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - 124 WOODBRIDGE	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

Form 1040 Schedule E, Part II, Line 28 -Passive Income and Loss/Nonpassive Income and Loss

	(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
A	\$114,861				
B	\$10,834				
C	\$1,161				
D	\$44,530				
E					5,851,791
F			465,720		
G		9,745,178			
H	\$452,753				
I	\$0				
J		306,962			

	(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
K	0				
L		574,175			
M		223,045			
N		443,144			
O	99,554				
P	34,315				
Q		1,107,050			
R	13,301				
S	0				
T		75,995			
U	0				
V	55,361				
W	0				
X	0				
Y	0				
Z	66,776				
AA	56				
AB	0				
AC		22,807			
AD	1,441				
AE			12,142,879		
AF			168,179		
AG	0				
AH	9,665				
AI	0				
AJ	0				
AK			0		
AL	0				
BM	0				
BN		9,755			
BO	0				
BP	0				
BQ		106,272			
BR					5,858
BS			0		
BT		353			
BU	270				
BV	0				
BW	707				
BX	0				
BY	0				
BZ		11,182			
B	326,883				
B		117,490			

	(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	\$1,808				
B	\$168,829				
B	\$308,539				
B	\$20,659				
B	\$0				
B	\$5,082				
B	\$0				
B	\$282,408				
B	\$0				
B	\$0				
C	\$5,091				
C	\$1,509				
C			66,696		
C			66		
C					1,190,769
C			20,619		
C		263,968			
C		2,693			
C	\$3,333,222				
C	\$6				
C	\$0				
C	\$0				
C	\$55				
C	\$0				
C	\$0				
C	\$2,067				
C		487,950			
C	\$691				
C	\$542				
C	\$2,020,906				
C	\$353				
C		255,752			
C		2,301			
C	\$29				
C	\$54				
C	\$84				
D	\$343				
D	\$29				
D	\$13,616				
D	\$138				
D	\$0				
D	\$0				
D	\$1				
D					

	(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
	\$0				
D			1,143,611		
D		11,868			
D		4,582			
D	\$19				
D	\$1,820				
D	\$0				
D	\$0				
D	\$349				
D	\$4				
D	\$8,507				
D	\$46,312				
D	\$0				
D	\$613				
D	\$55				
D	\$141				
D		8,152			
D	\$0				
D		6,825			
E		798,990			
E			0		
E	\$2,441				
E	\$0				
E	\$281,278				
E		2,330,233			
E		317			
E	\$4				
E	\$0				
E	\$23,855				
E	\$25				
E	\$473				
E		20,801			
E		15,658			
E	\$0				
E		13,769			
E	\$2,361,679				
E		1,550,163			
E	\$349				
E	\$40,844				
E	\$349				
E		31,057			
E		473,786			
E	\$349				
E	\$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
E	\$4				
F		4,786			
F	\$29				
F	\$0				
F	\$1,342,957				
F	\$417				
F			6,712,965		
F	\$0				
F	\$31,934				
F	\$2,800				
F	\$2,901,962				
F	\$2,575				
F			1,092,373		
F	\$1,376,823				
F	\$833,779				
F	\$2,216,774				
F	\$518,214				
F	\$2,800				
F	\$406				
F	\$0				
F	\$598				
F	\$4				
F	\$29				
F	\$28				
F	\$326				
F	\$48				
F			97,912		
G	\$1,347,266				
G	\$6,090				
G			0		
G			11,034		
G	\$6				
G	\$29,608				
G	\$602,943				
G	\$4,725				
G	\$4,669				
G	\$31				
G	\$0				
G	\$0				
G	\$4				
G	\$0				
G	\$704,099				
G	\$369				
G		1,431,231			

	(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			9,693,290		
G	\$349				
G	\$0				
G	\$4,797,104				
G	\$13,909,080				
G	\$0				
G					504,989
G					9,675
G	\$1,733,024				
H	\$291,551				
H		315,553			
H	\$259,182				
H	\$2,310				
H	\$6,230				
H	\$349				
H		27,122			
H	\$0				
H	\$0				
H	\$24				
H	\$0				
H	\$4				
H	\$4				
H	\$2,975				
H	\$0				
H		274			
H	\$17,505				
H	\$0				
H	\$0				
H	\$0				
H		5,311,452			
H		9,936,265			
H		306,841			
H	\$1,804,006				
H	\$10,937				
H		460,594			
I		64,058			
I	\$88,407				
I	\$0				
I	\$5,115				
I	\$34				
I	\$0				
I	\$188				
I	\$0				

	(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	030				
I	021				
I	000				
I	002				
I	2,265				
I		14,457			
I		889			
I	000				
I	50,461				
I	2,016				
I	000				
I	000				
I	2,954				
I	000				
I	224				
I	2,744				
I	000				
I	18,448				
J		87,124			
J		14,274			
J	2,245,290				
J	506,355				
J	4,945,666				
J	22,909				
J	000				
J	000				
J	000				
J	000				
J	000				
J	000				
J	000				
J	28				
J	000				
J	000				
J	48,945				
J	000				
J	36				
J	71				
J		1,637			
J	239				
J	34				
J		1,571			
J	34				
J	61				

