efile GRAPHIC print - DO NOT PROCESS	LATEST DATA -	Production		Y Y	DLN:	16221684664919	
Department of the Treasury—Internal R (99) U.S. Individual Incom	2	2018	∕IB No. 154	5-0074 IRS Use 0	nly—Do no	ot write or staple in this space.	
Filing status: \square Single $ ot Married filing jointly$	☐ Married filing separat	ely 🗆 Head o	of household	d Qualit	fying wid	ow(er)	
Your first name and initial DONALD J & MELANIA < TRUMP #	Last name				Your so	cial security number	
Your standard deduction: Someone can claim	you as a dependent	You were bor	n before Ja	nuary 2, 1954	☐ You	are blind	
If a joint return, spouse's first name and initial	Last name				Spouse	e encial courity number	
Spouse standard deduction: Someone can claim your Spouse is blind Spouse itemizes on a sep	spouse as a dependent arate return or you were du		vas born befo	ore January 2, 1954		-year health care coverage xempt (see inst.)	
Home address (number 1). If you have a	P.O. box, see instruction	ns.	Apt	. no.	Preside (see inst.	ential Election Campaign You Spouse	
City, town or post office, state, and ZIP code. If you have a PALM BEACH, FL 33480	a foreign address, attach So	chedule 6.				han four dependents, nd √here ► □	
	2) Social security number	(3) Relations	hip to you	(4)√ i Child tax credit		for (see inst.): dit for other dependents	
(1) First name Last name							
Sign Here Under penalties of perjury, I declare that I have e complete. Declaration of preparer (other than tax Your signature Joint return? See *******	examined this return and accompan payer) is based on all information of	ying schedules and st of which preparer has Date 10-11-2019	any knowledge Your occi PRESIDE	upation	If the IR	S sent you an Identity on PIN, enter it here (see	
instructions. Keep a copy for your records. Spouse's signature. If a joint return return records.	rn, both must sign.	Date 10-11-2019	Spouse's FIRST LA	occupation DY		S sent you an Identity on PIN, enter it here (see	
Preparer's name DONALD BENDER	Preparer's signature			Firm's E 13-145		Check if: 3rd Party	
Preparer Use Only Firm's name MAZARS USA LLP			Phone n	o. (516) 488-1200		Designee Self-employed	
WOODBURY, NY, 11 For Disclosure, Privacy Act, and Paperwork Reduc			•	Cat No. 11320B		Form 1040 (2018)	

Form **1040** (2018)

Form 1040 (2018)				Page 2
	1	Wages, salaries, tips, etc. Attach Form(s) W-2 📆	1	393,957
	2a	Tax-exempt interest . 2a 1,154 b Taxable interest	2b	9,435,377
Attach Form(s) W-2. Also attach	3 a	Qualified dividends 3a 17,573 b Ordinary dividends	3b	60,254
Form(s) W-2G and	4a	IRAs, pensions, and annuities 4a b Taxable amount	4b	86,532
1099-R if tax was withheld.	5 a	Social security benefits 5a b Taxable amount	5b	
withheld.	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-	8	Standard deduction or itemized deductions (from Schedule A)	8	1,388,307
	9	Qualified business income deduction (see instructions)	9	2,000,00.
 Single or married filing separately, 	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	22,951,389
\$12,000 Married filing	11	a Tax (see inst) 5,287,122 (check if any from: 1 Form 8814 2 Form 4972		
jointly or Qualifying	1	3 ☐ b Add any amount from Schedule 2 and check here ▶ ☑	11	9,356,232
widow(er), \$24,000	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	12	8,356,766
Head of	13	Subtract line 12 from line 11. If zero or less, enter -0	13	999,466
Household,	14	Other taxes. Attach Schedule 4	14	1,069,356
\$18,000 If you checked	15	Total tax. Add lines 13 and 14	15	2,068,822
any box under	16	Federal income tax withheld from Forms W-2 and 1099	16	87,310
Standard deduction, see instructions.	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5 11,962,437	17	11,962,437
	18	Add lines 16 and 17. These are your total payments	18	12,049,747
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	9,980,925
	20 a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	
Direct deposit? See instructions.	► d	Routing number Account number		
Amarint		Amount of line 19 you want applied to your 2019 estimated tax 21 9,980,925	1	
Amount	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
You Owe	23	Estimated tax penalty (see instructions) 23		
Go to www.irs.gov/	'Form	1040 for instructions and the latest information.		Form 1040 (2018)

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040.

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

OMB No. 1545-0074

2018

Sequence No. 01

Name(s) shown on Form 1040 Your social security number DONALD J & MELANIA<TRUMP Additional 1-9b 10 Taxable refunds, credits, or offsets of state and local income taxes . . 0 10 Income 11 12 Business income or (loss). Attach Schedule C or C-EZ 🦅 12 -430,408 13 Capital gain or (loss). Attach Schedule D if required. 📆 If not required, check here 🕨 🗌 13 22,015,123 14 Other gains or (losses). Attach Form 4797 14 15b 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -11,992,220 18 19 Unemployment compensation 19 **20a** Reserved 20b 21 Other income. List type and amount 2 > 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 14,418,973 Adjustments 23 23 Certain business expenses of reservists, performing artists, and to Income 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 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 36 Add lines 23 through 35 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

► Attach to Form 1040. ► Go to www.irs.gov/Form1040 for instructions and the latest information. Department of the Treasury

Internal Revenue	Service	do to www.ms.gov/rorm1040 for instructions and the latest info	mation.	Sequence No. 02
Name(s) show	wn on Form 10	040	Yo	our social security number
DONALD .	J & MELANIA<	TRUMP		
Tax	38-44	Reserved	3	38-44
	45	Alternative minimum tax. Attach Form 6251 💆		4,069,110
	46	Excess advance premium tax credit. Attach Form 8962		46
	47	Add the amounts in the far right column. Enter here and include on Form 1040, lin	e 11	4,069,110
For Paperwo	ork Reduction	n Act Notice, see your tax return instructions. Cat. No. 71478U	Sch	edule 2 (Form 1040) 2018

SCHEDULE 3 (Form 1040)

Nonrefundable Credits

OMB No. 1545-0074

Department of the Treasury

Attach to Form 1040.

Internal Revenue Service		Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 03
Name(s) shown on For	m 10	040	Your soc	ial security number
DONALD J & MELA	NIA<	TRUMP		
Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required 📆	48	1,264,257
Credits	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 🗹 3800 🖾 b 🗌 8801 c 🖂	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 Redu	ctio	Act Notice, see your tax return instructions. Cat. No. 71480G	Schedule	3 (Form 1040) 2018

SCHEDULE 4 (Form 1040)

Other Taxes

OMB No. 1545-0074

2018 Attachment

Department of the Treasury

Attach to Form 1040.

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

Internal Revenue Service	ce			Sequence No. 04
Name(s) shown on	Form 1	040	Your soc	ial security number
DONALD J & M	ELANIA.	<trump< th=""><th></th><th></th></trump<>		
Other	57	Self-employment tax. Attach Schedule SE 💯	5/	110,793
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60	^a Household employment taxes. Attach Schedule H 🧐 · · · · · · · · · · ·	60a	7,475
	1	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 ☑ Form 8959 ❷ b ☑ Form 8960 ❷		
		c ☐ 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 R	eductio		Schedule	4 (Form 1040) 2018

SCHEDULE 5 (Form 1040)

Other Payments and Refundable Credits

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 05

Name(s) shown o	n Form 1	040 .	Your social se	curity number
DONALD J & N	MELANIA:	<trump< th=""><th></th><th></th></trump<>		
Other	65	Reserved	65	10.1000 - 10.000 - 10
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	4,431,776
and	67a	Reserved	67a	
Refundable 67b Reserved				
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)		Amount paid with request for extension to file (see instructions)	71	7,500,000
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 \square 2439 b \square Reserved c \square 8885 d \square	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

Department of the Treasury

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

Internal Revenue Service Sequence No. 05A Name(s) shown on Form 1040 Your social security number DONALD J & MELANIA<TRUMP Foreign country name Foreign province/county Foreign postal code Foreign Address Do you want to allow another person to discuss this return with the IRS (see instructions)? \square Yes. Complete below. \square No **Third Party** Designee's name Phone Personal identification number (PIN) Designee

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

Cat. No. 71483N

Schedule 6 (Form 1040) 2018

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

efile GRAPH	IIC	print - DO NOT PROCESS LATEST DATA - Production		D	LN:	16221684664919
SCHEDULE A	4	Itemized Deductions			T	
(Form 1040)		Go to www.irs.gov/ScheduleA for instructions and the	o late	est information	\vdash	OMB No. 1545-0074
Department of the Treasury Attach to Form 1040.						2018
Internal Revenue Se (99)	Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions f line 16.					Attachment Sequence No. 07
Name(s) shown	on	Form 1040			You	social security number
DONALD J & ME	LAN	IIA <trump< th=""><th></th><th></th><th></th><th></th></trump<>				
NA 11 1		Caution: Do not include expenses reimbursed or paid by others.				F
Medical	1	Medical and dental expenses (see instructions)	1			
and Dental	2	Enter amount from Form 1040, line 38 2			1	
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
		Cultivast line 2 from line 1 If line 2 in a 1 If line 2 i			4	
Taxes You	5	State and local taxes				
Paid	ā	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 🕨 🗌 · · · · · ·	5a	9,482,423		
		State and local real estate taxes (see instructions)	5b	1,029,017		
		State and local personal property taxes	5c			
		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				
Caution: Your mortgage interest deduction may be limited (see		Home mortgage interest and points reported to you on Form 1098. 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	8a			
instructions).	0044	Daile and the second of the se	8b			
	С	Points not reported to you on Form 1098. See instructions for special rules	8c			
39		Reserved	8d			
		Add lines 8a through 8c	8e			
	9	Investment interest. Attach Form 4952 if required. See instructions .	9	9 871,001		
		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		
gift and got a	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			
benefit for it, see instructions.	13	Carryover from prior year	13			
		Add lines 11 through 13			14	500,150
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other tha losses). Attach Form 4684 and enter the amount from line 18 of that fo	n net rm. S	qualified disaster ee instructions .	15	550,250
	16	Other — from list in instructions. List type and amount 🏲 📆				
Itemized						
Deductions					16	7,156
Itemized		Add the amounts in the far right column for lines 4 through 16. Also, en Form 1040, line 8	•		17	1,388,307
Deductions		If you elect to itemize deductions even though they are less than your s		The second of th		
For Paperwork	Re	deduction, check here			dule	A (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

efile GRAPHIC print - DO NOT PROCESS	LATEST DATA - Production	DLN: 16221684664919
TV 2018 Other Income Type S	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

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

DLN: 16221684664919

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 TOTAL AMOUNT AVAILABLE FOR CARRYOVER - 63203350; LESS **Deduction Statement:** 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;

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production DLN: 16221684664919

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		

efile GRAPHIC print - DO NOT PROCESS 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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE B OMB No. 1545-0074 Interest and Ordinary Dividends (Form 1040) Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040. Name(s) shown on return DONALD J & MELANIA<TRUMP Your social security number 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used 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

	the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address		Amount
		1	
	-	-	
	Payer		Amount
	See Additional Data Table		
		-	
		E	
		-	
	Add the amounts on line 1	2	9,435,37
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
ı	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b	4	9,435,377
_	: If line 4 is over \$1,500, you must complete Part III.		Amount

Part II		List name of payer				
7.77.7		FROM K-1 - PARK BRIAR ASSOCIATES LLC				,001
Ordinary		FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	- 1		5	,002
Dividends		FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR			2	,334
(See instructions		FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR			4	,668
and the		FROM K-1 - DONALD J TRUMP ELIZABETH TRUST	- 1		3	,951
instructions for Form 1040,		FROM K-1 - DONALD J TRUMP 'FRED' TRUST			5	,386
line 3b.)		FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD			8	,236
		FROM K-1 - STARRETT CITY ASSOCIATES	5		26	,270
Note: If you		FROM K-1 - SC LP SHOPPING CENTER LLC				406
received a Form						
1099-DIV, or substitute			ſ			
statement from			Ī			
a brokerage firm,			Ī			
list the firm's name as the			1			
payer and enter			Ì			
the ordinary			Ì			
dividends shown on that form.			ı			
on that form.	98		İ			
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b	6		60	,254
	No	te: If line 6 is over \$1,500, you must complete Part III.				7231
Part III	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividend	s: (b) had a		
	fore	eign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a f	oreig	n trust.	Yes	No
Foreign	7a	At any time during 2018, did you have a financial interest in or signature authority over a	finand	cial account		
Accounts		(such as a bank account, securities account, or brokerage account) located in a foreign country instructions	intry	? See		
					Yes	
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Actor report that financial interest or signature authority? See FinCen Form 114 and its instruction.				
Trusts		requirements and exceptions to those requirements	Luons	for filing	Yes	
(See instructions.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where t	he fir	nancial	162	
		account is located >UK	111	idirelal		
		D				
	8	During 2018, did you receive a distribution from, or were you the grantor of, or transferor trust? If "Yes," you may have to file Form 3520. See instructions	to, a	toreign		
			•			No
For Paperwork Re	educ	tion Act Notice, see your tax return instructions. Cat. No. 17146N	Sch	edule B (For	m 104	10) 2018

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]	P MORGAN CHASE	1,620
3 B	BANK UNITED	1,869
4 P	PROFESSIONAL BANK	69,396
5 I	VANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7 E	RIC TRUMP	24,000
8 F	FIRST REPUBLIC BANK	25
9 S	SIGNATURE BANK	5,368
10 F	ROM K-1 - PARK BRIAR ASSOCIATES LLC	2,005
11 F	ROM K-1 - MAR-A-LAGO CLUB LLC	24
12 F	ROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	105,158
13 F	ROM K-1 - HUDSON WATERFRONT ASSOC V LP	2,789,104
14 F	ROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,310,223
15 F	ROM K-1 - TRUMP CPS LLC	28
16 F	ROM K-1 - TRUMP PLAZA LLC	588
17 F	ROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	121
18 F	ROM K-1 - DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	35,917
19 F	ROM K-1 - DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	18,817
20 F	ROM K-1 - TIPPERARY REALTY CORP	58
21 F	ROM K-1 - DJT HOLDINGS MM LLC - PARC CONSULTING INC	105
22 F	ROM K-1 - TRUMP PLAZA MEMBER INC	6
23 F	ROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	3,026
24 F	ROM K-1 - TRUMP TOWER MANAGING MEMBER INC	160
25 F	ROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	1,263
26 F	ROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	2,591
27 F	ROM K-1 - TRUMP MANAGEMENT INC	155
28 F	ROM K-1 - STARRETT CITY ASSOCIATES	5,815
29 F	ROM K-1 - HUDSON WATERFRONT ASSOC III LP	4,387,054
30 F	ROM K-1 - DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	21
31 F	ROM K-1 - TIHT COMMERCIAL LLC	1,150
32 F	ROM K-1 - TRUMP MARKS WAIKIKI CORP	
33 F	FROM K-1 - SC LP SHOPPING CENTER LLC	733

#	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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ►Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attachment Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions MANAGEMENT SERVICES 541600 C Business name. If no separate business name, leave blank. D Employer ID number DONALD J TRUMP (EIN)/(see instr.) E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 (2) Accrual (3) Uther (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses **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 Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-? and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 0 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 7 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 19 Pension and profit-sharing plans 19 instructions) 9 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 **b** Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses included in Part III) (see 23 38.764 instructions) 24 Travel and meals: 13 14 Employee benefit programs a Travel 24a 14 (other than on line 19) b Deductible meals (see instructions) . 24h 15 Insurance (other than health) 15 **25** Utilities 25 16 Interest (see instructions): 26 Wages (less employment credits) 26 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a b Other 16b b Reserved for future use . . 27b 17 Legal and professional services 17 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 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: 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 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. 31 -38,764

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

If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on

Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts,

If a loss, you must go to line 32.

enter on Form 1041, line 3.

32a All investment is at risk.

32b Some investment is not at risk.

Total other expenses. Enter here and on line 27a

Schedule C (Form 1040) 2018

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions C Business name. If no separate business name, leave blank. D Employer ID number DJT AEROSPACE LLC (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) Z Cash (2) Accrual (3) Unther (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses 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 ✓ Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported 53,200 to you on Form W-2 and the "Statutory employee" box on that form was checked Returns and allowances 2 0 3 Subtract line 2 from line 1 3 53,200 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 53,200 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 . . 53,200 Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 18 Office expense (see instructions) 18 8 1,015 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 9 instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a 17,453 11 Contract labor (see instructions) 11 2.453 b Other business property 20b 69 12 Depletion 12 21 Repairs and maintenance 21 57,473 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses 23 67 included in Part III) (see instructions) 24 Travel and meals: 13 a Travel 14 Employee benefit programs 3,140 14 23 (other than on line 19) b Deductible meals (see instructions) . 24b 15 Insurance (other than health) 15 10,467 **25** Utilities 16 Interest (see instructions): 26 Wages (less employment credits) 26 48,465 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 278 12,852 **b** Other 16b b Reserved for future use . 27b 17 Legal and professional services 17 450 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 -100,727 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: 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 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. 31 -100,727 If a loss, you must go to line 32. 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 32a All investment is at risk. 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. 32b Some investment is not at risk.

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

46 Do you (or your spouse) have another vehicle available for personal use?

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

47a Do you have evidence to support your deduction?

Total other expenses. Enter here and on line 27a

b If "Yes," is the evidence written?

MISCELLANEOUS FEES

UNIFORM EXPENSE

FUEL EXPENSE

LANDING FEES

CLEANING FEES

48

48 12,852 Schedule C (Form 1040) 2018

☐ No

□ No

128

131

3,326

9,026

241

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ► Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attachment Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions AVIATION 532289 C Business name. If no separate business name, leave blank. D Employer ID number DJT OPERATIONS I LLC (EIN)/(see instr.) 27-3212458 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) Uther (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses 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 Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 0 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 7 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 19 Pension and profit-sharing plans 19 9 instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 **b** Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) expense deduction (not 23 Taxes and licenses included in Part III) (see 23 2.277 instructions) 24 Travel and meals: 13 11,877 14 Employee benefit programs 24a 14 (other than on line 19) b Deductible meals (see instructions) . 24h 15 Insurance (other than health) 15 **25** Utilities 25 16 Interest (see instructions): 26 Wages (less employment credits) 26 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a **b** Other 16b b Reserved for future use . . 17 Legal and professional services 17 1,000 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 28 15,154 29 Tentative profit or (loss), Subtract line 28 from line 7 29 -15,154 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: 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 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. 31 -15,154 If a loss, you must go to line 32. 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 32a All investment is at risk. 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.

32b Some investment is not at risk.

Total other expenses. Enter here and on line 27a

Schedule C (Form 1040) 2018

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions C Business name. If no separate business name, leave blank. D Employer ID number DT ENDEAVOR I LLC (EIN)/(see instr.) 35-2555712 E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, (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 ✓ Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported 1 38,392 to you on Form W-2 and the "Statutory employee" box on that form was checked 2 0 3 Subtract line 2 from line 1 3 38.392 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 5 38,392 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 38,392 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 18 8 Advertising 8 18 Office expense (see instructions) 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 instructions) 20 Rent or lease (see instructions): 10 10 Commissions and fees . . . a Vehicles, machinery, and equipment 20a 17,751 11 Contract labor (see instructions) 11 b Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 73,326 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 5,185 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 1,040 instructions) 24 Travel and meals: 13 152,098 a Travel 14 Employee benefit programs 4,826 (other than on line 19) b Deductible meals (see instructions) . 24b 15 Insurance (other than health) 15 4.417 25 Utilities 16 Interest (see instructions): 26 Wages (less employment credits) 26 14,759 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a 32,954 16b b Reserved for future use . . 27b 17 Legal and professional services 17 6.417 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 312,773 Tentative profit or (loss). Subtract line 28 from line 7 -274,381 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: part of your home used for business: . Use the Simplified Method Worksheet in the instructions 30 to figure the amount to enter on line 30. 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. 31 -274,381 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 32a All investment is at risk.