	(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
K	\$368				
K	\$16				
K	\$6				
K	\$0				
K	\$6				
K		1,888,079			
K	\$0				
K	\$410				
K	\$615				
K		1,795,690			
K		18,322			
K	\$0				
K	\$0				
K	\$14,048				
K					12
K	\$153,763				
K	\$45,476				
K		139,310			
K	\$827				
K		6,633			
K	\$56				
K	\$24,618				
K	\$0				
K	\$490				
K	\$297				
K	\$1,575				
L		3,275,090			
L	\$194				
L	\$1,476				
L	\$633				
L	\$353				
L	\$250				
L	\$78,194				
L	\$5,690				
L	\$613				
L	\$81				
L	\$62,843				
L	\$314,045				
L	\$0				
L	\$0				
L		22,784,428			
L	\$190,180				
L	\$0				
L					

	(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
	\$1,103,704				
L	\$0				
L	\$1,037				
L			11,668		
L	\$575				
L	\$635				
L	\$3,172				
L	\$6				
L	\$8				
M		67			
M	\$1				
M	\$2				
M	\$699				
M	\$0				
M	\$249				
M	\$0				
M		33,082			
M	\$2				
M	\$15				
M	\$6				
M	\$4				
M	\$1				
M	\$3				
M	\$790				
M	\$0				
M	\$0				
M	\$323				
M	\$48				
M	\$29				
M	\$29,313				
M			11,146		
M	\$13,907				
M	\$8,422				
M		14,603			
M	\$98,901				
N	\$4				
N	\$48,456				
N		75,609			
N		1,502			
N	\$140,496				
N			0		
N	\$0				
N	\$186				
N		144			

	(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	\$22,680				
N		880			
N	\$0				
N	\$49,956				
N	\$22,618				
N	\$0				
N	\$0				
N	\$6,152				
N			67,808		
N	\$57				
N	\$18,222				
N	\$0				
N	\$0				
N	\$5				
N	\$3				
N	\$0				
N	\$4				
O	\$30				
O	\$0				
O	\$6				
O	\$0				
O	\$28				
O	\$1				
O	\$4				
O	\$4				
O	\$18				
O	\$6				
O	\$25				
O		2,666			
O	\$4				
O	\$5				
O	\$4				
O	\$139				
O	\$28				
O		8,071			
O		15,816			
O	\$413				
O		4,834			
O	\$4				
O	\$4				
O		314			
O		1,407			
O	\$347				
P					

	(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
	\$24,096				
P	\$64				
P	\$20				
P	\$23				
P	\$2				
P		3,187			
P			27		
P		768			
P	\$20,413				
P	\$0				
P	\$468				
P		140			
P	\$2,945				
P		18,138			
P	\$11,152				
P	\$5,234				
P		277			
P	\$17,682				
P	\$0				
P	\$63				
P	\$33,669				
P		5,101			
P		98			
P	\$22,392				
P	\$0				
P		635			
Q		455			
Q	\$319				
Q		3,220			
Q	\$29				
Q		139			
Q	\$16				
Q	\$56				
Q	\$2,622				
Q	\$65				
Q		10,111			
Q	\$297				
Q	\$2,509				
Q	\$56				
Q	\$25				
Q		202,934			
Q		102,547			
Q	\$0				
Q		60,570			

(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
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Form 1040 Schedule E, Part III, Line 33 - Income or Loss From Estates and Trusts

	(a) Name	(b) Employer identification number
A	DONALD J TRUMP TRUST	11-6261971
B	DONALD J TRUMP ELIZABETH TRUST	13-6023440
C	DONALD J TRUMP 'FRED' TRUST	13-6023441
D	ELIZABETH TRUMP GRANDCHILDREN - DONALD	13-6814305

Form 1040 Schedule E, Part III, Line 33 - Passive Income and Loss/Nonpassive Income and Loss

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			0	
B	0			
C	0			
D	0			

Statement SBE Supplemental Business Expenses

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP NATIONAL GOLF CLUB
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 16	4	2,575.		
5 Meals 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	2,575.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	2,575.		
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	2,575.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	2,575.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred THE EAST 61 ST. COMPANY
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 1	4	10,834.		
5 Meals 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	10,834.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,834.		
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	10,834.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,834.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred 40 WALL DEVELOPMENT ASSOC, LLC
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 2	4	452,753.		
5 Meals 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	452,753.		