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

enter on Form 1041, line 3.

Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts,

32b Some investment is not at risk.

Par	t III Cost of Goods Sold (see instructions)	, 490
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c O	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
Par	The structure of the following structure of t	uired to file Form 4562 for
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	nicle for:
а	Business b Commuting (see instructions) c Oth	ner
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
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
FUEL	EXPENSE	24,353
TELE	PHONE	0.601
48	Total other expenses. Enter here and on line 27a	48 32,954
		Schedule C (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DUNALD J & MELANIA<TRUMP

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

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DLN: 16221684664919

SCHEDULE C

(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074 2018

(, 0,	111 1040)			(Sole Pr	roprietorship)			4010
	tment of the Treasury al Revenue Service	►Go to ► Attach to I	<u>www</u> Form	<u>.irs.gov/ScheduleC</u> for 1040, 1040NR, or 1041	r instructions and the latest informat 1; partnerships generally must file Fo	ion. rm 106	5.	Attachment Sequence No. 09
Nam	e of proprietor					Social	secu	rity number (SSN)
DON	ALD J TRUMP							
A Pri		profession, inclu	ding p	roduct or service (see ins	structions)	B Enter	code	from instructions 532289
	siness name. If no T OPERATIONS II L		ss nan	ne, leave blank.		D Emplo (EIN)/ 27-32	(see	
E Bu Cit	siness address (inc y, town or post offi	luding suite or reice, state, and Z	oom no	C/O MAZARS WOODBURY, N	NY 11797			
F Ac	counting method:	(1) 🗹 Cash	(2)	Accrual (3)	Other (specify)			
				tion of this business duri	ng 2018? If "No," see instructions for limi	t on loss	ses	· Yes V No
H If	you started or acqu	ired this busines	s duri	ng 2018, check here			. 1	► Tes V No
I Did	d you make any pay	yments in 2018 i	that w	ould require you to file Fo	orm(s) 1099? (see instructions) .			· Yes 🗆 No
J If'	'Yes," did you or wi	ill you file require	ed For	ms 1099?				· Ves No
	rt I Income							
1	Gross receipts or	sales. See instru	ctions	for line 1 and check the employee" box on that fo	box if this income was reported		1	
2	Returns and allow	ances			om was checked		2	0
3	Subtract line 2 fro	om line 1 .				: F	3	
4	Cost of goods sold	(from line 42)					4	0
5	Gross profit. Sub	otract line 4 from	line 3			.	5	
6	Other income, inc	luding federal ar	nd stat	e gasoline or fuel tax cre	dit or refund (see instructions)	. [6	
7	Gross income. A					I	7	
		s.Enter expen		r business use of your	r home only on line 30.			
			8		18 Office expense (see instructions)		18	
	Car and truck expen nstructions)	ises (see	9		19 Pension and profit-sharing plans		19	
	Commissions and fe	es	10		20 Rent or lease (see instructions):			
	Contract labor (see		11		a Vehicles, machinery, and equipment	-	20a	
	Depletion		12		b Other business property	-	20b	
	Depreciation and sec	ction 179	12		21 Repairs and maintenance	-	21	
е	xpense deduction (not			22 Supplies (not included in Part III)	_ <u> </u>	22	10,000
	ncluded in Part III) nstructions) .	(see			23 Taxes and licenses	.	23	382
	15 6745 NO.		13		24 Travel and meals:	1_		
	mployee benefit pro other than on line 1		14		a Travel	-	.4a	
	nsurance (other tha	1000 · 10	15		b Deductible meals (see instruction	-	4b	
	nterest (see instruc				25 Utilities	-	25	
а	Mortgage (paid to b	anks, etc.)	16a		26 Wages (less employment credits)	-	26	
Ь	Other		16b		27a Other expenses (from line 48)	_	.7a	
17 L	egal and profession	al services	17	1,000	b Reserved for future use	. 2	7b	
28	Total expenses b	pefore expenses	for bu	siness use of home. Add	lines 8 through 27a	▶ :	28	1,382
29	Tentative profit or					_	29	-1,382
30					enses elsewhere. Attach Form 8829 unle		+	1,302
	using the simplifie	d method (see in	nstruct	tions). he total square footage o	f. (a) your home.			
	part of your home			. Use the Si	if: (a) your home: and (b implified Method Worksheet in the instruc	tions	- 1	
	to figure the amou						30	
31	Net profit or (los	ss).Subtract line	30 fro	m line 29.	D line 13) and an Cabadala CE II	٦		
٠	2. (If you checked	the box on line	1, see	instructions). Estates an	R, line 13) and on Schedule SE, line and trusts, enter on Form 1041, line 3.	}		
	3		,			1 1	31	1 202
32	If a loss, you mus		hat da	coribos vous investos - t	in this activity (see in the second	L	,1	-1,382
	If you checked 32a	a, enter the loss	on bot	th Form 1040, line 12,	in this activity (see instructions). (or Form 1040NR, line 13) and on	372	✓ AII	investment is at risk.
	Schedule SE, line	e 2. (If you chec	ked th	e box on line 1, see the l	line 31 instructions). Estates and trusts,	J20 5	All	miconnent is at list.
	enter on Form 10 If you checked 321		ch Fo	rm 6198. Your loss may	be limited.	32b	□ Sor	me investment is not at risk.
				and they				

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

Schedule C (Form 1040) 2018

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

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DLN: 16221684664919

OMB No. 1545-0074

SCHEDULE D (Form 1040) 5

Capital Gains and Losses Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) 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 | 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 froi Form(s) 8949, Pa line 2, column (m irt I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	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 sho	rt-term gain or (loss) fro	m Forms 4684, 6781, and	8824	4	
5	Net short-term gain or (loss) from partne					
6	Schedule(s) K-1	he amount if any from l	ing 9 of your Capital Los		5	
J	Carryover Worksheet in the instruction	s			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					061
	capital gallis of losses, go to raft il below	. Otherwise, go to Part III	on the back	<u> </u>	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.		the lines below. Proceeds ay be easier to complete if you (sales price)		(e) Cost (or other basis) (or other basis) (or other basis) 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		040				
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 of from Forms 4684, 6781, and 8824. Net long-term gain or (loss) from partner				11	23,609,622 -1,595,460	
13	Capital gain distributions. See the instruc				13	1,000,100	
14 15	Long-term capital loss carryover. Enter the Worksheet in the instructions	ne amount, if any, from li			14	()	
13	on the back	· · · · · · · ·	· · · · · · · ·		. 15	22,014,162	

P	art III Summary		
16	Combine lines 7 and 15 and enter the result	16	22,015,123
	 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. 		8
	 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. 		
17	Are lines 15 and 16 both gains?		
	Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
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	19	12,022,472
20	Are lines 18 and 19 both zero or blank?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		
		Sch	edule D (Form 1040) 2018

Software ID:

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Name: DONALD J & MELANIA<TRUMP

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DLN: 16221684664919

Internal Revenue Service

OMB No. 1545-0074 **SCHEDULE E** Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, (Form 1040) trusts, REMICs, etc.) Department of the Treasury Attach to Form 1040, 1040NR, or Form 1041. Sequence No. 13 ▶Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social security number DONALD J & MELANIA < TRUMP 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. Α Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) If "Yes," did you or will you file all required Forms 1099? Physical address of each property (street, city, state, and ZIP code) A В C NEW YORK, NY 10022 Type of Property Fair Rental 2 For each rental real estate property listed Personal 1h VLQ (from list below) Days Use Days above, report the number of fair rental and ROYALTIES personal use days. Check the QJV box only if Α you meet the requirements to file as a В ROYALTIES В qualified joint venture. See instructions. C COMMERCIAL C 365 Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** A B C Rents received 3 75,000 4 Royalties received 4 221,753 Expenses: 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 14,425 8 Commissions 8 9 9 10 Legal and other professional fees 10 500 Management fees 11 2,250 11 Mortgage interest paid to banks, 12 12 etc. (see instructions) 13 13 Other interest 14 Repairs 14 15 Supplies 15 16 Taxes 16 20,174 17 Utilities 17 10,976 18 Depreciation expense or depletion · · · 18 17,487 Other (list) 19 64.772 **BOOK WRITER FEE** 20 Total expenses. Add lines 5 through 19 · · 20 64,772 65,812 Subtract line 20 from line 3 (rents) and/or 4 21 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 156,981 9,188 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 23a 75,000 Total of all amounts reported on line 4 for all royalty properties b 23h 221.823 C Total of all amounts reported on line 12 for all properties 230 Total of all amounts reported on line 18 for all properties d 230 17,487 Total of all amounts reported on line 20 for all properties e 236 130.584 24 Income. Add positive amounts shown on line 21. Do not include any losses 166,239 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25 () Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 166,239

Name(s) shown on return. Do not enter name and social security number if shown on other side. Vaur social security number Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations -- Note: If you report a loss, 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) 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. . ✓ Yes __ No (e)Check if basis (f)Check if any (c)Check if (b)Enter P for partnership; S for S corporation (d)Employer 28 computation is (a)Name amount is not identification number partnership required at risk See Additional Data Table В П П С П D Passive Income and Loss Nonpassive Income and Loss (g) Passive loss allowed (h) Passive income (i) Nonpassive loss (j) Section 179 expense (k) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 A See Additional Data Table В С D 29a Totals 67 475 268 7,563,094 **b** Totals 55,490,828 31,705,993 30 Add columns (h) and (k) of line 29a 30 75,038,362 Add columns (g), (i), and (j) of line 29b (87,196,821) 31 Total partnership and S corporation income or (loss). Combine lines 30 and 31 32 -12,158,459 Income or Loss From Estates and Trusts 33 (b) Employeridentification number See Additional Data Table A В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 Schedule K-1 See Additional Data Table A В 34a Totals **b** Totals Add columns (d) and (f) of line 34a 35 Add columns (c) and (e) of line 34b 36 () Total estate and trust income or (loss). Combine lines 35 and 36... Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder 38 (b) Employer (c) Excess inclusion from (d) Taxable income (net loss) (e) Income from (a) Name Schedules Q, line 2c identification number Schedules Q, line 3b from Schedules Q, line 1b (see instructions) Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 -11,992,220 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule 42 K-1 (Form 1041), line 14, code F (see instructions) Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity 43 Schedule E (Form 1040) 2018 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
Α	THE EAST 61 ST COMPANY	Р		13-3057745	
В	UNREIMBURSED EXPENSES	Р		13-3057745	
С	THE EAST 61 ST COMPANY	Р		13-3057745	
D	PARK BRIAR ASSOCIATES LLC	Р		11-6160410	
Е	MAR-A-LAGO CLUB LLC	Р		65-0567671	
F	UNREIMBURSED EXPENSES	Р		65-0567671	
G	40 WALL DEVELOPMENT ASSOC LLC	Р		13-3845249	
н	UNREIMBURSED EXPENSES	Р		13-3845249	
I	HUDSON WATERFRONT ASSOC I LP	P		13-3796302	
J	HUDSON WATERFRONT ASSOC V LP	Р		13-3796322	
K	HUDSON WATERFRONT ASSOC II LP	Р		13-3796305	
L	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315	
М	HUDSON WATERFRONT ASSOC IV LP	Р		13-3796319	
N	TRUMP CPS LLC	Р		13-3917414	
o	UNREIMBURSED EXPENSES	Р		13-3917414	
Р	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	Р		27-4162308	
Q	TRUMP PLAZA LLC	Р		13-3972488	10000000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
R	UNREIMBURSED EXPENSES	Р		13-3972488	
s	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	Р		27-416,2308	
Т	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	Р		27-4162308	
U	TRUMP 845 UN LIMITED PARTNERSHIP	Р		13-3958323	1
v	UNREIMBURSED EXPENSES	Р		13-3958323	
w	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	Р		27-4162308	
х	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	р		27-4162308	
Υ	TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	Р		13-4040286	
z	UNREIMBURSED EXPENSES	P		13-4040286	
AA	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-4162308	
ΑВ	REG TRU EQUITIES LTD	S		11-2482098	
AC	TIPPERARY REALTY CORP	S		11-2405629	
AD	PLAZA CONSULTING CORP	S		13-3385468	
ΑE	THE TRUMP CORPORATION	S		13-3038887	
ΑF	UNREIMBURSED EXPENSES	S		13-3038887	
AG	TRUMP PROJECT MANAGEMENT CORP	S		13-3775593	
АН	UNREIMBURSED EXPENSES	S	П	13-3775593	
ΑI	TRUMP'S CASTLE MANAGEMENT CORP	S		22-3167829	
AJ	TRAVEL ENTERPRISES MANAGEMENT INC	S		13-3345689	

AK THE TRUMP HOTEL CORP	loyer (e) Check if any amount is not at risk
BM HELICOPTER AIR SERVICES INC	0478
BN DJT HOLDINGS MM LLC - PARC CONSULTING INC S 27-416. BO THE TRUMP ORGANIZATION INC S 13-307. BP TRUMP EMPIRE STATE INC S 13-376. BQ FIFTY-SEVEN MANAGEMENT CORP S 13-386. BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC S 27-416. BS TRUMP VILLAGE CONSTRUCTION CORP S 11-199. BT TRUMP CPS CORP S 13-391. BU FIRST MEMBER INC S 13-391. BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S 27-416. BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-416. BX TRUMP PAYROLL CORP S 13-349. BY FLIGHTS INC S 13-392. BZ TRUMP PLAZA MEMBER INC S 13-397. B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-199. B TRUMP TOWER MANAGING MEMBER INC S 13-398. B TRUMP B45 UN MGR CORP S 13-402. <th>5527</th>	5527
BO THE TRUMP ORGANIZATION INC	8858
BP TRUMP EMPIRE STATE INC S ☐ 13-3766 BQ FIFTY-SEVEN MANAGEMENT CORP S ☐ 13-3866 BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC S ☐ 27-416; BS TRUMP VILLAGE CONSTRUCTION CORP S ☐ 11-199; BT TRUMP CPS CORP S ☐ 13-391; BU FIRST MEMBER INC S ☐ 13-391; BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S ☐ 27-416; BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S ☐ 27-416; BX TRUMP PAYROLL CORP S ☐ 13-392; BY FLIGHTS INC S ☐ 13-392; BZ TRUMP PLAZA MEMBER INC S ☐ 13-397; B TRUMP VILLAGE CONST CORP-DJT GR TR S ☐ 11-1993; B TRUMP FOWER MANAGING MEMBER INC S ☐ 13-398; B TRUMP S45 UN MGR CORPS ☐ 13-4026	2256
BQ FIFTY-SEVEN MANAGEMENT CORP BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC BS TRUMP VILLAGE CONSTRUCTION CORP BT TRUMP CPS CORP BU FIRST MEMBER INC BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC BX TRUMP PAYROLL CORP BY FLIGHTS INC BX TRUMP PLAZA MEMBER INC BY FLIGHTS INC BY FLIGHTS INC BY FLIGHTS INC BY FLIGHTS INC BY TRUMP PLAZA MEMBER INC BY TRUMP VILLAGE CONST CORP-DJT GR TR BY TRUMP TOWER MANAGING MEMBER INC BY TRUMP B45 UN MGR CORP BY FLIGHTS IN MARGEMENTS AT INC DIT CO. TO. BY TRUMP B45 UN MGR CORP BY FLIGHTS IN MARGEMENTS AT INC DIT CO. TO. BY TRUMP B45 UN MGR CORP	0440
BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC S 27-4163 BS TRUMP VILLAGE CONSTRUCTION CORP S 11-1993 BT TRUMP CPS CORP S 13-3913 BU FIRST MEMBER INC S 13-3914 BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S 27-4163 BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4163 BX TRUMP PAYROLL CORP S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP B45 UN MGR CORP S 13-4026 B TRUMP B45 UN MGR CORP S 13-4026	6196
BS TRUMP VILLAGE CONSTRUCTION CORP S 11-1993 BT TRUMP CPS CORP S 13-3917 BU FIRST MEMBER INC S 13-3917 BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S 27-4162 BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162 BX TRUMP PAYROLL CORP S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026	0845
BT TRUMP CPS CORP S	2256
BU FIRST MEMBER INC	3421
BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S	7416
BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162 BX TRUMP PAYROLL CORP S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026	4818
BX TRUMP PAYROLL CORP S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026	2256
BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026	2256
BZ TRUMP PLAZA MEMBER INC S	4471
B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026	9051
B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026	9038
B TRUMP 845 UN MGR CORP S 13-4026	3421
D REACH HAVEN ADADMIENTS #1 INC DIT OF TR	1225
B BEACH HAVEN APARMTENTS #1 INC DJT GR TR S 11-1681	5239
	L481
B SHORE HAVEN APARTMENTS #1 INC DJT GR TR S 11-1582	2802
B TRUMP MANAGEMENT INC S 11-2196	5835
B TRUMP PARK AVENUE LLC (DELMONICO) P 01-0580	0204
B UNREIMBURSED EXPENSES P 01-0580	0204
B TRUMP TORONTO DEVELOPMENT INC S 20-0005	5703
B STARRETT CITY ASSOCIATES P 11-6189	9342
B TRUMP LAS VEGAS SALES & MARKETING INC S 20-1866	5514
B TRUMP PARK AVENUE LLC P 20-1908	3009
C UNREIMBURSED EXPENSES P 20-1908	3009
C DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP S 27-4162	2256
C DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC P 27-4162	-
C DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER P 27-4162	2308
C TRUMP INTERNATIONAL GOLF CLUB LLC P 65-0750	1446 . 🔲
C DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC S 27-4162	256
C DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC P 27-4162	308
C DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING S 27-4162	256