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 not 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	452,753.		
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	452,753.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			452,753.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24a	Vehicle rentals	24a			
b	Inclusion amount	24b			
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			
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			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle		(b) 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			
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			
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			

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP CPS LLC
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 3	4	99,554.		
5 Meals 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	99,554.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	99,554.		
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	99,554.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			99,554.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP 845 UN GP LLC (MGR)
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 4</small>	4	55,361.		
5 Meals 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	55,361.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	55,361.		
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	55,361.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	55,361.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PALACE/PARC LLC
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 6	4	45,476.		
5 Meals 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	45,476.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	45,476.		
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	45,476.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	45,476.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5c (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP EQUITABLE FIFTH AVENUE CO
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 5	4	190,180.		
5 Meals 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	190,180.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	190,180.		
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	190,180.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			190,180.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2018	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 total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
c	Subtract line 24b from line 24a		
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		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis		
31	Enter section 179 deduction and special allowance		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)		
33	Enter depreciation method and percentage		
34	Multiply line 32 by the percentage on line 33		
35	Add lines 31 and 34		
36	Enter the limitation amount		
37	Multiply line 36 by the percentage on line 14		
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		

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PLAZA LLC
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 7	4	13,301.		
5 Meals 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	13,301.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	13,301.		
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	13,301.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	13,301.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Section D. - Depreciation of Vehicles		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security no.:	Business in which expenses were incurred THE TRUMP CORPORATION
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Part I Business Expenses and Reimbursements

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		
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	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 8	4	168,179.	
5 Meals 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	168,179.	

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 not 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		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	168,179.	
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	168,179.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		168,179.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24a	Vehicle rentals	24a			
b	Inclusion amount	24b			
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			
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			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle		(b) 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			
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			
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			

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PROJECT MANAGEMENT CORP
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 9</small>	4	9,665.		
5 Meals 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	9,665.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,665.		
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	9,665.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			9,665.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2018	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 total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
24b	b Inclusion amount		
24c	c Subtract line 24b from line 24a		
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		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis		
31	Enter section 179 deduction and special allowance		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)		
33	Enter depreciation method and percentage		
34	Multiply line 32 by the percentage on line 33		
35	Add lines 31 and 34		
36	Enter the limitation amount		
37	Multiply line 36 by the percentage on line 14		
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		

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVENUE LLC (DELMONICO)
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 11	4	5,082.		
5 Meals 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	5,082.		

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 not 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	5,082.		
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	5,082.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			▶ 10	5,082.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Section D. - Depreciation of Vehicles		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVE LLC - ACQUISITIONS
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 12	4	5,091.		
5 Meals 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	5,091.		

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 not 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	5,091.		
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	5,091.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	5,091.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Section D. - Depreciation of Vehicles		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TIHT COMMERCIAL LLC
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Part I Business Expenses and Reimbursements

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., 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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 13	4	891.		
5 Meals 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	891.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	891.		
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	891.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	891.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2018	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP INTERNATIONAL GOLF CLUB LC
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Part I Business Expenses and Reimbursements

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		
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	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 14	4	281,278.	
5 Meals 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	281,278.	

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 not 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		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	281,278.	
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	281,278.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		281,278.

Part II Vehicle Expenses			(a) Vehicle	(b) Vehicle
Section A. - General Information				
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2018	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	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred MAR-A-LAGO CLUB LLC
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 15	4	465,720.		
5 Meals 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	465,720.		

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 not 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			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	465,720.		
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	465,720.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	465,720.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2018	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 total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
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	
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	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) 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	
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	
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	

**Statement SBE
Supplemental Business Expenses**

2018

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred T MANAGEMENT LLC (TMG MEMBER LLC)
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Part I Business Expenses and Reimbursements

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		
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	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 10	4	66,776.		
5 Meals 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	66,776.		

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 not 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	66,776.		
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	66,776.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			66,776.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2018	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 total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
24b	b Inclusion amount		
24c	c Subtract line 24b from line 24a		
25	25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	26 Add lines 23, 24c, and 25		
27	27 Multiply line 26 by the percentage on line 14		
28	28 Depreciation. Enter amount from line 38 below ...		
29	29 Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30	30 Enter cost or other basis		
31	31 Enter section 179 deduction and special allowance		
32	32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)		
33	33 Enter depreciation method and percentage		
34	34 Multiply line 32 by the percentage on line 33		
35	35 Add lines 31 and 34		
36	36 Enter the limitation amount		
37	37 Multiply line 36 by the percentage on line 14		
38	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		

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2018
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040 or Form 1040NR.