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
С	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	Р		27-4162308	
С	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP	S		27-4162256	П
С	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S		27-4162256	
С	TIHM MEMBER CORP	S		20-5074158	
С	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	Р		27-4162308	
С	TRUMP FLORIDA MANAGER CORP	S		27-4162256	
С	TRUMP 55 WALL CORP	S		13-3922525	
С	TIHT MEMBER LLC	S		20-5315528	
С	TIHT COMMERCIAL LLC	Р		13-4038061	
С	UNREIMBURSED EXPENSES	Р		13-4038061	
С	DJT HOLDINGS LLC -TRUMP LAS OLAS LLC	Р		27-4162308	
С	DJT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	Р		27-4162308	
С	TRUMP MARKS PHILADELPHIA LLC	Р		20-8882513	
С	TRUMP MARKS WAIKIKI LLC	Р		20-8882101	
С	TRUMP MARKS WAIKIKI CORP	S		20-8858096	
С	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S		27-4162256	
С	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S		27-4162256	
С	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER CORP	S		27-4162256	. []
D	TRUMP MARKS PHILADELPHIA CORP	S		20-8881726	
D	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S		27-4162256	
D	DJT HOLDINGS LLC -TRUMP GOLF COCO BEACH LLC	Р		27-4162308	
D	DJT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER CORP	S		27-4162256	
D	DJT HOLDINGS LLC - 809 NORTH CANON LLC	Р		27-4162308	
D	TRUMP CANOUAN ESTATE MEMBER CORP	S		26-1624146	
D	DJT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S		27-4162256	
D	DJT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S		27-4162256	
D	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	Р		27-4162308	
D	DJT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S		27-4162256	
D	DJT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S		27-4162256	- CONTRACTOR CONTRACTO
D	DJT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S		27-4162256	
D	DJT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	Р	П	27-4162308	
D	SENTIENT JETS MEMBER CORP	S .		26-3467929	
D	TRUMP MARKS PUERTO RICO II MEMBER CORP	S		26-2982043	
D	DJT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	Р		27-4162308	
D	DJT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER CORP	S		27-4162256	
D		S		27-4162256	The state of the s

	partnership; S for S corporation	foreign partnership	identification number	(e) Check if any amount is not at risk
JT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER ORP				
JT HOLDINGS LLC - GOLF PRODUCTIONS LLC	Р		27-4162308	
JT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB /ASHINGTON DC	S		27-4162256	
ELANIA MARKS ACCESSORIES LLC	Р		27-0226891	
JT HOLDINGS LLC - TRUMP ACQUISITION LLC	Р		27-4162308	
ELANIA MARKS ACCESSORIES MEMBER CORP	S		27-0226852	
JT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES EMBER CORP	S	nava .	27-4162256	
JT HOLDINS MM LLC - TRUMP MARKS MENSWEAR MEMBER ORP	S	Name of the last o	27-4162256	П
C LP SHOPPING CENTER LLC	Р		27-1551456	
JT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	Р		27-4162308	
IT HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S		27-4162256	
OT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	Р		27-4162308	
RUMP INTERNATIONAL GOLF CLUB LLC	Р		65-0750446	
NREIMBURSED EXPENSES	Р	-	65-0750446	
RUMP INTERNATIONAL HOTEL HAWAII LLC	Р		27-0963857	
JT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S		27-4162256	
OT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM EMBER CORP	S		27-4162256	
RUMP FERRY POINT MEMBER CORP	S		27-8202438	
OT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT EMBER CORP	S		27-4162256	
OT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO EMBER CORP	S		27-4162256	
T HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S	П	27-4162256	
HH MEMBER CORP	S		27-0963803	
OT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER	S		27-4162256	
RUMP TORONTO HOTEL MANAGEMENT CORP	S		26-4450770	
T HOLDINGS LLC - TRUMP FERRY POINT LLC	Р		27-4162308	
T HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	Р	П	27-4162308	
T HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	Р	О	27-4162308	
T HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	Р		27-4162308	
T HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER C	Р	П	27-4162308	
T HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	Р	П	27-4162308	
T HOLDINGS LLC - TRUMP CAROUSEL LLC	Р	П	27-4162308	
T HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER C	Р	П	27-4162308	
IT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM ANAGEMENT LLC	Р		27-4162308	
IT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT EMBER CORP	S	П	27-4162256	
	THOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB ASHINGTON DC LANIA MARKS ACCESSORIES LLC THOLDINGS LLC - TRUMP ACQUISITION LLC LANIA MARKS ACCESSORIES MEMBER CORP THOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEER CORP THOLDINS MM LLC - TRUMP MARKS MENSWEAR MEMBER RP LP SHOPPING CENTER LLC THOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES LLC THOLDINGS MM LLC - TRUMP LAS VEGAS CORP THOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC UMP INTERNATIONAL GOLF CLUB LLC REIMBURSED EXPENSES UMP INTERNATIONAL HOTEL HAWAII LLC THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEBER CORP THOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEBER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MBER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MBER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MBER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MBER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MBER CORP THOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER RP THOLDINGS LLC - TRUMP PERRY POINT LLC THOLDINGS LLC - TRUMP PERRY POINT LLC THOLDINGS LLC - TRUMP PERRY POINT LLC THOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC THOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER THOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER THOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER THOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER THOLDINGS LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER THOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC THOLDINGS MM L	THOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB SHINGTON DC LANIA MARKS ACCESSORIES LLC P THOLDINGS LLC - TRUMP ACQUISITION LLC P LANIA MARKS ACCESSORIES MEMBER CORP S THOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES S MBER CORP THOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER RP LP SHOPPING CENTER LLC P THOLDINGS MLC - TRUMP DEVELOPMENT SERVICES LLC P THOLDINGS MM LLC - TRUMP LAS VEGAS CORP S THOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC P THOLDINGS LLC - TRUMP LAS VEGAS CORP S THOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP FHOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM S THOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO S THOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO S THOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MER CORP THOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER S THOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER S THOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER S THOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P THOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER P THOLDINGS LLC - TRUMP PANAMA CONDOMINIUM P NAGGEMENT LLC THOLDINGS LLC - TRUMP PANAMA CONDOMINIUM P THOLDINGS LLC - TRUMP PANAMA CONDOMINIUM THOLDINGS LLC - TRUMP	THOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB SISHINGTON DC LANIA MARKS ACCESSORIES LLC THOLDINGS LLC - TRUMP ACQUISITION LLC P LANIA MARKS ACCESSORIES MEMBER CORP S LANIA MARKS ACCESSORIES MEMBER CORP S THOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES S THOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER FOR SHOPPING CENTER LLC P THOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC P THOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC P THOLDINGS MM LLC - TRUMP LAS VEGAS CORP S THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO LLC P THOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC P THOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP THOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM S THOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEER CORP THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO THOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO THOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT S THOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER THOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER THOLDINGS LLC - TRUMP PERRY POINT LLC P THOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P THOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER P THOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P THOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P THOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P THOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER P THOLDINGS LLC - TRUMP PANAMA CONDOMINIUM P THOLDINGS LLC - TRUMP PANAMA CONDOMINIUM P THOLDINGS MM LLC - TRUMP PINTERNATIONAL DEVELOPMENT THOLDINGS LLC - TRUMP PINTERNATION	THOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB S

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
E	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S	П	27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S		27-4162256	
F	TRUMP MARKS MEMBER CORP	S		27-1357658	
F	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS LLC - 401 MEZZ	Р	***************************************	27-4162308	
F	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	,P		27-4162308	
F	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	Р		27-4162308	
F	UNREIMBURSED EXPENSES	Р		27-4162308	
F	DJT HOLDINGS LLC - LFB ACQUISITION LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TNGC PINE HILL LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	P		27-4162308	
F	DJT HOLDINGS LLC - TRUMP BOOKS LLC	Р	П	27-4162308	
F	CHARLOTTESVILLE CATERING & EVENTS LLC	Р		38-3862571	
F	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	Р	П	27-4162308	The state of the s
F	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S		27-4162256	The state of the s
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	S		27-4162256	Annual Victoria Control Contro
F	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S		27-4162256	
G	TAG AIR INC	S		95-4464111	
G	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER CORP	S		27-4162256	
G	TRUMP OLD POST OFFICE MEMBER CORP	S		45-2671826	-
G	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS MANAGER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB MEMBER CORP	S		27-4162256	1
G	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	Р	П	27-4162308	
G	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	Р		27-4162308	

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
	DJT HOLDINGS MM LLC - THC SALES & MARKETING MEMBER CORP				
Н	THC VANCOUVER MANAGEMENT CORP	S		46-1843645	
Н	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S		27-4162256	
Н	TW VENTURE I MANAGING MEMBER CORP	S		46-4146150	
Н	HUDSON WATERFRONT ASSOCIATES V LP	Р		13-3796322	
Н	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315	П
Н	TRUMP 845 UN GP LLC	Р		13-3958321	<u> </u>
Н	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	Р		27-4162308	
Н	DJT HOLDINGS MANAGING MEMBER LLC	S	***************************************	27-4162256	
Н	845 UN LIMITED PARTNERSHIP - 845 LP LLC	Р		13-3958323	<u> </u>
I	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	Р		01-0580204	
I	TRUMP PARK AVENUE LLC - ACQUISITION	Р		01-0580204	
I	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S	3	27-4162256	
I	DT CONNECT II MEMBER CORP	S		47-1519047	
I	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S		27-4162256	
I	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S		47-2191989	
I	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	-	27-4162256	
I	THC BAKU HOTEL MANAGER SERVICE MEMBER	S		27-4162256	
I	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S		27-4162256	
I	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S		27-4162256	
I	DJT HOLDINGS MM LLC - THC QATAR HOTEL MANAGER MEMBER CORP	S		27-4162256	
I	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S		27-4162256	
I	TTTT VENTURE MEMBER CORP	S		47-2297906	
I	DJT HOLDINGS MM LLC - TNGC CHARLOTTE MANAGER CORP	S		27-4162256	
I	DJT HOLDINGS MM LLC - TNGC JUPITER $^{^{\circ}}$ MANAGING MEMBER CORP	S .		27-4162256	
İ	TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	S	П	26-2979757	-
I	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S		27-4162256	
I	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	Р		27-4162308	
I	DJT HOLDINGS-D B PACE ACQUISITION LLC	Р		27-4162308	
I	DT DUBAI II GOLF MANAGER LLC	Р		47-2265157	
I	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	P		27-4162308	
Ï	DJT HOLDINGS LLC - THC QATAR HOTEL MANAGER LLC	Р		27-4162308	
I	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	Р		27-4162308	
I	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	Р		27-4162308	
I	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	Р		27-4162308	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
I	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	P		27-4162308	
J	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	Р		27-4162308	
J	DJT HOLDINGS LLC (TW VENTURE I LLC)	Р		27-4162308	
J	DJT HOLDINGS LLC -TW VENTURE II LLC	Р		27-4162308	
J	DT CONNECT II LLC	Р		36-4791039	
J	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	Р		27-4162308	
J	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S		27-4162256	П
J	DT TOWER GURGAON LLC	Р		47-3351290	
J	MOBILE PAYROLL CONSTRUCTION LLC	Р		36-4813676	-
J	DT BALI TECHNICAL SERVICES MANAGER LLC	Р		36-4812795	
J	DT LIDO HOTEL MANAGER LLC	Р		61-1769144	
J	DT LIDO TECHNICAL SERVICES MANAGER LLC	Р		30-0881420	
J	DT JEDDAH TECHNICAL SERVICES MANAGER LLC	Р		61-1771503	
J	WILLIAM M TRUMP MEDICAL FUND LLC	Р		47-5214076	
J	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S		27-4162256	
J	THC JEDDAH HOTEL MANAGER MEMBER CORP	S		47-5150947	
J	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S		27-4162256	
J	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S		27-4162256	
J	DTW VENTURE MANAGING MEMBER CORP	S		46-5292006	
J	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S		27-4162256	The second secon
J	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S		27-4162256	
J	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S		27-4162256	
К	EID VENTURE II MEMBER CORP	S		81-1201049	
к	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S		27-4162256	and out of the control of the contro
К	DT TOWER II MEMBER CORP	S		81-1112510	
К	DT VENTURE II MEMBER CORP	S		81-1743521	
К	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S		27-4162256	П
К	HUDSON WATERFRONT ASSOCIATES IV LP	Р		13-3796319	
К	DT TOWER GURGAON LLC	Р		47-3351290	
К	EID VENTURE II LLC	Р		32-0488634	

	(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
	(0)				
K	DJT HOLDINGS LLC - DT TOWER I LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	Р		27-4162308	
К	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S		27-4162256	
К	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - DT CONNECT II LLC	Р		27-4162308	
К	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S		27-4162256	
К	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S		27-4162256	
K	TRUMP PALACE PARC LLC	Р		13-3913538	
K	UNREIMBURSED EXPENSES	Р		13-3913538	
K	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	Р	. []	27-4162308	
K	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308	. 🔲
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP ICE LLC	P		27-4162308	
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - DTW VENTURE LLC	Р		27-4162308	
L	TRUMP EQUITABLE FIFTH AVE CO	Р		13-3014138	
L	UNREIMBURSED EXPENSES	Р		13-3014138	
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	Р		27-4162308	

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
N	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	П	27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S			
N	DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S		27-4162256	
0	DJT HOLDINGS MM LCCLLC - SINGLE FAMILY RESIDENCE - 124	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S		27-4162256	
0,	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	***************************************	27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S) recent	27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S		27-4162256	
ı					

	(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
0	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S		27-4162256	П
0	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S		27-4162256	
0	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S	1000	27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC	S		27-4162256	
0	DJT HOLDINĢS MM LLCLLC - MISS UNIVERSE LLL	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC	S	П	27-4162256	
Р	DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER MANGING MEMBER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC	S		27-4162256	
P	DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT	S		27-4162256	П
Р	DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS NECK	S	口	27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS LLC	S		27-4162256	
Р	DJT HOLDINS MM LLCLLC - THC CENTRL RESERVATIONS LLC	S		27-4162256	П
Р	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S		27-4162256	
Р	RPV DEVELOPMENT LLC - VH PROPERTY CORP	S		76-0718710	
				1	

	(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
Р	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	S		27-4162256	
Р	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MANAGING MEMBER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S		27-4162256	
Р	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S		27-4162256	·
Q	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S		27-4162256	
Q	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLCLLC TRUMP FERRY POINT LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S		27-4162256	
Q	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	Р	П	27-4162308	
Q	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	Р		27-4162308	
Q	TMG MEMBER LLC	Р	口	27-4162308	land.
Q	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - 124 WOODBRIDGE	Р		27-4162308	
Q	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р		27-4162308	
orm	1040 Schedule E, Part II, Line 28 -Passive Income a	nd Loss/Non	passive Inco	me 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
Α	2114,861				
В	10,834			•	
С	21,161				
D	2 44,530			,	
E					5,851,791
F		(5)	465,720	18	(2)
G		9,745,178		1.5	
Н	2 452,753				
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
К	% Jo			Ventoria (1990/00 50/00 506	
L		574,175			
М		223,045			
N		443,144			
0	99,554				
Р	2 34,315				
Q		1,107,050			
R	5 13,301				
s	₩20				
Т		75,995	-		
U	© 30				
v	\$255,361				
w	© 0				
х	3 0		e e e e e e e e e e e e e e e e e e e		
Υ	% 0				
z	2 66,776				
AA	2 356				
АВ	2 0				
AC		22,807			
AD	5 1,441				
AE			12,142,879		
AF			168,179		
AG	2 0 €		100,173		
AH	5 9,665				
AI	29 ,003				
AJ	95 0				
AK	250		0		
AL	* 20		0		
ВМ	22 0 92 0			-	
BN	220	0.755			
во	<u> </u>	9,755			
вР	<u>~</u> % 0	*			
_	320				-
BQ		106,272			
BR					5,858
BS		7	0		
вт		353			
BU	% 270				
BV	193 0				
вw	€707				
вх	9 30				
ву	920	154			
BZ		11,182			
В	2326,883				,
В		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
В	2 1,808				
В	2 168,829				
В	2 308,539				
В	20,659				
В	200				
В	₩5,082				
В	% 0				
В	2 282,408	To the state of th			
В	% 0				
В	® 0				
c	₩5,091				
С	2 1,509		*		
С	22,7000		66,696		
С			66		
c					1,190,76
c			20,619		1,150,70
С		263,968	20,019		
c					
	66-1	2,693			
С	2 3,333,222				
с -	₩6				
С	920				
С	\$50				
С	255				
С	9 30				
С	950				
С	2 ,067				
С		487,950			
С	% 891				
С	% 542				
С	2 2,020,906				
С	2 353		·.		
С	im _e *	255,752			
С		2,301			
С	% 29				
С	2 54				
С	2 84				
D	2 343				
D	2 343				
D	2 13,616				
D	2 13,616		· · · · · · · · · · · · · · · · · · ·		
D	±2138 €50				
_					
D	2 50				
D	951				

100	(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
	% Jo				
D			1,143,611		
D		11,868			
D		4,582			
D	1 9				
D	1,820	-			
D	2 00				
D	₩30				
D	2 349	W.			
D	5 4				
D	2 8,507				
D	46,312				
D	2 0				
D	2 613				
D	% 55				
D	2 141				
D		8,152			
D	1		75 gs		
D		6,825			
E		798,990			
E		,	0		
E	2 ,441				
E	920				
E	5]281,278				
E	£201,270	2,330,233			A
E		317			
E	······································	31/			
E	**************************************				
E					
	23,855				
E					
E	% 473	8			
E		20,801	3		
E	70,000	15,658			en en en en en en en en en en en en en e
E	% 30				
E	(8)	13,769			and the second
E	2 ,361,679				The state of the s
E		1,550,163			Controlled
E	2 349				Account of the second of the s
E	£ 40,844				The state of the s
E	2 349			-	
E		31,057			1 × 1000
E		473,786			
E	3 349				2000
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 incom from Schedule K-1
E	994				
F		4,786			
F	2 29				
F	9 30				
F	21,342,957				
F	2 417				
F			6,712,965		
F	2 00				
F	231,934				
F	% 12,800				
F	2,901,962				
F	2,575				
F			1,092,373		
F	1,376,823				
F	2 833,779				
F	2,216,774				
F	518,214				-
F	₹2,800				
F	2 406				
F	2 00				
F	2 598				
F	95 4				
F	2/29				
F	2 28				
F	2 326				
F	23 320				
F	2246		07.012		
G	2 1,347,266		97,912		
G G	2 21,347,266				
G G	₹246,090				
			0		
G			11,034		*
G	0			-	-
G	2 29,608				, , , , , , , , , , , , , , , , , , ,
G	2602,943				
G	24,725				
G	5 4,669				
G	2 31				
G	© 0				
G	% 0			150	- 16
G	95/4				
G	9 50				
G	2 704,099	5			
G	2 369				

	(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	2 349				
G	€50				
G	2 4,797,104				
G	2 13,909,080				
G	2 0		-		
G					504,989
G					9,675
G	9 1,733,024				
Н	2 291,551				
Н		315,553			
Н	259,182				
Н	2,310				
Н	2 6,230				
H	349				
Н		27,122			
Н	\$30				
Н	2 00				
Н	2 24				
Н	2 0				
Н	% 4				
Н	15 4				
Н	2 ,975				
Н	19 0				
Н		274			
Н	217,505				
Н	25 0				
Н	₩30				
Н	₩30				
Н		5,311,452			
Н	÷	9,936,265			
Н		306,841			
н	1,804,006				
Н	5 10,937				
Н		460,594			
I .		64,058			
[2 88,407	1			
[19 0				
[2 5,115	1		*	
ı	9 34				
	920				
	% 188				
1	19 0				

A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(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	(j) Nonpassive income from Schedule K-1
				expense deduction from Form 4562	Trom Schedule K 1
I	2 30				
I	221				
I	19 0				
I	932				
I	2,265				
I		14,457			
I		889	4		
I	€50				
I	2 50,461				
I	2 2,016				
I	2 0 €				
I	% 30				
I	2 ,954				
I	950				
I	224				
I	₩2,744				
I	· • • • • • • • • • • • • • • • • • • •				
I	2 18,448				
J	22 10,110	87,124			
J		14,274			
J	2,245,290	14,274			
j	2 506,355				
j					
,	4,945,666				
	2 22,909				
J	\$20				
J	₩20				
J	% 0				
J	200		~~~		
J	19 0				
J	% 30				
J	, 25 0		*		
J	€28				
J	₩30				
j	% 0				
J	5 48,945	77			
J	2 0				
J	% 36				
J	2 71				
J	<i>S27</i> /1	1,637			
)	% 239	1,007			
j j	2 334				
j j	₩34				
13.72.5	- N-4	1,571			
J	€34				
נ	2 61		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 incomfrom Schedule K-1
К	2368				
К	€16				
K	% 6				
K	₩0				
K	€26				
K		1,888,079			
K	€50		12		
K	2 410				
K	€615				
K		1,795,690			
K		18,322		1	
K	95 0	10/322			
K	% 0				
K	2 14,048				
K K	722/14,048				
	05-1				1
K	5 153,763			,	
K	% 45,476				
K		139,310			- 1
K	% 827				
K		6,633			
K	% 56				
K	2 24,618				
K	250				
K	% 490				
K	297		*		
K	1,575				
L		3,275,090			
L	3 194				
L	5 1,476		2		
L	% 633		· · · · · · · · · · · · · · · · · · ·		
L	€ 353	*			
L	2 50°				
L	78,194				
L	5 ,690				
 L	2 613	3			
	22 613				
L -					
L	62,843				
L	314,045				
L	950	0	<u> </u>	*	*
L	₩0				
L		22,784,428			
L	2 190,180				
L	2 50				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	2 1,103,704				
L	% 0				
L	21,037				
L			11,668		
L	% 575				
L	2635				
L	% 3,172		-		
L	% 36				
L	€28				
М		67			
м	S 1	37			
M	% 32				
м	2 699				
м					
	9 50				
М	% 249				
М	% 0	1000			
М		33,082			
М	© 32				
М	2 15				
М	2 6				
М	9 34				
М	251				
М	% 3				
М	% 790				
М	2 00				
М	9 50				
М	% 323				
М	2 48				
М	2 29				
м	29,313		,		
М			11,146		
м	5 13,907	Sec	11,140	Name of the second seco	
M	2 13,907				
M	€20/8,422	14,603			
M	\$ -	14,603			
	9 98,901				
N	9 54				
N	23 48,456				
N		75,60.9			
N		1,502		4	
N	2 140,496				
N			0		
N	1				
N	5 186				
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	2 22,680				
N		880			
N	% 0				
N	2 49,956				
N	22,618				
N	% 50				
N	% 30			14	
N	2 6,152				
N			67,808		
N	9 357			*	
N	18,222				
N	₩30				
N	% Jo				
N	% 35				
N	% 33				
N	% 0				
N	% 34	*			31
0	2 30				
0	250	(6)			
0	4 56				
0	% 30		3		
0	% 28				
0	951		1		
0	25 4				3.
0	954				
0	2 18				
0	2 6				
0	2 25				
0		2,666			380000000000000000000000000000000000000
0	954				
0	* 2 5	8			
0	*54				
0	2 139				
0	2 28		<i>16</i>		
0		8,071			
0		15,816			
0	2 413				
0		4,834			
0	954				
0	994				
0		314			
0		1,407			
0	2 347				

(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			101111111111111111111111111111111111111	
2564				
2 20				
223				
€2				
	3,187			
		27		
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	102,547			
2 0		1		
	(attach Form 8582 if required)	(attach Form 8582 if required) Schedule K-1 \$\frac{1}{2}\text{4},096} \$\frac{1}{2}\text{5}\text{4}} \$\frac{1}{2}\text{2}\text{3} \$\frac{1}{2}\text{2}\text{3} \$\frac{1}{2}\text{2}\text{3}\text{3} \$\frac{1}{2}\text{6}\text{8} \$\frac{1}{2}\text{2}\text{4}\text{8} \$\frac{1}{2}\text{4}\text{6}\text{8} \$\frac{1}{2}\text{2}\text{4}\text{8} \$\frac{1}{2}\text{4}\text{5} \$\frac{1}{2}\text{5}\text{2}\text{4} \$\frac{1}{2}\text{7}\text{7} \$\frac{1}{2}\text{7}\text{682} \$\frac{1}{2}\text{7}\text{7} \$\frac{1}{2}\text{7}\text{682} \$\frac{1}{2}\text{7}\text{7} \$\frac{1}{2}\text{7}\text{682} \$\frac{1}{2}\text{7}\text{101} \$\frac{1}{2}\text{3}\text{3}\text{693} \$\frac{1}{2}\text{101} \$\frac{1}{2}\text{3}\text{3}\text{693} \$\frac{1}{2}\text{5}\text{5} \$\frac{1}{2}\text{7}\text{92} \$\frac{1}{2}\text{7}\text{92} \$\frac{1}{2}\text{7}\text{92} \$\frac{1}{2}\text{7}\text{92} \$\frac{1}{2}\text{7}\text{92} \$\frac{1}{2}\text{102}\text{111} \$\frac{1}{2}\text{102}\text{502} \$\frac{1}{2}\text{102}\text{504} \$\frac{1}{2}\text{102}\text{504} \$\frac{1}{2}\text{102}\text{504} \$\frac{1}{2}\text{102}\text{504} \$\frac{1}{2}\te	Cattach Form \$582 if required) Schedule K-1 from Schedule K-1 \$324,096 1 \$324 1 \$320 1 \$320 2 \$3,187 27 \$468 27 \$320,413 140 \$322,945 140 \$322,945 18,138 \$311,152 27 \$317,682 277 \$317,682 277 \$333,669 3 \$322,392 3 \$319 3 \$319 3 \$319 3 \$319 3 \$319 3 \$319 3 \$329 3 \$329 3 \$319 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 <td> Schedule K-1 From Schedule K-1 Prom Schedule K-1 Schedule</td>	Schedule K-1 From Schedule K-1 Prom Schedule K-1 Schedule

	(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
For	m 1040 Schedule E, Part III	, Line 33 - Income or Lo	ss From Estates and	Trusts	
		(a) Name			(b)Employer identification number
Α	DONALD J TRUMP TRUST		11-6261971		
В	DONALD J TRUMP ELIZABETH TRU		13-6023440		
С	DONALD J TRUMP 'FRED' TRUST		13-6023441		
D	ELIZABETH TRUMP GRANDCHILDR		13-6814305		
For	m 1040 Schedule E, Part III	, Line 33 - Passive Inco	me and Loss/Nonpas	sive Income and Lo	SS
	(c) Passive deduction or los allowed (attach Form 8582 required)	h Form 8582 if Schedule K-1 Schedule K			f) Other income from Schedule K-1
Α				0	
В		2 0			
С	=	25 0			
D		2 0			

Your name	Social security number	Т	Business in which expenses	curred	
DONALD J. TRUMP		}	TRUMP NATIONA	AL G	OLF CLUB
Part I Business Expenses and Reimburseme	nts				
STEP 1 Enter Your Expenses			Column A	T	Column B
STEF I Litter Tour Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	<u></u>	1			
Parking fees, tolls, and transportation, including train, bus, etc., tha involve overnight travel	t did not	2			
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT		4	2,575.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B,	6	2,575.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amour	nt from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n 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 Limitat	ion				
8 Subtract line 7 from line 6		8	2,575.		
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	t to	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

Pa	art II Vehicle Expenses						myer	
Sec	tion A General Information				(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service			11		<u> </u>		
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					miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		miles			miles
18	Was your vehicle available for personal use durin						Yes	L No
10								
19	Do you (or your spouse) have another vehicle ava	allable to	or personal use?				Yes Yes	L No
20	Do you have evidence to support your deduction?	?					Yes	☐ No
21	If "Yes," is the evidence written?						Yes	□ No
Casi	ion D. Ctondard Mileson Date (Conthairmteath a		7-4 H.4- C-4 - 1 - 1 - 1		2 2		***************************************	
Seci	ion B Standard Mileage Rate (See the instruction	ONS TOF I	Part II to find out whether to comple	te this section	or Section C.)			
22	Multiply line 12 by 54.5a (0.545). Enter the regult	hara an	ed on line 1					
Sect	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	nere ar	(a) Vehicle			(b) \(ab)	iolo	
	Gasoline, oil, repairs, vehicle insurance, etc.	T 00	(a) venicle			(b) Veh	icie	
23		23 24a				2530		CONTRACTOR OF
	Vehicle rentals							
	Inclusion amount	24b			TO A RESPONDED TO SHARE ALL SHE	Total Control		
	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							
27	Multiply line 26 by the percentage on line 14	27	据 2.60 年 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1					
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	The second						
0 1	line 1	29						
Seci	ion D Depreciation of Vehicles (Use this sectio	n only i		mpleting Sec				
30	Enter cost or other basis	30	(a) Vehicle		39	(b) Vehi	icle	
31	Enter cost or other basis Enter section 179 deduction	30			CONTROL OF CAME			
δı		0.4						
00	and special allowance	31		WEST TO THE SHIP	101000000000000000000000000000000000000			
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
121620	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33	577 1 57		1.45			
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35	A SECTION OF THE PROPERTY OF					
36	Enter the limitation amount	36				- 1		经净 数章
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you	5						
	skipped lines 36 and 37, enter the amount from	1000						
	line 35. Also enter this amount on line 28 above	38				1650		

Your name Is	ooiol coousity number	10	ina	a in which			
Tour name	ocial security number		susme	SS III WIIIC	1 expenses	were ii	icurrea
DONALD J. TRUMP	_	1	HE	EAST	61 8	т.	COMPANY
Part I Business Expenses and Reimbursemen	ts						
STEP 1 Enter Your Expenses			C	olumn A			Column B
STEP 1 Enter Your Expenses				Than Mea			Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not	2					
Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	irplane, car rental,	3					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATES	meals MENT 1	4		10	,834.		
5 Meals expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the re- enter the amount from line 5	sult. In Column B,	6		10	,834.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amoun	t 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 V	V-2	7					
STEP 3 Figure Expenses Subject to the Limitation	on				-:		
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 t	0			• • •			
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		9		10	,834.		
O Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses					•	10	10 834

Pa	art II Vehicle Expenses	***************************************							
Sec	tion A General Information					(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2018				12	mile	s		miles
13	Business miles included on line 12				13	mile	s		miles
14	Percent of business use. Divide line 13 by line 12	200000			14	C	%		%
15	Average daily roundtrip commuting distance				1,5	mile	s		miles
16	Commuting miles included on line 12				16	mile	s	ALSO MANAGEMENT ARTISTS	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	mile		***************************************	miles
18	Was your vehicle available for personal use durin	g off-dı	ıty hours?					Yes	No.
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?		************			Yes	☐ No
20	Do you have evidence to support your deduction?							Yes	☐ No
21	If "Yes," is the evidence written?							Yes	□ No
Cont	ion D. Chanderd Millore Data (Contheticate Millore		D. III. C. I. I. I. I. I.					***************************************	
Seci	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to	complete t	his section	or Section C.)	—Т		
22	Multiply line 13 by 54 5¢ (0.545). Enter the recult	horo ar	ad on line 1						
	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	nere ar	(a) Veh				(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(u) von				(0) VC	THOIC	
	Vehicle rentals	24a					255-165E	ST COLUMN THE PRESENT	
	Inclusion amount	24b				34			
c	Subtract line 24b from line 24a	24c		ARTHUR A	Ell Trees or				dia isa
25	Value of employer-provided vehicle (applies	246							
	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	20	_						
20	line 1	29				14-1-17			
Sect	ion D Depreciation of Vehicles (Use this sectio		f you owned the vehicle and	d are comp	letina Sect	ion C for the vehicle.)			
		Τ	(a) Veh		<u> </u>		(b) Ve	hicle	
30	Enter cost or other basis	30	<u> </u>	7.5	1963		1		
31	Enter section 179 deduction			ALIENSANIE CON	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		E. 3. (E.		
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								A 2 1 10 10 1
	instructions if you claimed the section 179								1
	deduction or special allowance)	32		學。最後		·			nd de
33	Enter depreciation method and percentage	33				N. C.			
34	Multiply line 32 by the percentage on line 33	34				7.5 Mg 1 342 162 2			on to the
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36	Description of States (C)		No. 1544	A PARTIE OF STREET		PER TO SERVE	C 100
37	Multiply line 36 by the percentage on line 14	37				10 15 F # 15 15 R 17 P 18	ente.	10.20.15	HERY TO
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							

Your name Social security num		Business in which expenses	were incl	ırred
DONALD J. TRUMP		40 WALL DEVEI LLC	OPME	INT ASSOC,
Part I Business Expenses and Reimbursements	Variantee			
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel				
3 Travel expense while away from home overnight, including lodging, airplane, car rental etc. Do not include meals and entertainment				•
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		452,753.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the	e amount fron	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In STEP 1			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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			2
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.

Multiply line 36 by the percentage on line 14

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

Your name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP			TRUMP CPS LLC	1	4
Part I Business Expenses and Reimbursem	ents	-			
STEP 1 Enter Your Expenses		1	Column A		Column B
OTEF 1 Enter rour Expenses			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., the involve overnight travel	nat did not	2		*	
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment		3	79.74		
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	ude meals TEMENT 3	4	99,554.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	e result. In Column B,	6	99,554.		
NOTE: If you were not reimbursed for any expenses in Step 1, s	kip line 7 and enter the amo	unt froi	m line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limit	ation				
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 subjethe Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	ect to	9	99,554.		
10 Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	re.	9	99,554.	10	99,55

Your name	Social security number	βι	ısiness in v	which e	xpenses	were in	curred	-	
DONALD J. TRUMP		T	RUMP	845	UN	GP	LLC	(MGR))
Part I Business Expenses and Reimburseme	ents								***************************************
STEP 1 Enter Your Expenses		16	Colum	n A			Co	olumn B	
			Other Than nd Enterta					Meals and tertainment	
1 Vehicle expense from line 22 or line 29		1							
2 Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not	2							
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	ı, airplane, car rental.	3							
4 Business expenses not included on lines 1 through 3. Do not incluand entertainment SEE STAT	de meals	1		55,	361.				1
5 Meals expenses		5							
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,	3		55,	361.				
NOTE: If you were not reimbursed for any expenses in Step 1, sk	The state of the s	rom li	ne 6 on lin	e 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	n W-2	7						****	
STEP 3 Figure Expenses Subject to the Limita	tion								Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición de
8 Subtract line 7 from line 6		3		55,	361.	1.35 500 8 8			
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to	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

P	art II Vehicle Expenses									
Sec	tion A General Information					(a) Vehicle		(b) Vehi	icle	
11	Enter the date vehicle was placed in service			11						
12	Total miles vehicle was driven during 2018			12		mile	S		m	niles
13	Business miles included on line 12			13		mile	S		m	niles
14	Percent of business use. Divide line 13 by line 12		***************************************	14		0,	6			%
15	Average daily roundtrip commuting distance			15		mile	s		m	niles
16	Commuting miles included on line 12			16		mile	s		m	niles
17	Other miles. Add lines 13 and 16 and subtract the	total	from line 12	17		mile			m	niles
18	Was your vehicle available for personal use durin	g off-c	uty hours?					Ye	s	No
19	Do you (or your spouse) have another vehicle ava	ailable	for personal use?					Т	s	No
20	Do you have evidence to support your deduction?	?						Ye	s _	No
21	If "Yes," is the evidence written?							Ye	s [No
Sac	tion B Standard Mileage Rate (See the instruction	one for	Part II to find out whether	to complete this s	anting as	Castian O.)		-		
000	tion b Standard Willeage Nate (See the Institution	3115 101	Part II to IIIu out whether	to complete this s	ection or	Section C.)				
22	Multiply line 13 by 54 5a (0.545). Enter the recult	boro	and on line 1							
	Multiply line 13 by 54.5¢ (0.545). Enter the result tion C Actual Expenses	nere a		/ehicle		 T	(b) Ve	hiolo		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(a) (- I		EARLY TENNESS TO THE SECOND	(D) VE	mole		
				1 38 FOR WAST 1995	CONC. NO			ROW CHAPTER STATE	economical con	20mm c 1
		24a 24b								
D	Inclusion amount Subtract line 24b from line 24a	240 24c		L2 (4 18 18 18 18 18 18 18 18 18 18 18 18 18		Bass Ave. Steel Base Section	42 985 5	GAN, IS 15%		
		240		5 						
25	Value of employer-provided vehicle (applies			4						
	only if 100% of annual lease value was									
00	included on Form W-2)	25	CINE STATE							
26	Add lines 23, 24c, and 25									
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								
Sect	tion D Depreciation of Vehicles (Use this sectio	n only	if you owned the vehicle	and are completin	g Section	n C for the vehicle.)				
			(a) V	/ehicle			(b) Ve	hicle		
30	Enter cost or other basis	30	Europe Processor Commission Commission							
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			1944					
33	Enter depreciation method and percentage	33			1.4					
34	Multiply line 32 by the percentage on line 33	34								
35	Add lines 31 and 34	35								
36	Enter the limitation amount	36			14			April 19	44	d
37	Multiply line 36 by the percentage on line 14	37		200						
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				Epide - Lab				

Your name S	ocial security number	Business in which expenses	were inc	urred
DONALD J. TRUMP		TRUMP PALACE/	PAR(LLC
Part I Business Expenses and Reimbursemer	nts			
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental.			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals	45,476.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5		45,476.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	m line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n 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 Limitat	ion			
8 Subtract line 7 from line 6		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 the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	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.

Pa	art II Vehicle Expenses							***************************************
Sec	tion A General Information				(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2018			12	miles	3		miles
13	Business miles included on line 12			13	miles	S	OALLANDONE WARREN	miles
14	Percent of business use. Divide line 13 by line 12			14	%	,		%
15	Average daily roundtrip commuting distance			15	miles	3		miles
16	Commuting miles included on line 12			16	miles	3		miles
17	Other miles. Add lines 13 and 16 and subtract the	e total from	ine 12	17	miles	3		miles
18	Was your vehicle available for personal use durin	g off-duty h	ours?				Yes	L No
19	Do you (or your spouse) have another vehicle ava	ailable for pe	ersonal use?	•••••••••			Yes	□ No
20	Do you have evidence to support your deduction	?					Yes	No
21	If "Yes," is the evidence written?				***************************************		Yes	□ No
-	See D. Otenderd Millers Date (Oc. 11)	, 5						
Sec	tion B Standard Mileage Rate (See the instruction	ons for Part	Il to find out whether to comp	lete this section	or Section C.)			
22	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	here and or				22		
			(a) Vehicle			(b) Veh	icle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				1000		
	Vehicle rentals							
b	Inclusion amount		Sib 4			ŝ		
	Subtract line 24b from line 24a	24c				12.00		
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							
27	Multiply line 26 by the percentage on line 14	27				53-1		
28	Depreciation. Enter amount from line 38 below	28						2
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if you	ı owned the vehicle and are (completing Sec	tion C for the vehicle.)			
			(a) Vehicle			(b) Vehi	cle	
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			9.3				
	instructions if you claimed the section 179							
	deduction or special allowance)	32				-	· 第7 点	
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			STATE OF THE PROPERTY OF THE P	120		
37	Multiply line 36 by the percentage on line 14	37		or, crastoniana a	TIME TO SERVICE		A CONTRACTOR	100000
38	Enter the smaller of line 35 or line 37. If you							and the street of the same
	skipped lines 36 and 37, enter the amount from					1.0		
	line 35. Also enter this amount on line 28 above	38				qi.		

Your name	Social security number		Business in which expenses	were in	Curred
DONALD J. TRUMP			TRUMP EQUITAE CO	BLE	FIFTH AVENUE
Part I Business Expenses and	Reimbursements			//2014/9/2014 <u>(</u> 2330)	
STEP 1 Enter Your Expenses		T	Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including involve overnight travel	ng train, bus, etc., that did not	2			
3 Travel expense while away from home overnig etc. Do not include meals and entertainment	pht, including lodging, airplane, car rental,	3			
Business expenses not included on lines 1 thr and entertainment	ough 3. Do not include meals SEE STATEMENT 5	4	190,180.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 thro enter the amount from line 5		6	190,180.		
NOTE: If you were not reimbursed for any ex	penses in Step 1, skip line 7 and enter the am	ount fror	n line 6 on line 8.		
STEP 2 Reimbursements for Exp	enses Listed In STEP 1			Hermitenen gu	
7 Enter amounts that were not reported to you in Include any amount reported under code "L" in	n box 1 of Form W-2. I box 12 of your Form W-2	7			-
STEP 3 Figure Expenses Subject	to the Limitation				The state of the s
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 the Department of Transportation (DOT) hours Multiply by 80% (.80) instead of 50%)	, enter -0-) (If subject to -of-service limits:	9	190,180.		
10 Add the amounts on line 9 of both columns an These are your supplemental business expens	d enter the total here.	.,		10	190,180.