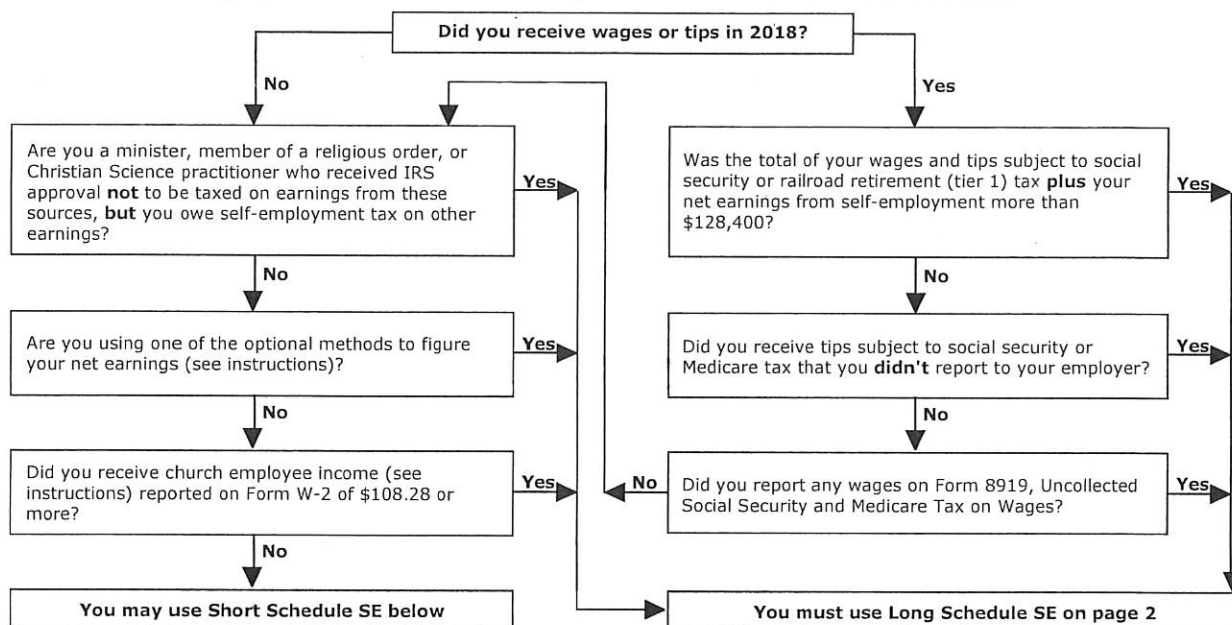
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
DONALD J TRUMP

Social security number of person with self-employment income

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), box 14, code A	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	2	
3 Combine lines 1a, 1b, and 2	3	
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$128,400 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 \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	
6 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	6	

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.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note:** 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) **2** 4,136,935

3 Combine lines 1a, 1b, and 2 **3** 4,136,935

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 3,820,459
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 3,820,459

5a 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 Add lines 4c and 5b **6** 3,820,459

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 2018 **7** \$128,400

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11 **8a** 129,428

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 Add lines 8a, 8b, and 8c **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**

11 Multiply line 6 by 2.9% (0.029) **11** 110,793

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 **12** 110,793

13 **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Form 1040, line 27, or Form 1040NR, line 27** **13** 55,397

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$7,920, or **(b)** your net farm profits² were less than \$5,717.

14 Maximum income for optional methods **14** 5,280

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) or \$5,280. Also include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income,⁴ and **(b)** you had net earnings from self-employment of at least \$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 income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above **17**

¹From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

²From 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.

³From 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.

⁴From 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.

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

Form **1116**
 Department of the Treasury
 Internal Revenue Service (99)

Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No. 1545-0121

2018
 Attachment
 Sequence No. **19**

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name
 DONALD J & MELANIA<TRUMP

Identifying number as shown on page 1 of your tax return

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.

- a Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions
 b Foreign branch income d General category income f Certain income re-sourced by treaty

h Resident of (name of country) ▶ US

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)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A OC	B AJ	C PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	24,644			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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	17,554		2,385,534	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)	24,644			
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00012	0.00000	0.00000	
g Multiply line 3c by line 3f	1			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	17,555		2,385,534	6
i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D IN	E CA	F QA	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				

c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
Foreign Country or U.S. Possession				Total (Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession	G	H	I	
	CH			
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
	996,396	-1,021,040		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) <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	7,156			
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156			
d Gross foreign source income (see instructions)	996,396			
e Gross income from all sources (see instructions)	208,786,952			
f Divide line 3d by line 3e (see instructions)	0.00477			
g Multiply line 3c by line 3f	34			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	34	-2,403,123		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:				Taxes withheld at source on:				(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest		
A	See Additional Data Table										
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8** 721

Part 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	9 721
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10
11	Add lines 9 and 10	11 721
12	Reduction in foreign taxes (see instructions)	12
13	Taxes reclassified under high tax kickout (see instructions)	13 -721
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14 0
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 (see instructions)	15
16	Adjustments to line 15 (see instructions)	16
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
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	18
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
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 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, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20 8,436,059
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.		
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 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)	22 0
Part IV Summary of Credits From Separate Parts III (see instructions)		
23	Credit for taxes on section 951A income	23
24	Credit for taxes on foreign branch income	24
25	Credit for taxes on passive category income	25
26	Credit for taxes on general category income	26 344,084
27	Credit for taxes on section 901(j) income	27
28	Credit for taxes on certain income re-sourced by treaty	28
29	Credit for taxes on lump-sum distributions	29
30	Add lines 23 through 29	30 344,084
31	Enter the smaller of line 20 or line 30	31 344,084
32	Reduction of credit for international boycott operations. See instructions for line 12	32
33	Subtract line 32 from line 31. 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	33 344,084

Form **1116**
 Department of the Treasury
 Internal Revenue Service (99)

Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No. 1545-0121
2018
 Attachment
 Sequence No. **19**

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name: DONALD J & MELANIA<TRUMP | Identifying number as shown on page 1 of your tax return

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.