P	art II Vehicle Expenses	***************************************							
Sec	tion A General Information				T	(a) Vehicle		(b) Vehicle	<u> </u>
11	Enter the date vehicle was placed in service			23.750.750.000,000,000,000	11	(u) remote		(b) vomble	,
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	2		************	14	%			%
15	Average daily roundtrip commuting distance		***************************************	**********	15	miles			miles
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	e total fro	m line 12	***********	17	miles			miles
18	Was your vehicle available for personal use durin	na off-dut	v hours?					Yes	No.
19	Do you (or your spouse) have another vehicle av							Yes	□ No
								res	NC
20	Do you have evidence to support your deduction	?	•••••					Yes	No
21	If "Yes," is the evidence written?							Yes	□ No
Sec	tion B Standard Mileage Rate (See the instructi	ons for P	art II to find out whether to	o complete	this saction	or Cootion C)		***************************************	
	The state of the s		are in to find out who their to	J complete		or Section 6.)	T		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	t here and	d on line 1			2	2		
Sec	tion C Actual Expenses		(a) Ve) Vehicl	е	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
24 a	Vehicle rentals								2 37 E
	Inclusion amount								
C	Subtract line 24b from line 24a	24c					300		
	Value of employer-provided vehicle (applies	機能							
	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					100		
29	Add lines 27 and 28. Enter total here and on	20			~				
	line 1	29					1250		
Sect	ion D Depreciation of Vehicles (Use this sectio		vou owned the vehicle an	d are com	lating Cont	ion C for the vehicle \			
	2	T T			nething Sect		\ \ / - I - ' - I		
30	Enter cost or other basis	30	(a) Vel	HICIE		(D) Vehicl	е	
31	Enter cost or other basis Enter section 179 deduction	30	日日 日本 日本 日本 日本 日本 日本 日本			がある。 1000年度の第1人の対象とは2年2月7日表	ANS COLUMN		
0 1		31							
30	Multiply line 30 by line 14 (see Form 2106	31	alcatta vaetis taltus	FFE NOW and	4275571937	(1) 网络克里克·拉克			W70 276 A.
02	instructions if you claimed the section 179								
		00							
0.0	deduction or special allowance)	32				<u> </u>			
33	Enter depreciation method and percentage	33					JAN.		BY ME
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35	AP ENGLES		s and a second		52 E4E		
36	Enter the limitation amount	36							Barb- Princip
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	198							
	line 35. Also enter this amount on line 28 above	38							

Your name	Social security number	Busines	s in which expenses	were in	curred
DONALD J. TRUMP		TRUM	IP PLAZA L	LC	
Part I Business Expenses and Reimburseme	nts				
STEP 1 Enter Your Expenses		Co	olumn A		Column B
STEP 1 Litter Four Expenses			Than Meals Itertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1				
Parking fees, tolls, and transportation, including train, bus, etc., tha involve overnight travel					
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT			13,301.		
5 Meals expenses	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B,		13,301.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amount fr	om line 6 c	on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n 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 Limitat	ion				
8 Subtract line 7 from line 6	8		13,301.		
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to		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

Pa	art II Vehicle Expenses						***************************************
Sec	tion A General Information				(a) Vehicle	(b) Vehicle	3
11	Enter the date vehicle was placed in service			11			
12	Total miles vehicle was driven during 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			***************************************		miles		miles
17	Other miles. Add lines 13 and 16 and subtract	the total fr	om line 12	17	miles	***************************************	miles
18	Was your vehicle available for personal use du	ring off-du	ty hours?			Yes	L No
19	Do you (or your spouse) have another vehicle	available f	or personal use?			Yes	No
20	Do you have evidence to support your deducti	on?				Yes	☐ No
21	If "Yes," is the evidence written?					Yes	No

Sect	tion B Standard Mileage Rate (See the instru	ctions for	Part II to find out whether to co	mplete this section	or Section C.)		***************************************
						1	-
22	Multiply line 13 by 54.5¢ (0.545). Enter the res	sult here ar	***************************************		22		
Sect	tion C Actual Expenses		(a) Vehicle)	(b)	Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc						
	Vehicle rentals						
b	Inclusion amount	24b			43		
	Subtract line 24b from line 24a				大学生生生活		
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						
28	Depreciation. Enter amount from line 38 below						
29	Add lines 27 and 28. Enter total here and on						
	line 1	29					
Sect	tion D Depreciation of Vehicles (Use this sec		f you owned the vehicle and a	re completing Sec	tion C for the vehicle.)		
-		<u> </u>	(a) Vehicle			Vehicle	
30	Enter cost or other basis	30					1000
31	Enter section 179 deduction			AND PROPERTY AND PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE P			SDBF6.
	and special allowance	31					
32	Multiply line 30 by line 14 (see Form 2106						To ha
	instructions if you claimed the section 179						
	deduction or special allowance)	32				ab Jane 1	
33	Enter depreciation method and percentage	33					
34	Multiply line 32 by the percentage on line 33					128 U. (128 4	
35	Add lines 31 and 34						
36	Enter the limitation amount	36	EDENTITION OF THE PERSON OF TH				0.000
37	Multiply line 36 by the percentage on line 14		34 7			2.3	
38	Enter the smaller of line 35 or line 37. If you	31				Ì	
00							
	skipped lines 36 and 37, enter the amount from	1 12				Service Servic	
	line 35. Also enter this amount on line 28 abov	e 38					

Your name	Social security nur.	В	Business in	which expenses	were inc	L curred
DONALD J. TRUMP	5850	ļ.,	THE T	RUMP COI	RPOR	ATION
Part I Business Expenses and Reimburse	ements					
STEP 1 Enter Your Expenses		T	Colur	nn A	T	Column B
			Other Tha and Enter			Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc involve overnight travel	c., that did not	2				
3 Travel expense while away from home overnight, including loc etc. Do not include meals and entertainment	dging, airplane, car rental.	3				
4 Business expenses not included on lines 1 through 3. Do not i and entertainment SEE s	include meals STATEMENT 8	4		168,179		
5 Meals expenses	***************************************	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	r the result. In Column B,	6		168,179		-
NOTE: If you were not reimbursed for any expenses in Step		ount from I	line 6 on li	ne 8.		
STEP 2 Reimbursements for Expenses List	ed In STEP 1	Manual Anna Anna Anna Anna Anna Anna Anna An			alice and account	
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7				
STEP 3 Figure Expenses Subject to the Lim	nitation	***************************************				
8 Subtract line 7 from line 6		8	:	168,179.		
9 In Column A, enter the amount from line 8. In Column B, multi amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If st the Department of Transportation (DOT) hours-of-service limit	ubject to s:					
Multiply by 80% (.80) instead of 50%)	•	9		168,179.		
10 Add the amounts on line 9 of both columns and enter the total These are your supplemental business expenses	here.			•	10	168,179.

Pa	art II Vehicle Expenses							
Sect	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2018			12	miles	3		miles
13	Business miles included on line 12			13	miles	3		miles
14	Percent of business use. Divide line 13 by line 12	! ·		14	9/	D		%
15	Average daily roundtrip commuting distance			15	miles	3		miles
16	Commuting miles included on line 12			16	miles	3		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from	line 12	17	miles	3		miles
18	Was your vehicle available for personal use during	ig off-duty h	ours?				Yes	L No
19	Do you (or your spouse) have another vehicle av	ailable for p	ersonal use?		***************************************		Yes	☐ No
20	Do you have evidence to support your deduction	?					Yes	No
21	If "Yes," is the evidence written?						Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruct	ons for Part	II to find out whether	to complete this section	or Section C.)	***************************************		alrustare et il et tempet es situations
	non D. Clandard innougo hato (600 the mende	0110 101 1 011	The find out whother	to domploto tillo doction	T Coolin C.)	T		
22	Multiply line 13 by 54.5¢ (0.545). Enter the resul	t here and o	n line 1			22		
	tion C Actual Expenses	1		ehicle		(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		T				***************************************
	Vehicle rentals							
	Inclusion amount							
	Subtract line 24b from line 24a			STATE OF THE SERVICE STATE ST				11920110210
	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							
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	29						
Sect	tion D Depreciation of Vehicles (Use this section	The second	u owned the vehicle a	and are completing Sec	tion C for the vehicle.)	E CH. (#1874)		
		T		ehicle		(b) Ve	hicle	
30	Enter cost or other basis	30			Tel .			
31	Enter section 179 deduction		English To the					
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106		STATE OF THE STATE				ELECTIVE TO	
STREET,	instructions if you claimed the section 179							
	deduction or special allowance)	32		一种 标本证据			A LANGE	- Br
33	Enter depreciation method and percentage	33			進			
34	Multiply line 32 by the percentage on line 33	-	(第2000年 / 4-7)	Later To The Control of the Control				
35	Add lines 31 and 34	2000			**************************************			
36	Enter the limitation amount		四周期近天春 。	- OFFICE	A CONTRACTOR	A Transit		42
37	Multiply line 36 by the percentage on line 14		ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	第八八次 對下	AT SALE STORES	G (27)	A STATE OF THE STATE OF	
38	Enter the smaller of line 35 or line 37. If you	- 01			- P. A.	支配		
00	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number	Social security number			Business in which expenses were incurred						
DONALD J. TRUMP			TRUMP	PROJECT	MA	NAGEMENT	CORP				
Part I Business Expenses and Reimbursem	ents	***************************************	 								
STEP 1 Enter Your Expenses			Colum Other Than and Entert	n Meals		Column B Meals and Entertainmen	t				
1 Vehicle expense from line 22 or line 29		1									
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	hat did not	2									
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	ng, airplane, car rental.	3									
4 Business expenses not included on lines 1 through 3. Do not incl and entertainment SEE STA	ude meals	4		9,665.	# 1 # 1 # 2						
5 Meals expenses		5			S						
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		6		9,665.	200						
NOTE: If you were not reimbursed for any expenses in Step 1, s	kip line 7 and enter the amou	unt fror	n line 6 on li	ne 8.							
STEP 2 Reimbursements for Expenses Listed	I In STEP 1	***************************************									
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	2. rm W-2	7			1						
STEP 3 Figure Expenses Subject to the Limits	ation				-						
8 Subtract line 7 from line 6		8		9,665.							
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjet the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ect to	9	i i	9,665.	A STATE OF THE STA						
10 Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	re.			>	10	9	,665.				

Your name §	Social security number	Busin	ness in which expenses JMP PARK AV	were inc	urred
DONALD J. TRUMP		1 (10)	ELMONICO)	171401	3 DIC
Part I Business Expenses and Reimbursemen	nts	4		-	
STEP 1 Enter Your Expenses			Column A		Column B
STEP 1 Enter Your Expenses			er Than Meals Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	t did not	2			
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	le meals EMENT 11	4	5,082.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B,	6	5,082.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amo	ount from line	6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n 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 Limitat	ion				
8 Subtract line 7 from line 6		8	5,082.		
		建			
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject					
the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)		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

Pa	art II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle)
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2018				12	mil	es		miles
13	Business miles included on line 12				13	mil	es		miles
14	Percent of business use. Divide line 13 by line 12				14		%		%
15	Average daily roundtrip commuting distance				15	mil	es		miles
16	Commuting miles included on line 12		***************************************		16	mil	es		miles
17	Other miles. Add lines 13 and 16 and subtract the				17	mil	0.15.50		miles
18	Was your vehicle available for personal use during	g off-dut	y hours?					Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?					Yes	□ No
20	Do you have evidence to support your deduction?							Yes	□ No
21	If "Yes," is the evidence written?							Yes	· No
Sect	ion B Standard Mileage Rate (See the instruction	ons for P	art II to find out whether to	complete	this section	or Section C.)			
	=						ПТ		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here and	d on line 1				22		
Sect	ion C Actual Expenses		(a) Veh	hicle			(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
24 a	Vehicle rentals	24a							研养 图 主
b	Inclusion amount	24b				- 1 3 4			
	Subtract line 24b from line 24a	24c			97 N. 201 J. C. B. T. SHIPP AND D. D. STATES	建筑型建筑			
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					1.0.41.54			
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section	n only if	you owned the vehicle an	d are com	pleting Se	ction C for the vehicle.)			
			(a) Vet	nicle			(b) Ve	hicle	
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					1.4			12 17
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							p fare
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35				J. Marie			
36	Enter the limitation amount	36	i d			8			1年11年
37	Multiply line 36 by the percentage on line 14	37		THE PROPERTY OF THE PARTY OF TH		I VIII			
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	28	· · · · · · · · · · · · · · · · · · ·			超 列。			

Your name §	Social security number		ess in which expenses y				
DONALD J. TRUMP	TRUMP PARK AVE LLC - ACQUISITIONS						
Part I Business Expenses and Reimbursemen	nts						
STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment				Column B Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel		2					
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental.	3					
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STATE	e meals	ı	5,091.		1		
5 Meals expenses		i			·		
6 Total expenses. In Column A, add lines 1 through 4 and enter the re enter the amount from line 5	esult. In Column B,	3	5,091.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount f	rom line (6 on line 8.				
STEP 2 Reimbursements for Expenses Listed I	n 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	,			98-99-959		
STEP 3 Figure Expenses Subject to the Limitat	ion						
8 Subtract line 7 from line 6		3	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 the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to		5,091.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental hydroges expenses				10	5 001		

Pa	rt II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
1	Enter the date vehicle was placed in service			1	1				
2	Total miles vehicle was driven during 2018				2	mile	s		miles
13	Business miles included on line 12			1	3	mile	S	34	miles
4	Percent of business use. Divide line 13 by line 12 $$			1	4	C	%		%
15	Average daily roundtrip commuting distance			1	5	mile	s		miles
6	Commuting miles included on line 12			1	6	mile	S		miles
7	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	1	7	mile	s		miles
8	Was your vehicle available for personal use during	off-dut	y hours?			***************************************		Yes	L No
9	Do you (or your spouse) have another vehicle ava	ilable for	r personal use?					Yes	□ No
20	Do you have evidence to support your deduction?							Yes	No
21	If "Yes," is the evidence written?							Yes	□ No
Sect	ion B Standard Mileage Rate (See the instructio	ns for P	art II to find out whether to	complete this	section	or Section C)			
	(33111713131111		or occion o.,			
2	Multiply line 13 by 54.5e (0.545). Enter the result	here and	d on line 1				22	<u> </u>	
ect	ion C Actual Expenses		(a) Vet	hicle			(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc	23							
4 a	Vehicle rentals	24a							
b	Inclusion amount	24b							
C	Subtract line 24b from line 24a	24c	6.1						
5	Value of employer-provided vehicle (applies	建							
	only if 100% of annual lease value was								
	included on Form W-2)	25							
6	Add lines 23, 24c, and 25	26					46-6		
7	Multiply line 26 by the percentage on line 14	27							
8	Depreciation. Enter amount from line 38 below	28							
9	Add lines 27 and 28. Enter total here and on						*		
	line 1	29					*		
ect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle an	d are comple	ing Sec	tion C for the vehicle.)			
			(a) Veh	hicle	10		(b) Ve	hicle	
0	Enter cost or other basis	30							
1	Enter section 179 deduction								
	and special allowance	31					2.8		
2	Multiply line 30 by line 14 (see Form 2106		4						
	instructions if you claimed the section 179								
	deduction or special allowance)	32				3/P			
3	Enter depreciation method and percentage	33				ā á			
4	Multiply line 32 bŷ the percentage on line 33	34					T#		
5	Add lines 31 and 34	35					1		
6	Enter the limitation amount	36							
7	Multiply line 36 by the percentage on line 14	37							
8	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from						-0 1		
	line 35. Also enter this amount on line 28 above	38					#		

Your name Social security number	Busi	ness in which expenses	were inc	urred
DONALD J. TRUMP	TI	HT COMMERCI	AL I	LC
Part I Business Expenses and Reimbursements				
STEP 1 Enter Your Expenses		Column A ner Than Meals I 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		1 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 am	ount 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	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.	And the second	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	891

Pa	art II Vehicle Expenses							
Sec	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service							
12	Total miles vehicle was driven during 2018			12	miles	3		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			************************************		miles	;		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles	;		miles
18	Was your vehicle available for personal use during						Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?				Yes	☐ No
20	Do you have evidence to support your deduction?						Yes	☐ No
21	If "Yes," is the evidence written?						Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for l	Part II to find out whether to	complete this sect	ion or Section C.)			
						T		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here ar	nd on line 1			22		
Sect	ion C Actual Expenses		(a) Veh	icle		(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		·····				
24a	Vehicle rentals	24a						
b	Inclusion amount	24b						
	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						
Sect	ion D Depreciation of Vehicles (Use this sectio		f you owned the vehicle and	d are completing S	Section C for the vehicle.)			
			(a) Veh	icle		(b) Ve	hicle	
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31				200		
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	1-4 34 14 4 3		F. J. March	事		
35	Add lines 31 and 34					14		
36	Enter the limitation amount	36						27 57
37	Multiply line 36 by the percentage on line 14	37			7.1	12	A STATE OF THE STA	AND THE RESERVE OF THE PARTY OF
38	Enter the smaller of line 35 or line 37. If you		TO SEE STATE	**************************************		1		
F-157-0	skipped lines 36 and 37, enter the amount from		- 1 - Alie 1			-15304		
	line 35. Also enter this amount on line 28 above	38	# 1.74 H					

Your name Social security		usiness in which expenses w	vere incurred
DONALD J. TRUMP	i.t	'RUMP INTERNA' 'C	TIONAL GOLF CLUB
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		
Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel			
3 Travel expense while away from home overnight, including lodging, airplane, car re etc. Do not include meals and entertainment	ental,		
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 enter the amount from line 5	n B, 6	281,278.	
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter	er 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	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

	art II Vehicle Expenses							
Sec	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2018			12	mi	les		miles
13	Business miles included on line 12			13	mi	les		miles
14	Percent of business use. Divide line 13 by line 12		t	14		%		9/
15	Average daily roundtrip commuting distance			15	mi	les		miles
16	Commuting miles included on line 12			16	mi	les		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 12	17	mi			miles
18	Was your vehicle available for personal use durin	g off-duty h	ours?				Yes	N
19	Do you (or your spouse) have another vehicle ava	ilable for p	ersonal use?				Yes	N
20	Do you have evidence to support your deduction?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	N
21	If "Yes," is the evidence written?						Yes	N
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part	II to find out whether t	o complete this se	ection or Section C.)			
	_				***************************************			
22 Soot	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	here and o				22	L	
		1	(a) Ve	enicle		(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		MACON STREET, SECTION STREET, SECTION STREET, SECTION STREET, SECTION STREET, SECTION STREET, SECTION STREET,				
	Vehicle rentals	24a						
	Inclusion amount	24b	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la		(10 17 15)			
	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 \dots	28						
29	Add lines 27 and 28. Enter total here and on line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio		u owned the vehicle a	nd are completing	g Section C for the vehicle.)			
			(a) Ve	ehicle		(b) Ve	hicle	
30	Enter cost or other basis	30	a talk make the college.					
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			t 1000			
33	Enter depreciation method and percentage	33		Transaction.				
34	Multiply line 32° by the percentage on line 33	34						
35	Add lines 31 and 34	35						50 September 1
36	Enter the limitation amount	36		CIAE WAR	4		27.4.4	唐 居
37	Multiply line 36 by the percentage on line 14	37				J. Kara		
38	Enter the smaller of line 35 or line 37. If you	1186						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

These are your supplemental business expenses

2018

465,720.

10

Social security number Business in which expenses were incurred DONALD J. TRUMP MAR-A-LAGO CLUB LLC **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 1 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 3 Business expenses not included on lines 1 through 3. Do not include meals 465,720 and entertainment SEE STATEMENT 15 5 Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, 465,720. enter the amount from line 5 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 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 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 465,720 8 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%) 465,720 Add the amounts on line 9 of both columns and enter the total here.

Pa	art II Vehicle Expenses			·	~ 1				
Sec	tion A General Information	04000000-00000000				(a) Vehicle		(b) Vehicle	,
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2018		***************************************		12	mile	s		miles
13	Business miles included on line 12		*******************************		13	mile	S		miles
14	Percent of business use. Divide line 13 by line 12				14	Q	%		%
15	Average daily roundtrip commuting distance				15	mile	S		miles
16	Commuting miles included on line 12				16	mile	S		miles
17	Other miles. Add lines 13 and 16 and subtract the	e total fr	om line 12		17	mile			miles
18	Was your vehicle available for personal use durin	g off-du	ity hours?					Yes	L No
19	Do you (or your spouse) have another vehicle ava	ailable f	or personal use?					Yes	□ No
20	Do you have evidence to support your deduction	?						Yes	No
21	If "Yes," is the evidence written?							Yes	No
Son	ion B Standard Mileage Rate (See the instruction	one for	Part II to find out whather t		41-1			-	
066	Toll B Stalldard Willeage Rate (See the Illstill City	0115 101	- art ii to iiilu out whether t	o complete	tills section	Tor Section C.)	T		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here ar	nd on line 1				22		
	ion C Actual Expenses	noro ar	(a) Ve				(b) Vel	nicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(-/-				(5) (6)	11010	
	Vehicle rentals		L. T. L. D. S. S. T. L.	KE TAIL					Carrier Trail
	Inclusion amount								
	Subtract line 24b from line 24a			(see Federal St.)			2012(5)	POLICE OF THE PARTY OF	
	Value of employer-provided vehicle (applies	240							-
	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 22, 24e, and 25	26					-		
20 27	Add lines 23, 24c, and 25	27						***************************************	
28 29	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle a	nd are com	pleting Sec	ction C for the vehicle.)	etter titl		
***************************************		T	(a) Ve				(b) Vel	nicle	
30	Enter cost or other basis	30							
31	Enter section 179 deduction	88							
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106			THE BEST			Olive State		193 A
	instructions if you claimed the section 179						100		AL M
	deduction or special allowance)	32		1					100
33	Enter depreciation method and percentage	33				94			
34	Multiply line 32 by the percentage on line 33	34		-				216900 (F. S)	
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36				CHARLES CONTROL OF A	E CLEAN C		
37	Multiply line 36 by the percentage on line 14	37					E. Carlo		W The sa
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							

Your name	Social security number	lBusi	ness in which expenses	were inci	urred
DONALD J. TRUMP		T I	MANAGEMENT	LLC	(TMG MEMBER
Part I Business Expenses and Reimbursen	ments				
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., involve overnight travel	that did not	2			
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ing, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	clude meals PATEMENT 10	4	66,776.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5	he result. In Column B,	6	66,776.		
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	unt from line	6 on line 8.		
STEP 2 Reimbursements for Expenses Liste	d In STEP 1			**************************************	
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	/-2. orm W-2	7			
STEP 3 Figure Expenses Subject to the Limi	tation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8 Subtract line 7 from line 6		8	66,776.		
9 In Column A, enter the amount from line 8. In Column B, multipl amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subthe Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	66,776.		
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	nere.		>	10	66,776.

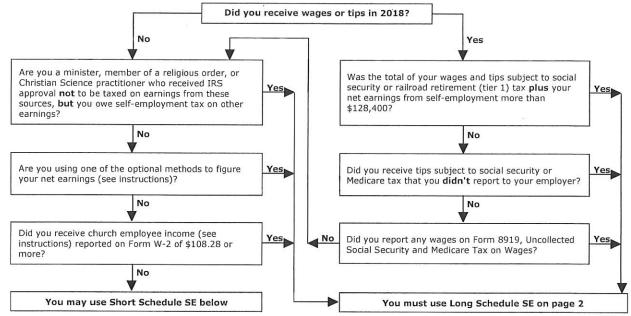
Pa	rt II Vehicle Expenses						
Sect	ion A General Information				(a) Vehicle	(b) Veh	icle
11	Enter the date vehicle was placed in service			11			
12	Total miles vehicle was driven during 2018			12	miles		miles
13	Business miles included on line 12			13	miles		miles
14	Percent of business use. Divide 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				miles		miles
18	Was your vehicle available for personal use during	g off-duty	/ hours?			Y	es No
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?			Ye	es No
20	Do you have evidence to support your deduction?					Ye	es No
21	If "Yes," is the evidence written?					Ye	es No
Sect	ion B Standard Mileage Rate (See the instruction	ns for P	art II to find out whether to cor	mplete this section	or Section C.)		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here and	I on line 1			22	
Sect	ion C Actual Expenses		(a) Vehicle		(1	b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
24a	Vehicle rentals	24a					
b	Inclusion amount	24b	je iz				
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		300000			
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on	100					
	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this sectio	only if	you owned the vehicle and ar	e completing Sect	ion C for the vehicle.)		
			(a) Vehicle		(1	b) Vehicle	
30	Enter cost or other basis	30			53		
31	Enter section 179 deduction	9					
	and special allowance	31				- Med Hosto	
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			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
34	Multiply line 32 by the percentage on line 33	34		Program of the Colonia			
35	Add lines 31 and 34	35				g P	
36	Enter the limitation amount	36		AL .			
37	Multiply line 36 by the percentage on line 14	37					
38	Enter the smaller of line 35 or line 37. If you						
7.65	skipped lines 36 and 37, enter the amount from	100					
	line 35. Also enter this amount on line 28 above	38				3	

efile GRAPHIC prin	t - DO NOT PROCESS LATEST DATA - Production	on D	LN: 16221684664919
SCHEDULE SE (Form 1040)	Self-Employment	Тах	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/ScheduleSE for instructions Attach to Form 1040 or Form		2018 Attachment Sequence No. 17
Name of person with self-e	employment income (as shown on Form 1040 or Form 1040NR)	Social security number of person with self-employment income	

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

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

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



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE. 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), 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 **1**b () 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 Combine lines 1a, 1b, and 2 3 $\hbox{Multiply line 3 by 92.35\% (0.9235). If less than $400, you don't owe self-employment tax; $\textbf{don't}$ file this are the self-employment tax; $\textbf{don't}$ files than $400, you don't own the self-employment tax; $\textbf{don't}$ files than $\textbf{don't}$ files the self-employment tax; $\textbf{don$ 4 Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. Self-employment tax. If the amount on line 4 is: \$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 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 113587 Schedule SE (Form 1040) 2018

Schedule SE (Form 1040) 2018

code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

1b had you not used the optional method.

Software ID: Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

DLN: 16221684664919

Form 1116

Foreign Tax Credit (Individual, Estate, or Trust)

OMB No. 1545-0121

.3		ividual, Estate, or	1.70		ŀ	2018
Dep Inte	rartment of the Treasury mal Revenue Service (99) Go to www.irs.gov/Forn	form 1040, 1040NR, n1116 for instruction	[[] [] [] [] [] [] [] [] [] [nformation.		Attachment Sequence No. 19
Nai DOI	ME NALD J & MELANIA <trump< td=""><td></td><td>Identifying nur</td><td>nber as shown on</td><td>page :</td><td>1 of your tax return</td></trump<>		Identifying nur	nber as shown on	page :	1 of your tax return
Use 11:	e a separate Form 1116 for each category of income listed b 16. Report all amounts in U.S. dollars except where specifie	below. See <i>Categories</i> d in Part II below.	of Income in the ins	tructions. Check or	nly one	e box on each Form
a	Section 951A income c Passive category inco	me e \square Secti	on 901(j) income	g 🗌 Lump-	sum d	istributions
ь	Foreign branch income d General category income	ome f \square Certa	in income re-source	d by treaty		
_	Resident of (name of country) > US					
No on	te: If you paid taxes to only one foreign country or U.S. po e foreign country or U.S. possession, use a separate columi	n and line for each cou	ntry or possession.			
F	Part I Taxable Income or Loss From Sources				ed Ab	
i	Enter the name of the foreign country or U.S.	Foreign Co	B B	session C	(Ad	Total d cols. A, B, and C.)
•	possession A	oc	AJ	PM	,	
1 a	Gross income from sources within country shown above and of the type checked above (see instructions):			v		
		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)					
	ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	2 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		
	Other deductions (attach statement)			-		
	Other deductions (attach statement)	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)		,,230	7,250		
	Gross income from all sources (see instructions) .	24,644	208,786,952	208,786,952		
	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):				8	
а	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
	Other interest expense					
	Add lines 2, 3g, 4a, 4b, and 5	17,555		2,385,534	6	
			untry or U.S. Poss			Total
i	Enter the name of the foreign country or U.S. possession	D IN	E CA	QA QA	(Aut	d cols. A, B, and C.)
1a	Gross income from sources within country shown above and of the type checked above (see instructions):		CA	QA		
		*			1 a	
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					
D-	determine its source (see instructions)					
	ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	×		si .		2
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
b	Other deductions (attach statement)					

c A	Add lines 3a and 3t	· · · ·			7	,156	7,156	7,1	.56	l	
d (Gross foreign sourc	e income (see	instructions) .							1	
е (Gross income from	all sources (se	e instructions)		208,786	.952 2	08,786,952	208,786,9	152		
	Divide line 3d by lin			-		0000	0.00000	0.000			
g N	Aultiply line 3c by l	line 3f			10000						
4	Pro rata share of in	nterest evnense	e (see instruction	ne).							
	Home mortgage int			1000000000							
P	Nortgage Interest i	n the instructio	ins)						_		
b С	Other interest expe osses from foreign	ense		· · -					-	ĺ	
6 A	Add lines 2, 3g, 4a,	4b, and 5 .							6		
					Forei	gn Country o	r U.S. Posses	ssion		т	otal
	nter the name o			i	G	ŀ	1	I	(Add	d cols.	A, B, and C.)
	possession 🎜 .			>	CH				_		
	Gross income from and of the type che										
							1				
					996,	396	-1,021,040		1a		
	Check if line 1a is c in employee, your								1		
	250,000 or more,					2					
	letermine its sourc										
Dedu	uctions and losse	s (Caution: Se	ee instructions.):							
	xpenses definitel attach statement)										
3 P	ro rata share of ot	her deductions	not definitely r	elated:							
	Certain itemized de nstructions)				7,	156					
b 0	Other deductions (a	ttach statemer	nt)								
c A	dd lines 3a and 3b				7,	156					
d G	Gross foreign source	e income (see i	instructions) .		996,	396					
	Gross income from		150		208,786,	952		U-1000]		
	Divide line 3d by lin				0.00				4		
g M	fultiply line 3c by li	ine 3f				34			4		
4 F	Pro rata share of in	terest expense	(see instructio	ns):							
	lome mortgage inte										
	fortgage Interest in Other interest expe								- 1		
5 L	osses from foreign	sources				24	2 402 422		_		
7 S	dd lines 2, 3g, 4a, ubtract line 6 from	line 1a Enter	the result here	and on line	15 nage 2		-2,403,123	- 4	6		
		Taxes Paid					• • • • •	• • • • •	№ 7		
	Credit is claimed	.uxes ruiu	or Accided	Joe mailu							
>	for taxes (you must check				Foreig	n taxes paid or	accrued				
=	one)		In foreign cu	ırrency				In U.S. dollars			
Ę	(j) 🗹 Paid	2000.000.000			4-1-04	800	200000 NWC 10				(u) Total foreign
Country	(k) Accrued	Taxe	s withheld at source	ce on:	(p) Other foreign	Taxes	withheld at sourc	e on:	(t) Othe foreign ta		taxes paid or
101	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrue		accrued (add cols. (q) through (t))
A	See Additional	100									
В	Data Table						-	-			
С	80.71						-	-			
	dd lines A throug	nh C. column ((u). Enter the	total here	and on line (nage ?		1 .			734
	aperwork Reduc				Market Street,	Cat. No. 1144	 NII		▶ 8	Form	721 1116 (2018)
			-, Jee mould			CUL. INU. 1144	00			I UIIII	TTTO (ZUIS)

Par	rt 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	721		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) .			
11	Add lines 9 and 10	721		
12	Reduction in foreign taxes (see instructions)			
13	Taxes reclassified under high tax kickout (see instructions)	-721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		14	C
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)			
16	Adjustments to line 15 (see instructions)			
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.)	-		
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	3		
	$\textbf{Caution:} \ \textbf{If you figured your tax using the lower rates on qualified dividends or capital gains, see}$	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 form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount 1040NR, line 42	e G, line 1a; or from Form	20	8,436,059
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see insti	ructions.		
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 th enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions		22	C
Par	rt IV Summary of Credits From Separate Parts III (see instructions)			
23	Credit for taxes on section 951A income			
24	Credit for taxes on foreign branch income			
25	Credit for taxes on passive category income			
26	Credit for taxes on general category income	344,084		
27	Credit for taxes on section 901(j) income			
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 Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	48;	33	344,084

Form **1116** (2018)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Top Left Margin - Alternative Minimum Tax Code: AMT Part I, Line g - Foreign Income High Taxed Kickout Code: HTKO

Form 1116, Part II - Foreign Taxes Paid or Accrued

>	Credit is claimed for taxes (you must check	xes Foreign taxes paid or accrued								
ntr	one)	one) In foreign currency		ırrency	In U.S. dollars					
Country	(i) Paid (k) Accrued (ii) Date paid or accrued	Tayes withheld at source on:	(p) Other foreign			vithheld at source on:		(u) Total foreign taxes paid or		
		(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	accrued (add cols. (q) through (t))
A									721	721
В										
C										
D										
Е										
F										
G										
Н						NI 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			•	

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LATEST DATA - Production

DLN: 16221684664919

Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

► Attach to Form 1040, 1040NR, 1041, or 990-T. Department of the Treasury Attachment ▶ Go to www.irs.gov/Form1116 for instructions and the latest information. Internal Revenue Service (99 Sequence No.19 Indentifying number as shown on page 1 of your tax return DONALD J & MELANIA<TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. 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) > Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Enter the name of the foreign country or U.S. (Add cols. A, B, and C.) Α possession 🏄 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) . . . Deductions and losses (Caution: See instructions.): 4,637,595 Expenses definitely related to the income on line 1a 956 37,608,469 (attach statement) 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see 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) . 208,786,952 208,786,95 208,786,952 f Divide line 3d by line 3e (see instructions) . . . 0.0265 0.00000 0.11027 g Multiply line 3c by line 3f 190 789 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 . . . Losses from foreign sources . 6 Add lines 2, 3g, 4a, 4b, and 5 37,609,258 67,235,018 Foreign Country or U.S. Possession Total Enter the name of the foreign country or U.S. (Add cols. A, B, and C.) D possession 🖋 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) . . Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 5,787,555 353 (attach statement) 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see 7,156 7,156 7.156 **b** Other deductions (attach statement)

•	Add lines 3a and 3b	7,156	7,156	7,156		
c	d Gross foreign source income (see instructions)					
•	e Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
	Multiply line 3c by line 3f	0.00000	0.00000	0.00000		
	Pro rata share of interest expense (see instructions):					
ā	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
	Losses from foreign sources					A LONG TAMABULA STATE AND
0	Add lines 2, 3g, 4a, 4b, and 5	5,787,555		353	6	67,235,018
i	Enter the name of the foreign country or U.S.	G Foreign C	Country or U.S. Pos		(Ac	Total dd cols. A, B, and C.)
	possession	AE	RQ	I CA		T
1 a	Gross income from sources within country shown above	AL	NQ	CA		
	and of the type checked above (see instructions):		1			*
						m.
L	Check if line 1a is compensation for personal services as	679,900			1a	44,779,730
2 -	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)					-
	ductions and losses (Caution: See instructions.):	_ 100000		-		
2	Expenses definitely related to the income on line 1a (attach statement)	% 1,390,884	2 84	% 1,861,346		
3	Pro rata share of other deductions not definitely related:					
a	Certain itemized deductions or standard deduction (see instructions)	7 456				
	mistractions)	7,156	7,156	7,156		
b	Other deductions (attach statement)					
c	Add lines 3a and 3b	7,156	7,156	7,156		
	Gross foreign source income (see instructions)	679,900	7,130	7,136		
е	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		1
	Divide line 3d by line 3e (see instructions)	0.00326	0.00000	0.00000		
	Multiply line 3c by line 3f	23	0.00000	0.00000		
	8.7 %					
	Pro rata share of interest expense (see instructions):					
а	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
	Losses from foreign sources	1,390,907	84	1 961 246	_	67 775 040
_	ridd iiries 2, 3g, 4d, 4b, diid 3		Country or U.S. Pos	1,861,346	_6_	67,235,018 Total
i	Enter the name of the foreign country or U.S.	j j	K	L	(Ac	ld cols. A, B, and C.)
	possession 🖋	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	1 a	44,779,730
	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		* 1			
	determine its source (see instructions) >					
De	ductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)		9 34	3,271		2
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
	Other deductions (attach statement)					
С	Add lines 3a and 3b	7,156	7,156	7,156	*	
	Gross foreign source income (see instructions)	11,868		1,809,220		
	Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952		
	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):					

	Mortgage Interest in the instructions)					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5		4	3,333	6	67,235,018
		Foreign Co	ountry or U.S. Pos	ssession		Total
i	Enter the name of the foreign country or U.S.	М	N	0	(Ad	d cols. A, B, and C.)
	possession	GG	IS	AJ		
12	a 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) ▶ □					
De	ductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a	5 1,343,007	% 1,108,983	1,345,997		
~	(attach statement)	G201,545,007	221,100,903	1,243,997		
	New 10 /s 18 /s 18 /s 19					
3	Pro rata share of other deductions not definitely related:					
а	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		
4						
d	Gross foreign source income (see instructions)					
	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	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):		1			
a	Home mortgage interest (use the Worksheet for Home					
	Mortgage Interest in the instructions)					
	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5	1,343,007	1,108,983	1,345,997	6	67,235,018
		Foreign Co	two and C Day	seesien		Total
	1	roreign co	ountry or U.S. Pos	session		iotai
i	Enter the name of the foreign country or U.S.	P	Q Q	R	(Ad	d cols. A, B, and C.)
	possession 🖋				(Ad	
	possession	P	Q	- R	(Ad	
	possession	P	Q	- R	(Ad	
	possession	P	Q	- R	(Add	
1 a	possession	P	Q RN	- R		d cols. A, B, and C.)
1 a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is	P	Q RN	- R		d cols. A, B, and C.)
1 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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	P	Q RN	- R		d cols. A, B, and C.)
1a	Gross income from sources within country shown above and of the type checked above (see instructions): 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)	P	Q RN	- R		d cols. A, B, and C.)
b De	Gross income from sources within country shown above and of the type checked above (see instructions): 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).	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
b De	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a	P	Q RN	- R		d cols. A, B, and C.)
b De	Gross income from sources within country shown above and of the type checked above (see instructions): 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).	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
b De	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
1a b De 2	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related:	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
1a b De 2	Gross income from sources within country shown above and of the type checked above (see instructions): 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). ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
1a b De 2	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Laternative determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
1a b De 2 3	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Laternative determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
1a b De 2 3 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR 2,449,043	Q RN 718,067 7,156	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
De 2 3 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR 2,449,043	Q RN 718,067 7,156	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a b c d	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b	P BR 2,449,043	Q RN 718,067 7,156	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a b c d e	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions)	P BR 2,449,043 7,156	Q RN 718,067 7,156 7,156 7,156	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a b c d e f	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions)	P BR 2,449,043 7,156 208,786,952	Q RN 718,067 7,156 7,156 718,067 208,786,952	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions).	P BR 2,449,043 7,156 208,786,952	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions). Pro rata share of interest expense (see instructions):	P BR 2,449,043 7,156 208,786,952	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 2,449,043 7,156 208,786,952	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a b	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 2,449,043 7,156 208,786,952	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 2,449,043 7,156 208,786,952	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources	P BR 7,156 7,156 208,786,952 0.00000	Q RN 718,067 7,156 7,156 7,156 718,067 208,786,952 0.00344 25	R MX 7,156 7,156 208,786,952 0.00000	1a	d cols. A, B, and C.) 44,779,730
De 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources	P BR 7,156 7,156 208,786,952 0.00000	Q RN 718,067 718,067 7,156 7,156 718,067 208,786,952 0.00344 25	R MX 7,156 7,156 208,786,952 0.00000	1a	d cols. A, B, and C.) 44,779,730
De 2 3 a b c d e f g 4 a b 5 6	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 7,156 7,156 208,786,952 0.00000 2,449,043 Foreign Cc	Q RN 718,067 7,156 7,156 7,156 718,067 208,786,952 0.00344 25	R MX 7,156 7,156 208,786,952 0.00000 1,342,982	1a	67,235,018 Total