- a Section 951A income
- c Passive category income
- e Section 901(j) income
- g Lump-sum distributions
- b Foreign branch income
- d General category income
- f Certain income re-sourced by treaty
- h Resident of (name of country) ▶ US

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)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OC	KS	UK	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	5,535,495		23,022,204	1a 44,779,730
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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	4,637,595	56	37,608,469	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)	5,535,495		23,022,204	
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.02651	0.00000	0.11027	
g Multiply line 3c by line 3f	190		789	
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	4,637,785	56	37,609,258	6 67,235,018

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D	E	F	
	CH	DR	PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	5,787,555		353	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				

c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	5,787,555		353	6
				67,235,018

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	G AE	H RQ	I CA	
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
.....	679,900			1a
				44,779,730
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) <input type="checkbox"/>				

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	J RP	K GJ	L IN	
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	1,390,884	84	1,861,346	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)	679,900			
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00326	0.00000	0.00000	
g Multiply line 3c by line 3f	23			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,390,907	84	1,861,346	6
				67,235,018

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	J RP	K GJ	L IN	
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
.....	11,868		1,809,220	1a
				44,779,730
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) <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)		4	3,271	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)	11,868		1,809,220	
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00006	0.00000	0.00867	
g Multiply line 3c by line 3f			62	
4 Pro rata share of interest expense (see instructions):				

a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5			4	3,333	6 67,235,018

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	M GG	N IS	O AJ	
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
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)				<input type="checkbox"/>

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	M GG	N IS	O AJ	
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	1,343,007	1,108,983	1,345,997	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,343,007	1,108,983	1,345,997	6 67,235,018

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	P BR	Q RN	R MX	
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above (see instructions):		718,067		1a 44,779,730
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)				<input type="checkbox"/>

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	P BR	Q RN	R MX	
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	2,449,043	1,009,618	1,342,982	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,156	7,156	7,156	
d Gross foreign source income (see instructions)		718,067		
e Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00344	0.00000	
g Multiply line 3c by line 3f		25		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	2,449,043	1,009,643	1,342,982	6 67,235,018

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	S QA	T ID	U EI	
i Enter the name of the foreign country or U.S. possession				
1a				

Gross income from sources within country shown above and of the type checked above (see instructions):				1,819,000	10,150,280	1a	44,779,730
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) . . . <input type="checkbox"/>							
Deductions and losses (Caution: See instructions.):							
2 Expenses definitely related to the income on line 1a (attach statement)				1,343,367	3,597,703		
3 Pro rata share of other deductions not definitely related :							
a Certain itemized deductions or standard deduction (see instructions)				7,156	7,156		7,156
b Other deductions (attach statement)							
c Add lines 3a and 3b				7,156	7,156		7,156
d Gross foreign source income (see instructions)					1,819,000		10,150,280
e Gross income from all sources (see instructions)				208,786,952	208,786,952		208,786,952
f Divide line 3d by line 3e (see instructions)				0.00000	0.00871		0.04862
g Multiply line 3c by line 3f					62		348
4 Pro rata share of interest expense (see instructions):							
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)							
b Other interest expense							
5 Losses from foreign sources							
6 Add lines 2, 3g, 4a, 4b, and 5				1,343,429	3,598,051	6	67,235,018
i Enter the name of the foreign country or U.S. possession				Foreign Country or U.S. Possession			Total
				V	W	X	(Add cols. A, B, and C.)
				TU	VC	UY	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				9,177		3,479	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) . . . <input type="checkbox"/>							
Deductions and losses (Caution: See instructions.):							
2 Expenses definitely related to the income on line 1a (attach statement)				54		25	
3 Pro rata share of other deductions not definitely related :							
a Certain itemized deductions or standard deduction (see instructions)				7,156	7,156		7,156
b Other deductions (attach statement)							
c Add lines 3a and 3b				7,156	7,156		7,156
d Gross foreign source income (see instructions)				9,177			3,479
e Gross income from all sources (see instructions)				208,786,952	208,786,952		208,786,952
f Divide line 3d by line 3e (see instructions)				0.00004	0.00000		0.00002
g Multiply line 3c by line 3f							
4 Pro rata share of interest expense (see instructions):							
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)							
b Other interest expense							
5 Losses from foreign sources							
6 Add lines 2, 3g, 4a, 4b, and 5				54		25	6
i Enter the name of the foreign country or U.S. possession				Foreign Country or U.S. Possession			Total
				Y	Z	CC	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1,021,040			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) . . . <input type="checkbox"/>							
Deductions and losses (Caution: See instructions.):							

2 Expenses definitely related to the income on line 1a (attach statement)			
3 Pro rata share of other deductions not definitely related :			
a Certain itemized deductions or standard deduction (see instructions)			
b Other deductions (attach statement)			
c Add lines 3a and 3b			
d Gross foreign source income (see instructions)			
e Gross income from all sources (see instructions)			
f Divide line 3d by line 3e (see instructions)			
g Multiply line 3c by line 3f			
4 Pro rata share of interest expense (see instructions):			
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)			
b Other interest expense			
5 Losses from foreign sources			
6 Add lines 2, 3g, 4a, 4b, and 5	2,403,123		6 67,235,018
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2			7 -22,455,288

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		(l) Date paid or accrued	Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
			(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A	See Additional Data Table										
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8** 343,363

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11440U

Form **1116** (2018)