	Gross income from sources within country shown above and of the type checked above (see instructions):					
L	Charle if line 1 a is somewhat for the state of the state		1,819,000	10,150,280	1a	44,779,730
L	o 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) ►					
De	ductions and losses (Caution: See instructions.):					-
2	Expenses definitely related to the income on line 1a (attach statement)		2 1,343,367	2 3,597,703		
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)		1,819,000	10,150,280		
	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	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):					
	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
5 5	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5		1,343,429	3,598,051	6	67,235,018
		Foreign (Country or U.S. Pos	session		Total
i	Enter the name of the foreign country or U.S.	V	w	X	(Ad	d cols. A, B, and C.)
1a	possession	TU	VC	UY		
	and of the type checked above (see instructions):				0.5	
h	Check if line 1a is compensation for personal services as	9,177		3,479	1a	44,779,730
b	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) ▶	т.				
De	ductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)	2 54		%] ₂₅		(g) (*)
3	Pro rata share of other deductions not definitely related:					
а	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		
	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					
6	Losses from foreign sources	54		25	6	67,235,018
		Foreign C	ountry or U.S. Pos			Total
	Enter the name of the foreign country or U.S.	Υ	z	СС	(Add	d cols. A, B, and C.)
	possession #					
ıa	Gross income from sources within country shown above and of the type checked above (see instructions):	-				
		1,021,040			1a	44,779,730
	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) ▶					
Dec	ductions and losses (Caution: See instructions.):					

	(attach statement)		e income on iir								
3	Pro rata share of ot	her deductions	not definitely i	related:							
а	Certain itemized de instructions)	ductions or sta	ndard deductio	n (see							
ь	Other deductions (a	attach statemer	nt)								
С	Add lines 3a and 3b										
d	Gross foreign sourc	e income (see	instructions) .								
	Gross income from		,								
	Divide line 3d by lin										
	Multiply line 3c by I								_		
	Pro rata share of in										
	Home mortgage int Mortgage Interest i	n the instructio	ns)			18					
ь 5	Other interest expe Losses from foreign	nse sources							-	1	
6	Add lines 2, 3g, 4a,	4b, and 5 .			2,403,				6		67,235,018
	Subtract line 6 from	line 1a. Enter	or Accrued	and on line 15	, page 2 .				▶ 7		-22,455,288
Pa	Credit is claimed	Taxes Paid	or Accrued	(see instruct	The state of the s		- Contractive -				
>	for taxes (you must check				Foreig	n taxes paid or a	ccrued				
Ħ	one)		In foreign cu	urrency				In U.S. dollar	s		
Country	(j) Paid (k) Accrued	Taxe	s withheld at source	ce on:	(p) Other foreign	Taxes v	vithheld at source	on:	(t) Ot		(u) Total foreign taxes paid or
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid accru		accrued (add cols. (q) through (t))
A	See Additional Data Table										
В											
C											
2 /	Add lines A throug	h C. column ((u). Enter the	total here an	d on line C	nage 2			▶ 8	1	343,363

Pai	t 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 \dots	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 cred	it .		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	2 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		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.87248
		35 51	100 0 100 10 10	19	0.67240
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alie Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the 1040NR, line 42	Sched amou	ule G, line 1a; or nt from Form	20	8,436,059
	Caution: If you are completing line 20 for separate category g (lump-sum distributions)	, see in	structions.		
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 I enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise li			22	344,084
Par	t 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	A
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 1 Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a			33	

Form **1116** (2018)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Top Left Margin - Alternative Minimum Tax Code: AMT Part I, Line g - Foreign Income High Taxed Kickout Code: HTKO

Form 1116, Part II - Foreign Taxes Paid or Accrued

>	Credit is claimed for taxes (you must check				Foreig	n taxes paid or a	ccrued			
ntr	one)		In foreign currency					In U.S. dollars		
Country	(j) Paid (k) Accrued	Taxe	s withheld at source	e on:	(p) Other foreign	Taxes v	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	accrued (add cols. (q) through (t))
A									341,594	341.59
В										
C										
D										
E										
F										
G										
Н										
I										
J					-					
K					-		-			
M									1,340	1,34
N										
O					-			-		
P										
Q										
R										
S										
T										
U						-				
v								-		
W										
X					-				120	
Y									429	42

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

DLN: 16221684664919

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

	f the Treasury nue Service (99) Attach to F Go to www.irs.gov/Form	form 1040, 1040NR, 1 n1116 for instruction	1.50	ormation.		Attachment Sequence No.19
Name DONALD J &	MELANIA <trump< th=""><th></th><th>*ifving numb</th><th>er as shown on</th><th>page 1</th><th>of your tax return</th></trump<>		*ifving numb	er as shown on	page 1	of your tax return
	rate Form 1116 for each category of income listed bort all amounts in U.S. dollars except where specifie		of Income in the instr	uctions. Check or	ly one	box on each Form
a 🗌 Secti	on 951A income c Passive category inco	me e \square Sectio	n 901(j) income	g 🗌 Lump-	sum dis	tributions
b Forei	gn branch income d General category inc	ome f Certai	n income re-sourced	by treaty		
h Resident	of (name of country) > US					
	ou paid taxes to only one foreign country or U.S. po			n Part II. If you p	aid tax	es to more than
Part I	n country or U.S. possession, use a separate column Taxable Income or Loss From Sources			togory Chocke	d Abo	we)
Faiti	Taxable filcome of Loss From Sources		untry or U.S. Posse		u Abc	Total
i Enter	the name of the foreign country or U.S.	A	В	С	(Add	cols. A, B, and C.)
posses	ssion 🖋	OC	AJ	PM		
	ncome from sources within country shown above the type checked above (see instructions):					
		24,644			1a	
an emp \$250,0	if line 1a is compensation for personal services as ployee, your total compensation from all sources is 00 or more, and you used an alternative basis to					
	nine its source (see instructions)					
2 Expens	ses definitely related to the income on line 1a statement)	. 2317,554		2,385,534		
3 Pro rate	a share of other deductions not definitely related:	**				
	itemized deductions or standard deduction (see tions)	17,156	17,156	17,156		
b Other o	deductions (attach statement)					
	es 3a and 3b	17,156	17,156	17,156		
d Gross f	foreign source income (see instructions)	24,644				
e Gross i	ncome 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	y line 3c by line 3f	2			- 1	
4 Pro rat	ta share of interest expense (see instructions):					
Mortga	mortgage interest (use the Worksheet for Home ge Interest in the instructions)					
5 Losses	from foreign sources					
6 Add lin	es 2, 3g, 4a, 4b, and 5	17,556	untry or U.S. Posse	2,385,534	6	Total
i Enter	the name of the foreign country or U.S.	D Poreign Col	E E	F	(Add	cols. A, B, and C.)
	ssion A	IN	CA	QA		
and of	ncome from sources within country shown above the type checked above (see instructions):					
]			1a	
an emp	if line 1a is compensation for personal services as ployee, your total compensation from all sources is 100 or more, and you used an alternative basis to					
	nine its source (see instructions) 🕨 🗌					
Deduction	ns and losses (Caution: See instructions.):					
	ses definitely related to the income on line 1a statement)	-		a .		
3 Pro rat	a share of other deductions not definitely related:					
	n itemized deductions or standard deduction (see tions)	17,156	17,156	17,156		
b Other o	deductions (attach statement)					

C	Add lines 3a and 3l	· · · ·		· · L	17	,156	17	,156	17,	156	1	
d (Gross foreign sourc	ce income (see	instructions) .									
e (Gross income from	all sources (se	e instructions)	. +	208,896	851	208,896	851	208,896,	851		
	Divide line 3d by lir			-		0000		0000	0.00			
	Aultiply line 3c by			-					0,00			
4	Pro rata share of in	nterest eynens	e (see instruction	nne).								
	lome mortgage int			A A ROSE AND A								
M	lortgage Interest i	n the instruction	ons)									
b (Other interest expe osses from foreigr	ense		• • -		_		_		_		
6 A	dd lines 2, 3g, 4a,	4b, and 5 .		::		_				6	1	
					Forei	gn Cou	ntry or U.S	. Posses	sion		7	Total
	nter the name o		AND THE PROPERTY OF THE PARTY O	s. [G		Н		I	(A	Add cols.	A, B, and C.)
	ossession 🎜 .			▶	CH							
	Gross income from nd of the type che											
u		2000	e mstructions)									
					996,	396	-1,021	,040		1a		
b C	theck if line 1a is c	ompensation fo	or personal sen	vices as								
\$	n employee, your 250,000 or more,	and vou used a	ation from all so an alternative b	ources is								
	etermine its sourc			1015(15)(155)								
	ictions and losse							-			-	
2 E	xpenses definitel	v related to th	ne income on lir	ne 1a		- 1						
	attach statement)											
3 P	ro rata share of ot	her deductions	not definitely r	related:								
	ertain itemized de			n (see								
II	nstructions)				17,	156		-		_		
b 0	ther deductions (a	ttach statemer	nt)									
c A	dd lines 3a and 3b				17,	156						
d G	iross foreign sourc	e income (see	instructions) .		996,	396						
	iross income from	15	15%		208,896,	851						
	ivide line 3d by lin				0.00	477						
g M	Iultiply line 3c by li	ine 3f				82						
4 F	Pro rata share of in	terest expense	(see instructio	ns):								
аН	ome mortgage into	erest (use the	Worksheet for I	Home								
b C	lortgage Interest in ther interest expe	n the instructio	ns)	-		-		-		_		
5 L	osses from foreign	sources										
6 A	dd lines 2, 3g, 4a,	4b, and 5 .				82	-2,403			6		
	ubtract line 6 from									▶ 7		
Par		raxes Paid	or Accrued	(see instr	uctions)							
>	Credit is claimed for taxes (you must check				Foreig	n taxes p	aid or accrue	i				
Country	one)	7	In foreign cu	urrency					In U.S. dollars	3		
Š	(k) Accrued	Taxe	s withheld at source	ce on:	(p) Other		Taxes withhel	d at source	on:	(t) O		(u) Total forei taxes paid o
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interes	foreign taxes paid or accrued	(q) Divi) Rents	(s) Interest	foreign paid accru	i or	accrued (ad- cols. (q) through (t
A	See Additional						311					(q) tillough (t
В	Data Table								-		-	
C		1					-		-			
3 A	dd lines A throug	h C, column ((u). Enter the	total here	and on line 9	, page	2	2 22 4		▶ 8	T	7
	aperwork Reduc	NAME OF TAXABLE PARTY.					11440U				Form	1116 (201

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	16,681
(If your income was section 951A income (box a above Part I), leave line 10 blank.) . 10 216,681	16.681
11 Add lines 9 and 10	16.681
	16.681
12 Reduction in foreign taxes (see instructions)	16.681
13 Taxes reclassified under high tax kickout (see instructions)	16.681
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	•
16 Adjustments to line 15 (see instructions)	
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.)	
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	
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"	
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	
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)	
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)	0
Part IV Summary of Credits From Separate Parts III (see instructions)	
23 Credit for taxes on section 951A income	
24 Credit for taxes on foreign branch income	
25 Credit for taxes on passive category income	
26 Credit for taxes on general category income	
27 Credit for taxes on section 901(j) income	
28 Credit for taxes on certain income re-sourced by treaty	
29 Credit for taxes on lump-sum distributions	
30 Add lines 23 through 29	1,264,257
31 Enter the smaller of line 20 or line 30	1,264,257
32 Reduction of credit for international boycott operations. See instructions for line 12	
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	1,264,257

Form **1116** (2018)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part I, Line g - Foreign Income High Taxed Kickout Code: HTKO

Form 1116, Part II - Foreign Taxes Paid or Accrued

*	Credit is claimed for taxes (you must check				Foreig	n taxes paid or a	ccrued			
ntri	one)		In foreign cu	ırrency				In U.S. dollars		
Country	(j) Paid (k) Accrued	Taxe	s withheld at source	e on:	(p) Other foreign	Taxes w	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))
A									721	72
В										
C										
D										
E										
F										
G										
Н										

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

DLN: 16221684664919

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

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

	emal Revenue Service (99) Go to www.irs.gov/Forn	11116 for instructi	ons and the latest	information.		Attachment Sequence No. 19
	me		Identifying n	mber as shown on	page :	1 of your tax return
DO	NALD J & MELANIA <trump< td=""><td></td><td>Ĩ</td><td></td><td></td><td></td></trump<>		Ĩ			
	e a separate Form 1116 for each category of income listed b 16. Report all amounts in U.S. dollars except where specifie		s of Income in the in	nstructions. Check or	nly one	e box on each Form
a	Section 951A income c Passive category inco	me e \square Sec	ction 901(j) income	g 🗆 Lump-	sum d	listributions
ь	☐ Foreign branch income d ☐ General category inco		tain income re-sour			
h	Resident of (name of country) > US					
_	te: If you paid taxes to only one foreign country or U.S. pos	ssession, use column	A in Part I and line	A in Part II. If you p	aid ta	xes to more than
on	e foreign country or U.S. possession, use a separate column	and line for each co	ountry or possession			
_	Part I Taxable Income or Loss From Sources				ed Ab	
i	Enter the name of the foreign country or U.S.	A	Country or U.S. Po B	C	(Ad	Total d cols. A, B, and C.)
	possession 🎜	ОС	KS	UK		
18	a 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
Ŀ	Ocheck 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	(20)				
De	determine its source (see instructions)					
	Expenses definitely related to the income on line 1a (attach statement)	2 4,637,595	2 55	% 37,608,469		
3	Pro rata share of other deductions not definitely related:			ν.		
ā	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
ŀ	Other deductions (attach statement)					
	Add lines 3a and 3b	17.150	17.156	17.156		
	Add lines 3a and 3b	17,156	17,156	17,156		
	Gross foreign source income (see instructions)	5,535,495		23,022,204		
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f	0.02650 455	0.00000	0.11021 1,891		
		133		1,031		
	Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home					9
	Mortgage Interest in the instructions)					
	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5	4,638,050			6.	67,237,163
i	Enter the name of the foreign country or U.S.	Poreign C	Country or U.S. Po	ssession F	(Ad	Total d cols. A, B, and C.)
100	possession	СН	DR	PM	,	
18	Gross income from sources within country shown above and of the type checked above (see instructions):					
					1 a	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					
De	determine its source (see instructions)					1
	Expenses definitely related to the income on line 1a (attach statement)	2 5,787,555		₩353		343
3	Pro rata share of other deductions not definitely related:					
а	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		
c	Gross foreign source income (see instructions)					
e	e Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home					
	Mortgage Interest in the instructions)					
5	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5	5,787,555		353	6	67,237,163
		Foreign (Country or U.S. Pos	session		Total
i	Enter the name of the foreign country or U.S.	G	Н	I	(Ac	dd cols. A, B, and C.)
	possession	AE	RQ	CA		
1a	Gross income from sources within country shown above and of the type checked above (see instructions):					
						4
- 20		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)					
De	ductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a	1,390,884	% 84	1,861,346		
	(attach statement)					
3	Pro rata share of other deductions not definitely related:					
	,					
a	Certain itemized deductions or standard deduction (see instructions)	17.150	47.456	17.155		
	mistractions)	17,156	17,156	17,156		
b	Other deductions (attach statement)		1			
С	Add lines 3a and 3b	17,156	17,156	17,156		
		17,130	17,130	17,130		
d	Gross foreign source income (see instructions)	679,900				
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		4
	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):					
а	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
5	Losses from foreign sources	4 300 040				
<u> </u>	Add lines 2, 3g, 4a, 4b, and 5	1,390,940	84 Country or U.S. Pos	1,861,346	6	67,237,163 Total
i	Enter the name of the foreign country or U.S.	J J	K K	L	(Ad	id cols. A, B, and C.)
	possession 🥒	RP	GJ	IN		
1a	Gross income from sources within country shown above					
	and of the type checked above (see instructions):		1			
		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)					
De	ductions and losses (Caution: See instructions.):					
	Expenses definitely related to the income on line 1a		9214	% 3,271		
٠	(attach statement)			3,2/1		
_						
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see			-		
	instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
	Add lines 3a and 3b	17.150	17.150	17.15		2
·		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		13.
	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):					
	10 Annual 2010			I		1

	Home mortgage interest (use the Worksheet for Home					
5 5	Mortgage Interest in the instructions) Uther Interest expense Losses from foreign sources					
	Add lines 2, 3g, 4a, 4b, and 5	1	4	3,420	6	67,237,163
		Foreign	Country or U.S. Po	ssession		Total
i	Enter the name of the foreign country or U.S.	М	N	0	(Ad	d cols. A, B, and C.)
-	possession 🦸	GG	IS	AJ		
1a	Gross income from sources within country shown above and of the type checked above (see instructions):					
				0.	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) >					
De	ductions and losses (Caution: See instructions.):	*				
2	Expenses definitely related to the income on line 1a	1,343,007	2 1,108,983	1,345,997		
	(attach statement)			A report and the most appropriate		
3	Pro rata share of other deductions not definitely related:					
_	The rate shall of state deductions not definitely related.					
a	Certain itemized deductions or standard deduction (see					
	instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
	Add lines 3a and 3b	. 17.150	47.456	47.456		
·	Add lines 3d dild 3D	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)					
е	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	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):					
а	Home mortgage interest (use the Worksheet for Home					
L-	Mortgage Interest in the instructions)					
	Other interest expense					
	Add lines 2, 3g, 4a, 4b, and 5	1,343,007	1,108,983	1,345,997	6	67,237,163
_						
			Country or U.S. Po	ssession	22.0	Total
	Enter the name of the foreign country or U.S.	Р	Q	R	(Add	Total I cols. A, B, and C.)
i	possession 🏄				(Add	
i		Р	Q	R	(Add	
i	possession	Р	Q RN	R		d cols. A, B, and C.)
i 1a	possession	Р	Q	R	(Add	
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions):	Р	Q RN	R		d cols. A, B, and C.)
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions): 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	Р	Q RN	R		d cols. A, B, and C.)
i 1a b	Gross income from sources within country shown above and of the type checked above (see instructions): 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)	Р	Q RN	R		d cols. A, B, and C.)
i 1a b	Gross income from sources within country shown above and of the type checked above (see instructions): 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	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a	Р	Q RN	R MX		d cols. A, B, and C.)
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions): 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)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a	P BR 2,449,043	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related:	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see	P BR 2,449,043	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2 3 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2 3 a b	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b C 2 3 a b c	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b	P BR 2,449,043	Q RN 718,067	R MX 1,342,982		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions).	P BR 2,449,043	Q RN 718,067	R MX 1,342,982		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Gross income from all sources (see instructions).	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Gross income from all sources (see instructions). Divide line 3d by line 3e (see instructions).	P BR 2,449,043 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g 4	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions):	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g 4	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i la b C d e f g 4 a	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions):	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources	P BR 22,449,043 17,156 17,156 208,896,851 0.00000	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 17,156 208,896,851 0.00000	1a	44,779,730
i 1a b 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): 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). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Divide line 3d by line 3e (see instructions). Multiply line 3c by line 3f. Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions). Other interest expense	P BR 22,449,043 17,156 17,156 208,896,851 0.00000	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 17,156 208,896,851 0.00000		44,779,730
i 1a b 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 22,449,043 17,156 17,156 208,896,851 0.00000 2,449,043 Foreign C	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 208,896,851 0.00000 1,342,982 ssession	1a	44,779,730 67,237,163
i 1a b 2 3 a b c d e f g 4 a b 5 6	Gross income from sources within country shown above and of the type checked above (see instructions): 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) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources	P BR 22,449,043 17,156 17,156 208,896,851 0.00000	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 17,156 208,896,851 0.00000	1a	44,779,730