Part 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	343,363
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	
11	Add lines 9 and 10	11	343,363
12	Reduction in foreign taxes (see instructions)	12	
13	Taxes reclassified under high tax kickout (see instructions)	13	721
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	344,084
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 (see instructions)	15	-22,455,288
16	Adjustments to line 15 (see instructions)	16	48,754,476
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	26,299,188
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	18	30,143,088
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.87248
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, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20	8,436,059
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)	21	7,360,293
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)	22	344,084
Part IV Summary of Credits From Separate Parts III (see instructions)			
23	Credit for taxes on section 951A income	23	
24	Credit for taxes on foreign branch income	24	
25	Credit for taxes on passive category income	25	
26	Credit for taxes on general category income	26	
27	Credit for taxes on section 901(j) income	27	
28	Credit for taxes on certain income re-sourced by treaty	28	
29	Credit for taxes on lump-sum distributions	29	
30	Add lines 23 through 29	30	
31	Enter the smaller of line 20 or line 30	31	
32	Reduction of credit for international boycott operations. See instructions for line 12	32	
33	Subtract line 32 from line 31. 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	33	

Form **1116**

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2018

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name
DONALD J & MELANIA<TRUMP

Identifying number as shown on page 1 of your tax return

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.

- a Section 951A income
- c Passive category income
- e Section 901(j) income
- g Lump-sum distributions
- b Foreign branch income
- d General category income
- f Certain income re-sourced by treaty
- h Resident of (name of country) ▶ US

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)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OC	AJ	PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	24,644			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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	17,554		2,385,534	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	17,156	17,156	17,156	
d Gross foreign source income (see instructions)	24,644			
e Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions)	0.00012	0.00000	0.00000	
g Multiply line 3c by line 3f	2			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	17,556		2,385,534	6
i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D	E	F	
	IN	CA	QA	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156	
b Other deductions (attach statement)				

c	Add lines 3a and 3b	17,156	17,156	17,156	
d	Gross foreign source income (see instructions)				
e	Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851	
f	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000	
g	Multiply line 3c by line 3f				
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5				6
		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		G	H	I	
i	Enter the name of the foreign country or U.S. possession	CH			
1a	Gross income from sources within country shown above and of the type checked above (see instructions):				
		996,396	-1,021,040		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) <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related:				
a	Certain itemized deductions or standard deduction (see instructions)	17,156			
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	17,156			
d	Gross foreign source income (see instructions)	996,396			
e	Gross income from all sources (see instructions)	208,896,851			
f	Divide line 3d by line 3e (see instructions)	0.00477			
g	Multiply line 3c by line 3f	82			
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5	82	-2,403,172		6
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency					In U.S. dollars				
		(l) Date paid or accrued	Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
			(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A	See Additional Data Table										
B											
C											

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8** 721

Part 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	721		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	16,681		
11	Add lines 9 and 10	11	17,402		
12	Reduction in foreign taxes (see instructions)	12			
13	Taxes reclassified under high tax kickout (see instructions)	13	-721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		16,681	
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 (see instructions)	15			
16	Adjustments to line 15 (see instructions)	16			
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			
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	18			
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.					
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 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, 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 g (lump-sum distributions), see instructions.					
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 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)	22			0

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on section 951A income	23			
24	Credit for taxes on foreign branch income	24			
25	Credit for taxes on passive category income	25			
26	Credit for taxes on general category income	26	1,264,257		
27	Credit for taxes on section 901(j) income	27			
28	Credit for taxes on certain income re-sourced by treaty	28			
29	Credit for taxes on lump-sum distributions	29			
30	Add lines 23 through 29	30		1,264,257	
31	Enter the smaller of line 20 or line 30	31		1,264,257	
32	Reduction of credit for international boycott operations. See instructions for line 12	32			
33	Subtract line 32 from line 31. 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	33		1,264,257	

Form **1116**

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2018

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name: DONALD J & MELANIA<TRUMP> Identifying number as shown on page 1 of your tax return

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.

- a Section 951A income
- c Passive category income
- e Section 901(j) income
- g Lump-sum distributions
- b Foreign branch income
- d General category income
- f Certain income re-sourced by treaty
- h Resident of (name of country) ▶ US

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)

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OC	KS	UK	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	5,535,495		23,022,204	1a 44,779,730
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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	4,637,595	56	37,608,469	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	17,156	17,156	17,156	
d Gross foreign source income (see instructions)	5,535,495		23,022,204	
e Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions)	0.02650	0.00000	0.11021	
g Multiply line 3c by line 3f	455		1,891	
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	4,638,050	56	37,610,360	6 67,237,163

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D	E	F	
	CH	DR	PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	5,787,555		353	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156	
b Other deductions (attach statement)				

c	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)					
e	Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851		
f	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
g	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	5,787,555		353	6	67,237,163
		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)	
i	Enter the name of the foreign country or U.S. possession 	G	H	I		
		AE	RQ	CA		
1a	Gross income from sources within country shown above and of the type checked above (see instructions): -----	679,900			1a	44,779,730
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) <input type="checkbox"/>					
Deductions and losses (Caution: See instructions.):						
2	Expenses definitely related to the income on line 1a (attach statement)	1,390,884	84	1,861,346		
3	Pro rata share of other deductions not definitely related :					
a	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
c	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)	679,900				
e	Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851		
f	Divide line 3d by line 3e (see instructions)	0.00325	0.00000	0.00000		
g	Multiply line 3c by line 3f	56				
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	1,390,940	84	1,861,346	6	67,237,163
		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)	
i	Enter the name of the foreign country or U.S. possession 	J	K	L		
		RP	GJ	IN		
1a	Gross income from sources within country shown above and of the type checked above (see instructions): -----	11,868		1,809,220	1a	44,779,730
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) <input type="checkbox"/>					
Deductions and losses (Caution: See instructions.):						
2	Expenses definitely related to the income on line 1a (attach statement)		4	3,271		
3	Pro rata share of other deductions not definitely related :					
a	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
c	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)	11,868		1,809,220		
e	Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851		
f	Divide line 3d by line 3e (see instructions)	0.00006	0.00000	0.00866		
g	Multiply line 3c by line 3f	1		149		
4	Pro rata share of interest expense (see instructions):					

a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1	4	3,420	6	67,237,163

Foreign Country or U.S. Possession				Total
				(Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession	M	N	O	
	GG	IS	AJ	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
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.):				
2 Expenses definitely related to the income on line 1a (attach statement)	1,343,007	1,108,983	1,345,997	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	17,156	17,156	17,156	
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,343,007	1,108,983	1,345,997	6 67,237,163

Foreign Country or U.S. Possession				Total
				(Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession	P	Q	R	
	BR	RN	MX	
1a Gross income from sources within country shown above and of the type checked above (see instructions):		718,067		1a 44,779,730
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.):				
2 Expenses definitely related to the income on line 1a (attach statement)	2,449,043	1,009,618	1,342,982	
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156	
b Other deductions (attach statement)				
c Add lines 3a and 3b	17,156	17,156	17,156	
d Gross foreign source income (see instructions)		718,067		
e Gross income from all sources (see instructions)	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00344	0.00000	
g Multiply line 3c by line 3f		59		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	2,449,043	1,009,677	1,342,982	6 67,237,163

Foreign Country or U.S. Possession				Total
				(Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession	S	T	U	
	QA	ID	EI	
1a				

Gross income from sources within country shown above and of the type checked above (see instructions):		1,819,000	10,150,280	1a	44,779,730	
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) . . . <input type="checkbox"/>						
Deductions and losses (Caution: See instructions.):						
2 Expenses definitely related to the income on line 1a (attach statement)		1,343,367	3,597,703			
3 Pro rata share of other deductions not definitely related :						
a Certain itemized deductions or standard deduction (see instructions)		17,156	17,156	17,156		
b Other deductions (attach statement)						
c Add lines 3a and 3b		17,156	17,156	17,156		
d Gross foreign source income (see instructions)			1,819,000	10,150,280		
e Gross income from all sources (see instructions)		208,896,851	208,896,851	208,896,851		
f Divide line 3d by line 3e (see instructions)		0.00000	0.00871	0.04859		
g Multiply line 3c by line 3f			149	834		
4 Pro rata share of interest expense (see instructions):						
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)						
b Other interest expense						
5 Losses from foreign sources						
6 Add lines 2, 3g, 4a, 4b, and 5		1,343,516	3,598,537	6	67,237,163	
i Enter the name of the foreign country or U.S. possession		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)	
		V	W	X		
		TU	VC	UY		
1a Gross income from sources within country shown above and of the type checked above (see instructions):		9,177		3,479	1a	44,779,730
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) . . . <input type="checkbox"/>						
Deductions and losses (Caution: See instructions.):						
2 Expenses definitely related to the income on line 1a (attach statement)		54		25		
3 Pro rata share of other deductions not definitely related :						
a Certain itemized deductions or standard deduction (see instructions)		17,156	17,156	17,156		
b Other deductions (attach statement)						
c Add lines 3a and 3b		17,156	17,156	17,156		
d Gross foreign source income (see instructions)		9,177		3,479		
e Gross income from all sources (see instructions)		208,896,851	208,896,851	208,896,851		
f Divide line 3d by line 3e (see instructions)		0.00004	0.00000	0.00002		
g Multiply line 3c by line 3f		1				
4 Pro rata share of interest expense (see instructions):						
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)						
b Other interest expense						
5 Losses from foreign sources						
6 Add lines 2, 3g, 4a, 4b, and 5		55		25	6	67,237,163
i Enter the name of the foreign country or U.S. possession		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)	
		Y	Z	CC		
1a Gross income from sources within country shown above and of the type checked above (see instructions):		1,021,040			1a	44,779,730
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) . . . <input type="checkbox"/>						
Deductions and losses (Caution: See instructions.):						

2	Expenses definitely related to the income on line 1a (attach statement)			
3	Pro rata share of other deductions not definitely related :			
a	Certain itemized deductions or standard deduction (see instructions)			
b	Other deductions (attach statement)			
c	Add lines 3a and 3b			
d	Gross foreign source income (see instructions)			
e	Gross income from all sources (see instructions)			
f	Divide line 3d by line 3e (see instructions)			
g	Multiply line 3c by line 3f			
4	Pro rata share of interest expense (see instructions):			
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)			
b	Other interest expense			
5	Losses from foreign sources			
6	Add lines 2, 3g, 4a, 4b, and 5	2,403,172		6 67,237,163
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2			7 -22,457,433

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency					In U.S. dollars				
		Taxes withheld at source on:				(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A	See Additional Data Table										
B											
C											
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8 343,363	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11440U

Form **1116** (2018)

Part 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	343,363		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.)	10	8,502,035		
11	Add lines 9 and 10	11	8,845,398		
12	Reduction in foreign taxes (see instructions)	12			
13	Taxes reclassified under high tax kickout (see instructions)	13	721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		8,846,119	
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 (see instructions)	15	-22,457,433		
16	Adjustments to line 15 (see instructions)	16	25,913,530		
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	3,456,097		
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	18	14,453,245		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.23912	
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, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		5,287,122	
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)	21		1,264,257	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)	22		1,264,257	

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on section 951A income	23			
24	Credit for taxes on foreign branch income	24			
25	Credit for taxes on passive category income	25			
26	Credit for taxes on general category income	26			
27	Credit for taxes on section 901(j) income	27			
28	Credit for taxes on certain income re-sourced by treaty	28			
29	Credit for taxes on lump-sum distributions	29			
30	Add lines 23 through 29	30			
31	Enter the smaller of line 20 or line 30	31			
32	Reduction of credit for international boycott operations. See instructions for line 12	32			
33	Subtract line 32 from line 31. 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	33			

Form **3800**
 Department of the Treasury
 Internal Revenue Service

General Business Credit

OMB No. 1545-0895
2018
 Attachment
 Sequence No. 22

Go to www.irs.gov/Form3800 for instructions and the latest information.
 You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return: DONALD J & MELANIA<TRUMP
 Identifying number: _____

Part 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 2018. See instructions	3	
4	Carryforward of general business credit to 2018. 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 2019. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	15,068,133

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> 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 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 	7	5,287,122
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	4,069,110
9	Add lines 7 and 8	9	9,356,232
10a	Foreign tax credit	10a	1,264,257
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	1,264,257
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	8,091,975
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	4,022,865
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	999,466
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	8,091,975
15	Enter the greater of line 13 or line 14	15	8,091,975
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 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	0

Part II Allowable Credit (Continued)

Note: 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 26.

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	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2018. 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	7,092,509
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	7,092,509
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	218,217
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	83,200
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	3,146,515
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	15,279,438
35	Carryback of business credit from 2019. 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	18,644,170
37	Enter the smaller of line 29 or line 36	37	7,092,509
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: <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	7,092,509

Name(s) shown on return: DONALD J & MELANIA<TRUMP
 Identifying number: _____

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

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

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	301,417
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	301,417
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	301,417

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).

- A General Business Credit From a Non-Passive Activity E Reserved
- B General Business Credit From a Passive Activity F Reserved
- C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
- 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 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	14,415
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	14,415
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14,415

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).

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- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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 8845)	4f	200,978
g Qualified railroad track maintenance (Form 8900)	4g	27-4162308
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	200,978
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	200,978

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved
- I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	65-0750446 2,824
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,824
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,824

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved
- I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	8,999
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8,999
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	8,999

Name(s) shown on return DONALD J & MELANIA<TRUMP	Identifying number
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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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

- A General Business Credit From a Non-Passive Activity E Reserved
- B General Business Credit From a Passive Activity F Reserved
- C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
- 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 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	5,493
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	5,493
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	5,493

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	2,267
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,267
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,267

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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 7,529
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	7,529
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	7,529

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	9,305
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	9,305
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9,305

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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 2,119
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,119
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,119

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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 14,372
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	14,372
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14,372

Name(s) shown on return DONALD J & MELANIA<TRUMP	Identifying number
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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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

- | | |
|---|---|
| <p>A <input type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p>B <input checked="" type="checkbox"/> General Business Credit From a Passive Activity</p> <p>C <input type="checkbox"/> General Business Credit Carryforwards</p> <p>D <input type="checkbox"/> General Business Credit Carrybacks</p> | <p>E <input type="checkbox"/> Reserved</p> <p>F <input type="checkbox"/> Reserved</p> <p>G <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p>H <input type="checkbox"/> Reserved</p> |
|---|---|

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	14,502
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	14,502
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14,502

Name(s) shown on return: DONALD J & MELANIA<TRUMP
 Identifying number: _____

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

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

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	4,535
g Qualified railroad track maintenance (Form 8900)	4g	27-4162308
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	4,535
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	4,535

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	13,987
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	13,987
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	13,987

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	
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	27-4162256 92
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 Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	92
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	92

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).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
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	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
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	
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	
y 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	
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	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	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	15,057,604
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	
g Qualified railroad track maintenance (Form 8900)	4g	221,834
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	15,279,438
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	30,347,571

Additional Data

Software ID:
Software Version:
SSN:
Spouse SSN:
Name: DONALD J & MELANIA<TRUMP