	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) ▶					
De	ductions 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:					
а	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)		1,819,000	10,150,280		
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		%•
	Divide line 3d by line 3e (see instructions)	0.00000	0.00871	0.04859		142
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)					
ь	Other interest expense					
5	Losses from foreign sources		1,343,516	3,598,537	_	67,237,163
_	Add iii C3 2, 3g, 4d, 40, dild 3	Foreign C	Country or U.S. Pos		_6_	Total
i	Enter the name of the foreign country or U.S.	v	w	Х	(Ad	d cols. A, B, and C.)
	possession 🦸	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			•		
Da	determine its source (see instructions)					
	ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	% 54		2 25		
3	Pro rata share of other deductions not definitely related:					
	Certain itemized deductions or standard deduction (see					
	instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	17,156	17,156	17,156		
	Gross foreign source income (see instructions)	9,177		3,479		*
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions)	0.00004	0.00000	0.00002		
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)			ů.		
	Other interest expense					
5	Losses from foreign sources	55		25	6	67,237,163
_	you most cy sign for the same sign of th		Country or U.S. Pos		- 0	Total
i	Enter the name of the foreign country or U.S.	Y	Z	СС	(Ad	d cols. A, B, and C.)
1a	Gross income from sources within country shown above					
	and of the type checked above (see instructions):			1		9
		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) ▶					
De	ductions and losses (Caution: See instructions.):					

	(attach statement)								_	
3	Pro rata share of ot	her deductions	not definitely r	elated:					1 1	
	Certain itemized de instructions)									
b	Other deductions (a	attach statemer	nt)							
c /	Add lines 3a and 3b									
d (Gross foreign sourc	e income (see i	instructions) .							
	Gross income from Divide line 3d by lir									
gı	Multiply line 3c by I	ine 3f								
a l b (5 l 6 /	Pro rata share of ir Home mortgage int Mortgage Interest i Other interest expe Losses from foreign Add lines 2, 3g, 4a,	erest (use the Non the instruction nse sources 4b, and 5	Worksheet for H	lome	2,403,				6	67,237,163
	Subtract line 6 from		or Accrued						▶ 7	-22,457,433
	Credit is claimed for taxes	ruxes raid	or Accided	(see mstruct		n taxes paid or a	ccrued			
Country	(you must check one)		In foreign cu	ггепсу				In U.S. dollar	S	
Con	(j) Paid (k) Accrued	Taxe	s withheld at sourc	e on:	(p) Other foreign	Taxes	withheld at source	ce on:	(t) Other	taxes paid or
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	accrued (add cols. (q) through (t))
A	See Additional Data Table									
В										
B										

Par	t 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 $\dots \dots \dots \dots$.	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			500
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 cred	lit .		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 g	ains, se	ee 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 alie Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the 1040NR, line 42	ule G, line 1a; or nt from Form	20	- 5,287,122	
	Caution: If you are completing line 20 for separate category g (lump-sum distributions)	, see in	structions.		
21	Multiply line 20 by line 19 (maximum amount of credit)		CONTRACTOR CONTRACTOR	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 l enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see install.)	ines 23		22	1,264,257
Par	t 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 $\dots \dots \dots$		- 20 TO 1 TO 1 TO 1 TO 1	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 1 Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		ne 48;	22	

Form **1116** (2018)

Software ID:

Software Version:

SSN:

Spouse SSN

Name: DONALD J & MELANIA<TRUMP

Part I, Line g - Foreign Income High Taxed Kickout Code: HTKO

Form 1116, Part II - Foreign Taxes Paid or Accrued

>	Credit is claimed for taxes (you must check				Foreig	n taxes paid or a	ccrued			
ntr	one)		In foreign cu	ırrency				In U.S. dollars		
Country	(j) Paid (k) Accrued	Taxe	s withheld at sourc	ce on:	(p) Other foreign	Taxes w	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t)
A									341.594	341,5
В										
C										
D										
E										
F										
G										
H										
I										
J										
K										
L									1,340	1,3
M										
N								1		
0										
P										
Q										
R										
S					-					
T										
U										
V										
W										
X									429	4
Y	THE CONTROL WAS ARREST AND A STREET AND A ST	200/00000000000000000000000000000000000	1775 Carlotte	77.83.84.07.00.34.00.00.00.00.00.00.00.00.00.00.00.00.00	**************************************					

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 Form **3800** OMB No. 1545-0895 General Business Credit Department of the Treasury ► Go to www.irs.gov/Form3800 for instructions and the latest information. Attachment Internal Revenue Service You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. Sequence No. 22 Name(s) shown on return Identifying number DONALD J & MELANIA<TRUMP Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (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 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 Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C 4 15,068,133 Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions Add lines 1, 3, 4, and 5 . 15,068,133 Part II **Allowable Credit** Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or the sum of the amounts from Form 1040NR, lines 42 and 44 . Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 5,287,122 Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 35 8 4,069,110 · Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . Add lines 7 and 8 9 9,356,232 10a Foreign tax credit 10a 1,264,257 b Certain allowable credits (see instructions) c Add lines 10a and 10b 10c 1,264,257 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 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- . . . 12 4.022.865 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) 13 999,466 Tentative minimum tax: Individuals. Enter the amount from Form 6251, line 33 Corporations, Enter -0-Estates and trusts. Enter the amount from Schedule I (Form 14 1041), line 54 Enter the greater of line 13 or line 14 15 8,091,975 Subtract line 15 from line 11. If zero or less, enter -0-16 0 17 0 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

Cat. No. 12392F

Form 3800 (2018)

For Paperwork Reduction Act Notice, see separate instructions.

Pai	rt II Allowable Credit (Continued)		
Note	e: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25	and e	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 21	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 83,20	0	
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:		
	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	30	7,002,500
	· · · · · · · · · · · · · · · · · · ·	38	7,092,509 Form 3800 (2018)

	General business credit From a Non-Passive Activity E LI Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sn	nall Bus	siness Credit Carryforward	S
D	☐ General Business Credit Carrybacks H ☐ Reserved			
Ι	If you are filing more than one Part III with box A or B checked, complete and attach tall Parts III with box A or B checked. Check here if this is the consolidated Part III \cdot	first an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
lot	e: On any line where the credit is from more than one source, a separate Pa			Enter the appropriate
s ne	e: On any line where the credit is from more than one source, a separate Pa eeded for each pass-through entity.	art III	from a pass-through entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	citally, enter the LIN	
ь	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g		1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1 p		
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		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X		1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		201
ZZ	c Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$. $$.	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
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)			
g	Qualified railroad track maintenance (Form 8900)	4f		301,417
	Small employer health insurance premiums (Form 8941)	4g		
i	Increasing research activities (Form 6765)	4h		
j	Employer credit for paid family and medical leave (Form 8994)	4i		
z	Other	4j 4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		204 447
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		301,417
-	, , and a supplied of the different to t	J		301,417

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	IALD J & MELANIA <trump< th=""><th></th><th>5)</th><th></th></trump<>		5)	
Pa	rt III General Business Credits or Eligible Small Business Credits ((see ir	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	printy .	all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved		and an early contract	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
31057	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Pa	et III	If claiming the credit from a pass-through	Enter the appropriate amount
	eeded for each pass-through entity.	11 (111	entity, enter the EIN	aniount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		A
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
v	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$. $$.	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	65-0567671	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		14,419

_	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Pai	t III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	☐ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	ς.
D	General Business Credit Carrybacks H Reserved	un bus	mess create carryrorwara	3
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combini	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III .			▶□
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k	•	
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	, , , , , , , , , , , , , , , , , , , ,	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance (carryforward only)	1 q		
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		9
V	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У -	Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only)	1y		
z	a Employee retention (Form 5884-A)	1z		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		
	tother. Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	-	
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	200,978
g	Qualified railroad track maintenance (Form 8900)	4g	2. 1102300	200,376
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

FOILI	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< td=""><td></td><td></td><td></td></trump<>			
	t III General Business Credits or Eligible Small Business Credits (s	ee in	======================================	
Com	plete a separate Part III for each box checked below (see instructions).			
-	General Business Credit From a Non-Passive Activity E Reserved			
В	☐ General Business Credit From a Passive Activity			
С	prints and the state of the sta	II Ruc	iness Credit Carryforward	5
D	General Business Credit Carrybacks H Reserved	II Dus	mess credit carrylorward	5
I	If you are filing more than one Part III with box A or B checked, complete and attach firs	st an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Part	+ TTT	If claiming the credit from a pass-through	Enter the appropriate
	eeded for each pass-through entity.	(111	entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h	2	
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
200.0	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
,	Low sulfur diesel fuel production (Form 8896)	11		
n	Distilled spirits (Form 8906)	1m	7.	
	Nonconventional source fuel (carryforward only)	1n		
р	Energy efficient home (Form 8908)	10		***************************************
q	Energy efficient appliance (carryforward only)	1p		
r	Alternative motor vehicle (Form 8910)	1q 1r		
5	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		*
а	a Employee retention (Form 5884-A)	1aa		
ь	radio de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	1bb		
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	TANKS CO.	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		
С	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)			SS 33555
g	Qualified railroad track maintenance (Form 8900)	4f	65-0750446	2,824
h	Small employer health insurance premiums (Form 8941)	4g	#	
i		4h		
j	Employer credit for paid family and medical leave (Form 8994)	4i		
J Z	Other	4j		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		2.00
6	Add lines 2. 3, and 5 and enter here and on the applicable line of Part II	5		2,824

	n 3800 (2018)			Page 3	
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	DONALD J & MELANIA < TRUMP				
-	rt III General Business Credits or Eligible Small Business Credits (see in	structions)		
A	nplete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved				
В					
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D	General Business Credit Carryboks H Reserved	all Bus	iness Credit Carryforward	S	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combin	ing amounts from	
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□	
	(a) Description of credit		(b)	(c)	
Not	te: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	Enter the appropriate amount	
is n	eeded for each pass-through entity.		entity, enter the EIN		
	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
Ė		1b			
		1c			
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f	(com colo, (coc metrocations for minication)	1e			
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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)				
ı		1k			
n	Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896)	11			
n		1m			
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р		10			
q		1p			
r	Alternative motor vehicle (Form 8910)	1q 1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	LW I I I I I I I I I I I I I I I I I I I	1u			
v	Agricultural chemicals security (carryforward only)	1v			
v	Employer differential wage payments (Form 8932)	1w			
х	Carbon dioxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
z	Qualified plug-in electric vehicle (carryforward only)	1z			
а	a Employee retention (Form 5884-A)	1aa			
Ь	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)				
2		1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	2		0	
3 4a	Mark Market Marketon (Marketon Marketon (Marketon Marketon (Marketon Marketon (Marketon Marketon (Marketon	3			
4a b		4a			
c	Biofuel producer (Form 6478)	4b			
d		4c 4d			
e		4a 4e			
f	Employer social security and Medicare taxes paid on certain employee tips (Form	46			
	8846)	4f	27-4162308	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	_ [

	1 3800 (2018)			Page 3
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DON	ALD J & MELANIA <trump< td=""><td></td><td>r.</td><td></td></trump<>		r.	
Par	t III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С		all Bue	iness Credit Carryforward	6
D	General Business Credit Carrybacks H Reserved	all Dus	mess credit carryrorward	5
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa	rt III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Cherry, enter the Liv	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		-
k	Employer-provided child care facilities and services (Form 8882) (see	-7,		
	instructions for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
5	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u	3 10 10 10 10 10 10 10 10 10 10 10 10 10	
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w	*	
х	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		*
aa	Employee retention (Form 5884-A)	iaa		
bl	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		20.7
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		
ь	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	27-4162256	5,493
g	Qualified railroad track maintenance (Form 8900)	4g	to the	
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	-		F 402

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Form	3800 (2018)			Page 3
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DONA	NLD J & MELANIA <trump< th=""><th></th><th>T. more some or a second processing of</th><th></th></trump<>		T. more some or a second processing of	
-	General Business Credits or Eligible Small Business Credits (see in	structions)	
Comp	lete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
C [General Business Credit Carryforwards G Eligible Sm.	all Bus	iness Credit Carryforward	5
D [General Business Credit Carrybacks H Reserved			
II	f you are filing more than one Part III with box A or B checked, complete and attach fi Ill Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	(a) bescription of credit			Enter the appropriate
	:: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	08/04/10/12/09/4008/10/09/1
	eded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	Reserved	1b		
	Increasing research activities (Form 6765)	1c		
	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1 i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for	91500		
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	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		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
2.	General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other. Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
ZZ	credits (see instructions)	1		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
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	8	ALICE TRANSPORT
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
SQ-ext	370 St. 100 St	4f	27-4162308	2,267
g h	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765)	4h		
i	Employer credit for paid family and medical leave (Form 8994)	4i		
z	Other	4j 4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z 5		2,267
				-,-0/

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

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Pai	t III General Business Credits or Eligible Small Business Credits (s	see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	☑ General Business Credit From a Passive Activity F ☐ Reserved			
С	☐ General Business Credit Carryforwards	II Bus	iness Credit Carryforward	S
D	☐ General Business Credit Carrybacks H☐ Reserved		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I	If you are filing more than one Part III with box A or B checked, complete and attach first	st an	additional Part III combini	ng amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			· · · · · □
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Part	t III	from a pass-through	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a	entity, enter the EIN	
b				
c	Increasing research activities (Form 6765)	1b		
d	100 W 10 W 10 W 100 W 100 W 10 W 10 W 1	1c		
		1d		
e f	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h		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		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Market and Artifaction and Art	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1 p		
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		
		1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
		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	West	4b	~~~~	
С	Bioficel and discrete (470)	4c		
d		4d		
е		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	7 520
g	Qualified railroad track maintenance (Form 8900)	4g	27 4102300	7,529
h	Constitution of the state of th	4h		· · · · · · · · · · · · · · · · · · ·
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)			
z		4j 4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z 5		7.530
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,529
	, , , I are an are applicable line of full 11	U		7,529

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Nam	e(s) shown on return		Identifying number	
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Pai	t III General Business Credits or Eligible Small Business Credits ((see ir	nstructions)	
	plete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity			
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С	General Business Credit Carryforwards G Eligible Sm	all Bus	siness Credit Carryforward	S
D	General Business Credit Carrybacks			
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	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa	rt III	If claiming the credit from a pass-through	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
b		1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		9
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p q	Energy efficient home (Form 8908) Energy efficient appliance (carryforward only)	1p		***************************************
r	Alternative motor vehicle (Form 8910)	1q		
s	Alternative fuel vehicle refueling property (Form 8911)	1r		
t	Enhanced oil recovery credit (Form 8830)	1s		
u	Mine rescue team training (Form 8923)	1t		
v	Agricultural chemicals security (carryforward only)	1u		
	Employer differential wage payments (Form 8932)	1v 1w		
	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
bl	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz	21	
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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	4e		
	8846)	4f	27-4162308	9,305
g	Qualified railroad track maintenance (Form 8900)	4g		. 9,505
h	Small employer health insurance premiums (Form 8941)	4h		
į	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

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Name	e(s) shown on return		Identifying number	
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Par	t III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity E Reserved			
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	General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards			
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	(a) Description of credit		(b)	(c) Enter the appropriate
Note	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	
is ne	eded for each pass-through entity.		entity, enter the EIN	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1000		
h	Orphan drug (Form 8820)	1g		
		1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)			
		1j		
K	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
		1k		
1,00	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	10000		
	Employer differential wage payments (Form 8932)	1v		
		1w		
	Carbon dioxide sequestration (Form 8933)	1x		
	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		
С	Biofuel producer (Form 6478)	4c	-	
d	Low-income housing (Form 8586, Part II)	4d		
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
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)		20 11222	
		4f	27-4162308	2,119
g	Qualified railroad track maintenance (Form 8900)	4g		[4
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 $aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	6		2,119

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	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Pai	rt III General Business Credits or Eligible Small Business Credits (see in	Structions)	
	plete a separate Part III for each box checked below (see instructions).			
Α _	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sm	all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c) Enter the appropriate
Not	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	amount
	eeded for each pass-through entity.		entity, enter the EIN	The state of the s
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a		
Ь		1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	· · · · · ·	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1 f		
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1 i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)			
	Employer differential wage payments (Form 8932)	1v 1w		
	Carbon dioxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	200		
z		1y		
	a Employee retention (Form 5884-A)	1z		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa	***************************************	
	z Other. Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		27.4462222	202002000
g	Qualified railroad track maintenance (Form 8900)	4f	27-4162308	14,372
h	Small employer health insurance premiums (Form 8941)	4g		*
i	Increasing research activities (Form 6765)	4h		
i i	Employer credit for paid family and medical leave (Form 8994)	4i		
z	Other	4j		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5		14,372
		6		14,372

Form	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA < TRUMP			
	t III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com A	plete a separate Part III for each box checked below (see instructions).			
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
С		all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved		100 100 100	
I	If you are filing more than one Part III with box A or B checked, complete and attach fir all Parts III with box A or B checked. Check here if this is the consolidated Part III \cdot .	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Par eeded for each pass-through entity.	t III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	rendry, enter the LIN	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1 g		
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)	41		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
m	Low sulfur diesel fuel production (Form 8896)	1l 1m		
n	Distilled spirits (Form 8906)	1m		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x		1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
ы	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С.	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	4e		-
	8846)	4f	27-4162308	14,502
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h	1	
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

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump< th=""><th></th><th>1</th><th></th></trump<>		1	
	rt III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			,
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
C D		all Bus	iness Credit Carryforward	S
	General Business Credit Carrybacks H Reserved	3 15	V 2010 - W120 017000 - 1110	
•	If you are filing more than one Part III with box A or B checked, complete and attach finall Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III		Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	rendity, enter the LIN	
b	Reserved	1 b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i	8	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s	(4)	
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		<u> </u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162200	4 505
g	Qualified railroad track maintenance (Form 8900)	41 4g	27-4162308	4,535
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

4j

4z

5

13.987

13,987

Employer credit for paid family and medical leave (Form 8994)

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

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

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump< th=""><th></th><th>- 25.5 </th><th></th></trump<>		- 25.5 	
Par	t III General Business Credits or Eligible Small Business Credits (see ir	structions	
	plete a separate Part III for each box checked below (see instructions).			
Α _	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sm	all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pageded for each pass-through entity.	rt III		Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Tomate, Tomate, and Eliv	
ь	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		*
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		±
g	Indian employment (Form 8845)	1 g		
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		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m		1m		
n o	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only)	1n	141	
р	Energy efficient home (Form 8908)	10		
q	Energy efficient appliance (carryforward only)	1p		
r	Alternative motor vehicle (Form 8910)	1q 1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1r 1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	a Employee retention (Form 5884-A)	1aa		
bl	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	·	0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	4e		
	8846)	4f	27-4162256	92
g	Qualified railroad track maintenance (Form 8900)	4g		16
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 5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		
6	Add lines 2.2 and 5 and onto here and a the surface life of 5 and 5	5 6		92
_	Add lines 2, 3, and 5 and enter nere and on the applicable line of Part II	0		92

	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Par	t III General Business Credits or Eligible Small Business Credits (see ir	structions)	
Com A	plete a separate Part III for each box checked below (see instructions).			
В	General Business Credit From a Non-Passive Activity E Reserved			
_	General Business Credit From a Passive Activity F Reserved G G Fligible Sm			
D		all Bus	iness Credit Carryforward	S
	☐ General Business Credit Carrybacks	ret an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			· · · · •
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	Enter the appropriate amount
	reded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)		entity, enter the EIN	
b		1a		
c	Increasing research activities (Form 6765)	1b 1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	2	
k	Employer-provided child care facilities and services (Form 8882) (see			
i	instructions for limitation)	1k		
m	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Distilled spirits (Form 8906)	1m		
0	Nonconventional source fuel (carryforward only)	1n 1o		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
Х		1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other	IDD		
	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
Ь	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e		
~		4f		221,834
g h	Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	4g		
i	Increasing research activities (Form 6765)	4h		
j	Employer credit for paid family and medical leave (Form 8994)	4i 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

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP