

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2019 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Amended Return Single Married filing jointly Married filing separately (MFS) Head of Household (HOH) Qualifying widow(er) (QW)

Filing Status If you checked the MFS box, enter the name of spouse. If you check the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. **Check only one box**

Your first name and middle initial DONALD J & MELANIA<TRUMP	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

City, town, or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). PALM BEACH, FL 33480

Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here <input type="checkbox"/>
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Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

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

Standard Deduction for • Single or Married filing separately, \$12,200 • Married filing jointly or Qualifying widow(er), \$24,400 • Head of household, \$18,350 • If you checked any box under Standard Deduction, see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	393,928
	2a Tax-exempt interest	2a 2,533	2b Taxable interest. Attach Sch. B if required	2b 11,332,436
	3a Qualified dividends	3a 19,540	b Ordinary dividends. Attach Sch. B if required	3b 71,921
	4a IRA distributions	4a	4b Taxable amount	4b
	c Pensions and annuities	4c	d Taxable amount	4d 86,532
	5a Social security benefits	5a	b Taxable amount	5b
	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	6 9,257,197
	7a Other income from Schedule 1, line 9		7a	7a -16,698,511
	b Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income		7b	7b 4,443,503
	8a Adjustments to income from Schedule 1, line 22		8a	8a 62,789
	b Subtract line 8a from line 7b. This is your adjusted gross income		8b	8b 4,380,714
9 Standard deduction or itemized deductions (from Schedule A)	9 1,405,541			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a Add lines 9 and 10		11a	11a 1,405,541	
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	11b 2,975,173	

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> 12a 558,780	
b Add Schedule 2, line 3, and line 12a and enter the total ▶	12b 558,780
13a Child tax credit or credit for other dependents 13a	
b Add Schedule 3, line 7, and line 13a and enter the total ▶	13b 425,335
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14 133,445
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15 327,532
16 Add lines 14 and 15. This is your total tax ▶	16 460,977
17 Federal income tax withheld from Forms W-2 and 1099	17 86,490
18 Other payments and refundable credits:	
a Earned income credit (EIC) 18a	
b Additional child tax credit. Attach Schedule 8812 18b	
c American opportunity credit from Form 8863, line 8 18c	
d Schedule 3, line 14 18d 11,010,007	
e Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e 11,010,007
19 Add lines 17 and 18e. These are your total payments ▶	19 11,096,497

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20 10,635,520
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a
▶ b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number <input type="text"/>	
22 Amount of line 20 you want applied to your 2020 estimated tax ▶ 22 10,635,520	

Direct deposit?
See instructions.

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23
24 Estimated tax penalty (see instructions) ▶ 24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. **Yes.** Complete below. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

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

Joint return? See instructions. Keep a copy for your records.	Your signature *****	Date 10-14-2020	Your occupation PRESIDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, both must sign. *****	Date 10-14-2020	Spouse's occupation FIRST LADY	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Preparer's name DONALD BENDER	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ MAZARS USA LLP	Firm's address ▶ WOODBURY, NY, 117972003		Phone no. (516) 488-1200	Firm's EIN ▶ 13-1459550

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040 or 1040-SR DONALD J & MELANIA<TRUMP

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency during the year? Yes No

Part I Additional Income

Table with 9 rows for Part I: Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or (loss); Other gains or (losses); Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Other income; Combine lines 1 through 8.

Part II Adjustments to Income

Table with 12 rows for Part II: Educator expenses; Certain business expenses of reservists, performing artists, and fee-basis government officials; Health savings account deduction; Moving expenses for members of the Armed Forces; Deductible part of self-employment tax; Self-employed SEP, SIMPLE, and qualified plans; Self-employed health insurance deduction; Penalty on early withdrawal of savings; Alimony paid; IRA Deduction; Student loan interest deduction; Tuition and fees; Add lines 10 through 21.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

SCHEDULE 2 (Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

2019

Attachment Sequence No. 02

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040 or 1040-SR DONALD J & MELANIA<TRUMP

Your social security number

Part I Tax

Table with 3 rows: 1 Alternative minimum tax, 2 Excess advance premium tax credit repayment, 3 Add lines 1 and 2.

Part II Other Taxes

Table with 10 rows: 4 Self-employment tax, 5 Unreported social security and Medicare tax, 6 Additional tax on IRAs, 7a Household employment taxes, 7b Repayment of first-time homebuyer credit, 8 Taxes from, 9 Section 965 net tax liability installment, 10 Add lines 4 through 8.

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

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

TY 2019 Other Tax Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Other Tax Literal	Other Tax Amount
FROM FORM 8959	40,267
FROM FORM 8960	156,967

SCHEDULE 3 (Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

2019

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040 or 1040-SR DONALD J & MELANIA<TRUMP

Your social security number

Part I Nonrefundable Credits

Table with 7 rows for nonrefundable credits including foreign tax credit, child care expenses, education credits, retirement savings, residential energy, and other credits.

Part II Other Payments and Refundable Credits

Table with 7 rows for other payments and refundable credits including 2019 estimated tax payments, net premium tax credit, excess social security, and fuel tax credits.

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

Cat. No. 71480G

Schedule 3 (Form 1040 or 1040-SR) 2019

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

TY 2019 Carry Forward of General Business Credit Computation**Name:** DONALD J & MELANIA<TRUMP**SSN:****Spouse SSN:****Credit Identification:** EMPLOYER SOCIAL SECURITY CR (POST-2006)**The Tax Year the Credit****Originated:** 01-01-2018**The Amount of the Credit:** 260,641**The Amount Allowed for that****Year:** 0

SCHEDULE A (Form 1040 or 1040-SR)

Itemized Deductions

OMB No. 1545-0074

2019

Attachment Sequence No. 07

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

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR

Your social security number

DONALD J & MELANIA<TRUMP

Table with columns for deduction category, description, sub-rows, and amounts. Includes sections for Medical and Dental Expenses, Taxes You Paid, Interest You Paid, Gifts to Charity, Casualty and Theft Losses, and Other Itemized Deductions. Total Itemized Deductions: 1,405,541.

TY 2019 Other Miscellaneous Deductions Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Type Of Miscellaneous Deduction	Miscellaneous Deduction Amount
SCHEDULE K-1	5,113
SCHEDULE K-1	2,228
SCHEDULE K-1	52
SCHEDULE K-1	24

Additional Data

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

SCHEDULE B (Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No. 1545-0074

2019

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service (99)

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

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

Your social security number

Part I Interest

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

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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

Table with 10 rows for listing interest payers, including columns for name, address, and social security number.

Payer

See Additional Data Table

Table with 10 rows for listing payer information, including columns for name, address, and social security number.

Amount

1

Amount

Summary table with 4 rows: 2 Add the amounts on line 1 (11,332,436); 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989; 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b (11,332,436). Total amount: 11,332,436.

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

Additional Data

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

Form 1040 Schedule B, Part I, Group 2

#	Payer	Amount
1	CAPITAL ONE NA	449,634
2	JP MORGAN CHASE	1,807
3	BANK UNITED	100,273
4	PROFESSIONAL BANK	157,373
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	24,000
8	FIRST REPUBLIC BANK	88
9	SIGNATURE BANK	79,026
10	FROM K-1 - PARK BRIAR ASSOCIATES LLC	673
11	FROM K-1 - MAR-A-LAGO CLUB LLC	14
12	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	162,103
13	FROM K-1 - HUDSON WATERFRONT ASSOC I LP	8,728
14	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	3,293,747
15	FROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,459,004
16	FROM K-1 - TRUMP CPS LLC	45
17	FROM K-1 - TRUMP PLAZA LLC	890
18	FROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	7
19	FROM K-1 - DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	33,411
20	FROM K-1 - DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	14,815
21	FROM K-1 - TIPPERARY REALTY CORP	126
22	FROM K-1 - THE TRUMP CORPORATION	32,846
23	FROM K-1 - TRUMP PLAZA MEMBER INC	9
24	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	1,048
25	FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	684
26	FROM K-1 - BEACH HAVEN APARTMENTS #1 INC DJT GR TR	416
27	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	900
28	FROM K-1 - TRUMP MANAGEMENT INC	64
29	FROM K-1 - STARRETT CITY ASSOCIATES	530
30	FROM K-1 - HUDSON WATERFRONT ASSOC III LP	5,081,651
31	FROM K-1 - DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	19
32	FROM K-1 - TIHT COMMERCIAL LLC	1,582
33	FROM K-1 - SC LP SHOPPING CENTER LLC	83
34	FROM K-1 - TRUMP FERRY POINT MEMBER CORP	136
35	FROM K-1 - DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	13,299
36	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	415

#	Payer	Amount
37	FROM K-1 - DJT HOLDINGS LLC - LFB ACQUISITION LLC	208
38	FROM K-1 - CHARLOTTESVILLE CATERING & EVENTS LLC	138,779
39	FROM K-1 - DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	445
40	FROM K-1 - TRUMP 845 UN GP LLC	261
41	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	272
42	FROM K-1 - TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	13,611
43	FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	13,583
44	FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	55,990
45	FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	1,142
46	FROM K-1 - DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	5
47	FROM K-1 - DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	5
48	FROM K-1 - DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	2
49	FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	3,559
50	FROM K-1 - TRUMP PALACE PARC LLC	77
51	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	125,365
52	FROM K-1 - DJT HOLDINGS LLC	22,954
53	FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP	584
54	FROM K-1 - DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	4
55	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	566
56	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	12
57	FROM K-1 - DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	337
58	FROM K-1 - DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	150
59	FROM K-1 - DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	134
60	FROM K-1 - DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	2
61	FROM K-1 - DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	3,990
62	FROM K-1 - 845 UN LIMITED PARTNERSHIP - 845 LP LLC	392
63	FROM K-1 - DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	74
64	FROM K-1 - DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER LLC	3,610
65	FROM K-1 - DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT ASSOCIATES LLC	162

SCHEDULE C

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment Sequence No. 09

Name of proprietor: DONALD J TRUMP
Social security number (SSN):
A Principal business or profession, including product or service (see instructions): MANAGEMENT SERVICES
B Enter code from instructions: 541600
C Business name. If no separate business name, leave blank. DONALD J TRUMP
D Employer ID number (EIN)/(see instr.):
E Business address (including suite or room no.): City, town or post office, state, and ZIP code NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other (specify)
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses. [] Yes [X] No
H If you started or acquired this business during 2019, check here. [] Yes [X] No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) [] Yes [X] No
J If "Yes," did you or will you file required Forms 1099? [] Yes [X] No

Part I Income
Table with 7 rows: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income. Total: 94,017

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 28 rows: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Reserved for future use.

28 Total expenses before expenses for business use of home. Add lines 8 through 27a. Total: 94,017
29 Tentative profit or (loss). Subtract line 28 from line 7. Total: 0
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.
31 Net profit or (loss). Subtract line 30 from line 29. Total: 0
32 If you have a loss, check the box that describes your investment in this activity (see instructions).
32a [] All investment is at risk.
32b [] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

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

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

Part IV Information on Your Vehicle.

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

- 43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

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

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

SCHEDULE C

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment Sequence No. 09

Name of proprietor

DONALD J TRUMP

Social security number (SSN)

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

B Enter code from instructions

532289

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

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

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

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

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2019, check here.

Yes No

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)

Yes No

J If "Yes," did you or will you file required Forms 1099?

Yes No

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales (32,095), 2 Returns and allowances (0), 3 Subtract line 2 from line 1 (32,095), 4 Cost of goods sold (0), 5 Gross profit (32,095), 6 Other income, 7 Gross income (32,095).

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

Table with 27 rows for expenses: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor (1,658), 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs (65), 15 Insurance (5,701), 16 Interest, 17 Legal and professional services (1,115), 18 Office expense (953), 19 Pension and profit-sharing plans, 20 Rent or lease (20a 18,344, 20b), 21 Repairs and maintenance (17,487), 22 Supplies (416), 23 Taxes and licenses (52), 24 Travel and meals (24a 1,458, 24b), 25 Utilities, 26 Wages (35,367), 27a Other expenses (15,136), 27b Reserved for future use.

28 Total expenses before expenses for business use of home. Add lines 8 through 27a 97,752

29 Tentative profit or (loss). Subtract line 28 from line 7 -65,657

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32.

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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 32a All investment is at risk. 32b Some investment is not at risk.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

MISCELLANEOUS FEES	93
LANDING FEES	2,992
CLEANING FEES	208
FUEL EXPENSE	7,511
DUES & SUBSCRIPTIONS	1,189
CREW TRAINING	3,143

48 Total other expenses. Enter here and on line 27a **48** 15,136

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Part II, Line 31 - Passive Activity Loss Amount : 58498

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: DONALD J TRUMP. Social security number (SSN): [redacted]. Principal business: AVIATION. Business name: DJT OPERATIONS I LLC. Employer ID number: 27-3212458.

Business address: C/O MAZARS, WOODBURY, NY 11797.

Accounting method: Cash. Did you materially participate? Yes. If you started or acquired this business during 2019? No. Did you make any payments in 2019 that would require you to file Form(s) 1099? Yes. If "Yes," did you or will you file required Forms 1099? Yes.

Part I Income

Table with 7 rows for income calculation: Gross receipts or sales (50,080), Returns and allowances (0), Subtract line 2 from line 1 (50,080), Cost of goods sold (0), Gross profit (50,080), Other income (0), Gross income (50,080).

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

Table with 27 rows for expenses: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance, Interest, Legal and professional services, Office expense, Pension and profit-sharing plans, Rent or lease, Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals, Utilities, Wages, Other expenses.

Summary rows: Total expenses (5,307), Tentative profit or (loss) (44,773), Expenses for business use of your home (30), Net profit or (loss) (31), and investment risk questions (32a, 32b).

Form 1040 Schedule C, Part V, Other expenses:

(a) Description	(b) Amount
MISCELLANEOUS FEES	93
LANDING FEES	2,992
CLEANING FEES	208
FUEL EXPENSE	7,511
DUES & SUBSCRIPTIONS	1,189
CREW TRAINING	3,143

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

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

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

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

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

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN: ---

Name: DONALD J & MELANIA<TRUMP

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

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
 Attachment
 Sequence No. 09

Name of proprietor: DONALD J TRUMP
 Social security number (SSN):

A Principal business or profession, including product or service (see instructions): AVIATION
 B Enter code from instructions: 532289

C Business name. If no separate business name, leave blank: DT ENDEAVOR I LLC
 D Employer ID number (EIN)/(see instr.): 35-2555712

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

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
 G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses. Yes No
 H If you started or acquired this business during 2019, check here.
 I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
 J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	120,328
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	120,328
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	120,328
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	120,328

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	33,635
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20b	
12	Depletion	12		21	Repairs and maintenance	21	161,473
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	12,852	22	Supplies (not included in Part III)	22	11,488
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	2,160
15	Insurance (other than health)	15	12,636	24	Travel and meals:	24a	
16	Interest (see instructions):	16a			a Travel	24b	
	a Mortgage (paid to banks, etc.)	16b		25	Utilities	25	
	b Other	17	2,099	26	Wages (less employment credits)	26	32,841
17	Legal and professional services			27a	Other expenses (from line 48)	27a	81,519
				27b	b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **▶** 28 350,703
 29 Tentative profit or (loss). Subtract line 28 from line 7 29 -230,375

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 **Net profit or (loss).** Subtract line 30 from line 29.
 • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
 • If a loss, you **must** go to line 32.

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 **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
 • If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

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

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

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

FUEL EXPENSE	65,865
TELEPHONE	15,557
LICENSES & PERMITS	97

48 Total other expenses. Enter here and on line 27a **48** 81,519

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service
(99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. 09

Name of proprietor MELANIA TRUMP	Social security number (SSN)
A Principal business or profession, including product or service (see instructions) MODEL	B Enter code from instructions 711510
C Business name. If no separate business name, leave blank. MELANIA TRUMP	D Employer ID number (EIN)/(see instr.)

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

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

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2019, check here.

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1		
2 Returns and allowances	2		0
3 Subtract line 2 from line 1	3		
4 Cost of goods sold (from line 42)	4		0
5 Gross profit. Subtract line 4 from line 3	5		
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		3,848
7 Gross income. Add lines 5 and 6 ▶	7		3,848

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8		
9 Car and truck expenses (see instructions)	9		
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17		
18 Office expense (see instructions)	18		
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22		
23 Taxes and licenses	23		3,848
24 Travel and meals:			
a Travel	24a		
b Deductible meals (see instructions)	24b		
25 Utilities	25		
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		3,848
29 Tentative profit or (loss). Subtract line 28 from line 7	29		0
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		0
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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			
	32a	<input type="checkbox"/> All investment is at risk.	
	32b	<input type="checkbox"/> Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

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

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

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

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

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

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

DONALD J TRUMP

Social security number (SSN)

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

B Enter code from instructions 532289

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

D Employer ID number (EIN)/(see instr.) 27-3212492

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

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

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses [] Yes [X] No

H If you started or acquired this business during 2019, check here. [] Yes [X] No

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) [X] Yes [] No

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

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

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

Table with 20 rows for expense items: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Reserved for future use.

28 Total expenses before expenses for business use of home. Add lines 8 through 27a 7,382

29 Tentative profit or (loss). Subtract line 28 from line 7 -7,382

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions. Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. -6,577

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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see the line 31 instructions. Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 32a [X] All investment is at risk. 32b [] Some investment is not at risk.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Part II, Line 31 - Passive Activity Loss Amount : 205258

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

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

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

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

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

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Part II, Line 31 - Passive Activity Loss Amount : 6577

**SCHEDULE C
(Form 8995-A)**

Loss Netting and Carryforward

OMB No. XXXX-XXXX

2019

Attachment
Sequence No. **55D**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 8995-A.
▶ Go to www.irs.gov/Form8995-A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

DONALD J & MELANIA<TRUMP

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	See Additional Data Table			
2	Qualified business net (loss) carryforward from prior years. See instructions		2	-153,666
3	Total trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades or business		3	-57,671,819
4	Total trades, businesses, or aggregations income. Add the positive amounts on lines 1, column (a), for all trades, businesses, or aggregations		4	53,245,464
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each trade, business, or aggregation on line 1, column (b). See instructions		5	-53,245,464
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-		6	-4,426,355

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 71661B

Schedule C (Form 8995-A) 2019

Additional Data

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

Line 1 - Loss Netting and Carryforward Group Information

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	MAR-A-LAGO CLUB LLC	4,780,935	-4,780,935	0
	40 WALL DEVELOPMENT ASSOC LLC	5,411,970	-5,411,970	0
	HUDSON WATERFRONT ASSOC V LP	286,857	-286,857	0
	HUDSON WATERFRONT ASSOC III LP	536,567	-536,567	0
	HUDSON WATERFRONT ASSOC IV LP	208,436	-208,436	0
	TRUMP CPS LLC	3,520,145	-3,520,145	0
	TRUMP PLAZA LLC	1,286,651	-1,286,651	0
	TRUMP INTERNATIONAL GOLF CLUB LLC	1,669,954	-1,669,954	0
	TIHT COMMERCIAL LLC	208,426	-208,426	0
	TRUMP INTERNATIONAL HOTEL HAWAII LLC	2,428,640	-2,428,640	0
	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGE	1,658,540	-1,658,540	0
	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL M	16,710	-16,710	0
	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL	410,788	-410,788	0
	DJT HOLDINGS LLC - LFB ACQUISITION LLC	3,231,485	-3,231,485	0
	T INTERNATIONAL REALTY LLC	526,891	-526,891	0
	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	523,372	-523,372	0
	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	1,688,333	-1,688,333	0
	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING M	14,931	-14,931	0
	HUDSON WATERFRONT ASSOCIATES V LP	4,042,586	-4,042,586	0
	HUDSON WATERFRONT ASSOC III LP	7,562,933	-7,562,933	0
	TRUMP 845 UN GP LLC	240,931	-240,931	0
	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER	1,398,190	-1,398,190	0

Additional Data

Software ID:

Software Version:

SSN:

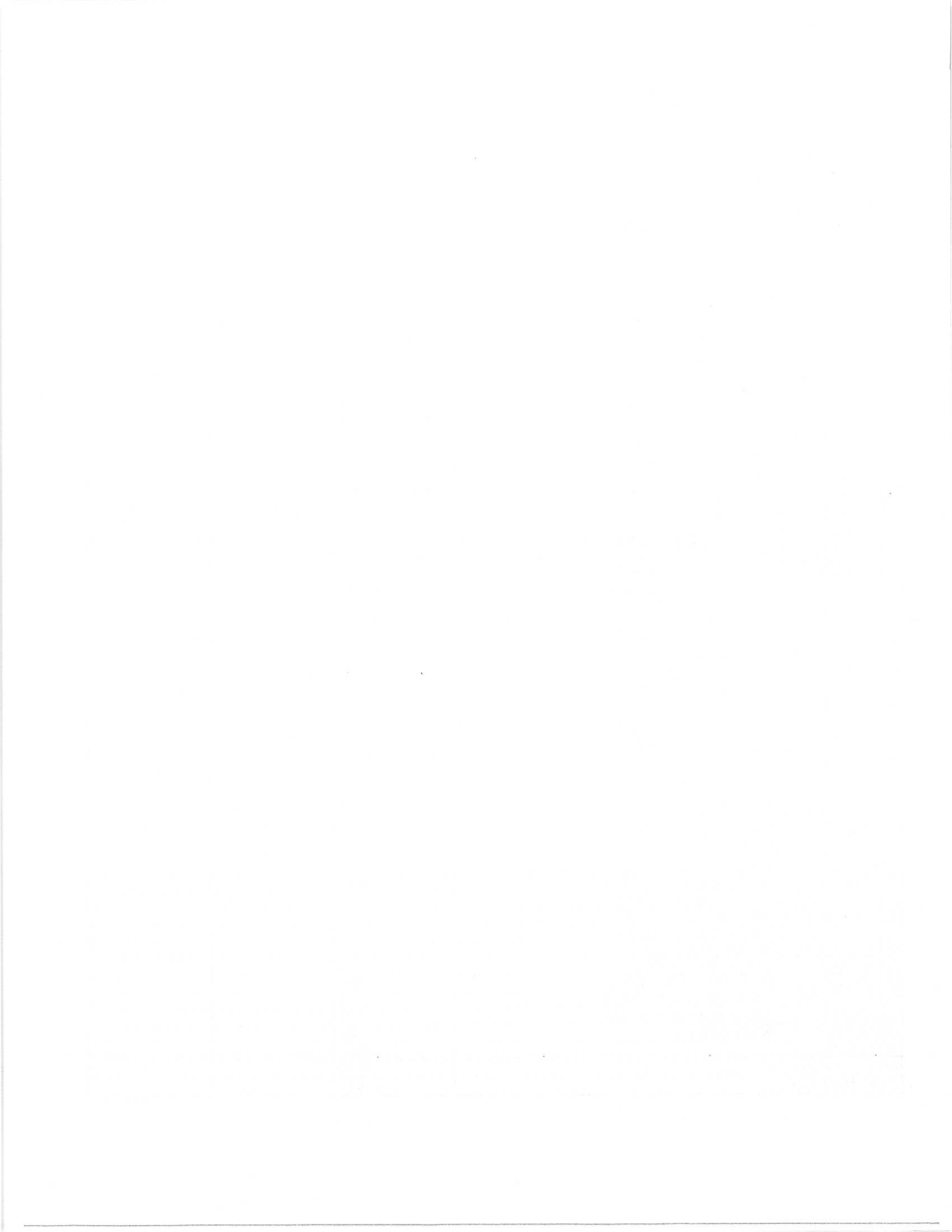
Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	845 UN LIMITED PARTNERSHIP - 845 LP LLC	356,184	-356,184	0
	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LL	94,759	-94,759	0
	DJT HOLDINGS LLC TW VENTURE I LLC	17,883	-17,883	0
	DT CONNECT II LLC	64,938	-64,938	0
	HUDSON WATERFRONT ASSOCIATES IV LP	365,399	-365,399	0
	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LL	4,441	-4,441	0
	TRUMP EQUITABLE FIFTH AVE CO	8,735,223	-8,735,223	0
	TIPPERARY REALTY CORP	8,744	-8,744	0
	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC	4,847	-4,847	0
	TRUMP PLAZA MEMBER INC	12,996	-12,996	0
	TIHH MEMBER CORP	16,781	-16,781	0
	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL	16,753	-16,753	0
	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTI	4,191	-4,191	0
	DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIA	170	-170	0
	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER C	32,971	-32,971	0
	DT CONNECT II MEMBER CORP	656	-656	0
	DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	5,340	-5,340	0
	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGEMENT	967	-967	0
	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAG	3,675	-3,675	0
	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVI	240	-240	0
	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVI	167	-167	0
	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISIT	45	-45	0
	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LL	32,641	-32,641	0
	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	5,287	-5,287	0
	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEM	17,054	-17,054	0
	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MAN	151	-151	0
	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	181	-181	0
	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LL	957	-957	0
	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMM	169	-169	0
	HUDSON WATERFRONT ASSOC I LP	171,274	-171,274	0
	DJT HOLDINGS LLC - T TOWER RETAIL LLC	391,560	-391,560	0
	DJT HOLDINGS MM LLC TRUMP CHICAGO HOTEL MANAG	16,922	-16,922	0
	DJT HOLDINGS MM LLC TRUMP INT'L GOLF CLUB	16	-16	0
	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGIN	1,358	-1,358	0
	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER	128,239	-128,239	0
	DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT AS	5,399	-5,399	0
	DJT HOLDINGS MM LLCLLC TRUMP CHICAGO RESIDEN	4,149	-4,149	0
	DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT LLC (1,024,260	-1,024,260	0
	DJT OPERATIONS I LLC	44,206	-44,206	0
	THE EAST 61 ST COMPANY	-35,342		
	THE EAST 61 ST COMPANY	-318		
	PARK BRIAR ASSOCIATES LLC	-25,781		
	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	-21,061		
	STARRETT CITY ASSOCIATES	-103,971		
	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS	-2,999,976		
	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB C	-587,163		
	SC LP SHOPPING CENTER LLC	-3,871		
	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES	-37,803		
	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHIC	-2,175		
	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	-4,182,793		
	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEM	-1,226,345		
	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	-13,437		
	DJT HOLDINGS LLC - 401 MEZZ	-6,445,795		
	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE	-26,371		
	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB L	-2,828,232		
	DJT HOLDINGS LLC - TNGC PINE HILL LLC	-1,137,744		
	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	-687,231		
	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB W	-619,622		
	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITION	-428,548		
	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LL	-441		
	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LL	-503,175		
	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	-3,003		
	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAG	-384		
	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	-4,512,268		
	DJT HOLDINGS JUPITER GOLF CLUB	-385,574		

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	-13,897,570		
	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	-1,224,476		
	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS L	-252,851		
	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVIC	-2,080		
	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	-2,654		
	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	-13,988		
	TRUMP PALACE PARC LLC	-137,834		
	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEME	-4,546		
	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	-478		
	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	-25,868		
	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS	-908		
	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	-315		
	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	-1,395		
	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMEN	-265		
	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME	-123		
	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS	-1,315		
	DJT HOLDINGS LLC - DT VENTURE II LLC	-365		
	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT	-315		
	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	-231		
	DJT HOLDINGS LLC - TRUMP ICE LLC	-29,929		
	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME	-2,038		
	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT	-433		
	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	-72		
	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	-540,626		
	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LL	-5,438		
	DJT HOLDINGS LLC	-1,373,564		
	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS L	-50		
	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	-288		
	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEM	-123		
	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	-49,305		
	DJT HOLDINGS LLC - 124 WOODBRIDGE	-84,819		
	PLAZA CONSULTING CORP	-1,213		
	THE TRUMP CORPORATION	-10,891,604		
	TRUMP CPS CORP	-25		
	FIRST MEMBER INC	-263		
	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	-434		
	TRUMP TOWER MANAGING MEMBER INC	-10,973		
	TRUMP 845 UN MGR CORP	-1,741		
	BEACH HAVEN APARMTENTS #1 INC DJT GR TR	-760		
	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	-29,714		
	TRUMP MANAGEMENT INC	-5,704		
	TIHT MEMBER LLC	-1,852		
	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY ME	-7,012		
	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVI	-386		
	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER C	-137		
	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANA	-12,513		
	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING C	-22		
	DJT HOLDINGS MANAGING MEMBER LLC	-191,330		
	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUA	-269		
	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MA	-30		
	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAG	-46,039		
	TAG AIR INC	-875,264		
	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES	-5,083		
	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS	-4		
	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLU	-28,834		
	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISIT	-3,822		
	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATION	-1,481		
	DJT HOLDINGS MM LLC - THC SALES & MARKETING L	-12,493		
	DJT HOLDINGS MANAGING MEMBER LLC	-13,705		
	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBE	-27		
	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SER	-21		
	TTTT VENTURE MEMBER CORP	-282		
	DJT HOLDINGS MM LLC - TNGC PINE HILL LLC	-11,608		
	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB	-4,837		
	DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	-233		

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	-5,167		
DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERAT	-55		
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVEL	-4		
DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVIC	-4		
DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJEC	-1		
DJT HOLDINGS MM LLCLLC - WEST PALM OPERATION	-261		
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEV	-3		
DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEV	-1		
DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUIS	-13		
DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	-4		
DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVEL	-4		
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICA	-1		
DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC	-3		
DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	-302		
DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE	-266		
DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT	-30		
DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	-28,545		
DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	-11,493		
DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNT	-6,942		
DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 L	-45,578		
DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB L	-3,894		
DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFI	-140,379		
DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	-6,259		
DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTA	-5,134		
DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	-65,109		
DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DE	-20		
DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HO	-9		
DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPME	-4		
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCT	-4		
DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEAS	-22		
DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT S	-382		
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAI	-4		
DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	-135		
DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL M	-46		
DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	-213		
DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL	-12,387		
DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL	-21		
DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER M	-20		
DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT L	-42,251		
DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	-617		
DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLU	-5,931		
DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQU	-4,328		
DJT HOLDINGS MM LLCLLC - THC SALES & MARKETI	-12,368		
DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER L	-14		
555 CALIFORNIA SERVICES JV LLC	-100,590		
TRUMP FERRY POINT MEMBER CORP	-42,677		
DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITION	-60,570		
DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLU	-6,322		
DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEME	-1		
DJT HOLDINGS MM LLCLLC THC CENTRAL RESERVATI	-2,554		
DJT HOLDINGS LLC - TMG MEMBER LLC	-30		
DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	-58		
DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING	-2,061		
DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LL	-2,005		
DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	-58		
DJT HOLDINGS LLC - TRUMP BRAZIL LLC	-265		
DJT AEROSPACE LLC	-58,498		
DJT OPERATIONS II LLC	-6,577		
DT ENDEAVOR I LLC	-205,258		



SCHEDULE D (Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

Attachment Sequence No. 12

Attach to Form 1040, Form 1040-SR, or Form 1040-NR.

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.

Department of the Treasury Internal Revenue Service (99)

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

Your social security number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

Table with 5 columns: (d) Proceeds (sales price), (e) Cost (or other basis), (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g), (h) Gain or (loss). Rows include 1a, 1b, 2, 3, 4, 5, 6, 7.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

Table with 5 columns: (d) Proceeds (sales price), (e) Cost (or other basis), (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g), (h) Gain or (loss). Rows include 8a, 8b, 9, 10, 11, 12, 13, 14, 15.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or Form 1040-SR, line 6, or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or Form 1040-SR, line 6, or Form 1040-NR, line 14. Then go to line 22. 	16	9,257,197
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>	18	
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>		
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	539,141
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Do not complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>	21	()
<p>21 If line 16 is a loss, here and on (Form 1040 or Form 1040-SR), line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a, or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, Form 1040-SR, or Form 1040-NR.</p>		

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

SCHEDULE E (Form 1040 or 1040-SR)

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

OMB No. 1545-0074

2019

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

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

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)
B If "Yes," did you or will you file all required Forms 1099?

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

Table with columns A, B, C for physical address information.

Table with columns 1b Type of Property, 2 Fair Rental Days, Personal Use Days, and QJV.

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

Main income and expense table with columns for Income, Properties, and sub-columns A, B, C. Includes rows for Rents received, Royalties received, Expenses, and Total rental real estate and royalty income or (loss).

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Your social security number

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

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [X] Yes [] No

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

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

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

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

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part V Summary

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

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 1	4	10,714.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,714.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,714.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,714.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,714.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 2	4	9,799,195.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,799,195.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,799,195.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9,799,195.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			9,799,195.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 3</small>	4	98,919.		
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	98,919.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	98,919.		
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	98,919.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	98,919.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 4	4	55,384.
5 Meals expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	55,384.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	55,384.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	55,384.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	55,384.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 5	4	189,814.		
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	189,814.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	189,814.		
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	189,814.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	189,814.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 6	4	45,476.
5 Meals expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	45,476.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	45,476.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	45,476.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		45,476.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 7	4	13,301.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	13,301.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	13,301.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	13,301.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	13,301.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 8	4	167,531.		
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	167,531.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	167,531.		
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	167,531.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			167,531.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 9	4	9,665.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,665.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,665.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9,665.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	9,665.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 10	4	66,608.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	66,608.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	66,608.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	66,608.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	66,608.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 11	4	5,091.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,091.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	5,091.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	5,091.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	5,091.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 12</small>	4	5,082.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,082.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	5,082.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	5,082.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	5,082.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 13	4	861.		
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	861.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	861.		
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	861.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	861.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 14	4	280,994.		
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	280,994.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	280,994.		
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	280,994.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			280,994.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
----	---	----	--

Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 15	4	465,442.
5 Meals expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	465,442.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	465,442.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	465,442.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	465,442.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2019	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

**Statement SBE
Supplemental Business Expenses**

2019

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 16	4	2,553.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,553.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	2,553.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	2,553.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			2,553.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2019	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

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 basis computation is required	(f) Check if any amount is not at risk
A	THE EAST 61 ST COMPANY	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>	<input type="checkbox"/>
B	THE EAST 61 ST COMPANY	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>	<input type="checkbox"/>
C	PARK BRIAR ASSOCIATES LLC	P	<input type="checkbox"/>	11-6160410	<input type="checkbox"/>	<input type="checkbox"/>
D	MAR-A-LAGO CLUB LLC	P	<input type="checkbox"/>	65-0567671	<input type="checkbox"/>	<input type="checkbox"/>
E	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0567671	<input type="checkbox"/>	<input type="checkbox"/>
F	40 WALL DEVELOPMENT ASSOC LLC	P	<input type="checkbox"/>	13-3845249	<input type="checkbox"/>	<input type="checkbox"/>
G	HUDSON WATERFRONT ASSOC I LP	P	<input type="checkbox"/>	13-3796302	<input type="checkbox"/>	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOC V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>	<input type="checkbox"/>
I	HUDSON WATERFRONT ASSOC II LP	P	<input type="checkbox"/>	13-3796305	<input type="checkbox"/>	<input type="checkbox"/>
J	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>	<input type="checkbox"/>
K	HUDSON WATERFRONT ASSOC IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>	<input type="checkbox"/>
L	TRUMP CPS LLC	P	<input type="checkbox"/>	13-3917414	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
N	TRUMP PLAZA LLC	P	<input type="checkbox"/>	13-3972488	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
Q	TRUMP 845 UN LIMITED PARTNERSHIP	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>	<input type="checkbox"/>
R	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
S	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
T	DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	P	<input type="checkbox"/>	13-4040286	<input type="checkbox"/>	<input type="checkbox"/>
U	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
V	TIPPERARY REALTY CORP	S	<input type="checkbox"/>	11-2405629	<input type="checkbox"/>	<input type="checkbox"/>
W	PLAZA CONSULTING CORP	S	<input type="checkbox"/>	13-3385468	<input type="checkbox"/>	<input type="checkbox"/>
X	THE TRUMP CORPORATION	S	<input type="checkbox"/>	13-3038887	<input type="checkbox"/>	<input type="checkbox"/>
Y	UNREIMBURSED EXPENSES	S	<input type="checkbox"/>	13-3038887	<input type="checkbox"/>	<input type="checkbox"/>
Z	TRUMP PROJECT MANAGEMENT CORP	S	<input type="checkbox"/>	13-3775593	<input type="checkbox"/>	<input type="checkbox"/>
AA	TRUMP'S CASTLE MANAGEMENT CORP	S	<input type="checkbox"/>	22-3167829	<input type="checkbox"/>	<input type="checkbox"/>
AB	TRAVEL ENTERPRISES MANAGEMENT INC	S	<input type="checkbox"/>	13-3345689	<input type="checkbox"/>	<input type="checkbox"/>
AC	THE TRUMP HOTEL CORP	S	<input type="checkbox"/>	13-3430478	<input type="checkbox"/>	<input type="checkbox"/>
AD	HELICOPTER AIR SERVICES INC	S	<input type="checkbox"/>	13-3478858	<input type="checkbox"/>	<input type="checkbox"/>
AE	DJT HOLDINGS MM LLC - PARC CONSULTING INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
AF	THE TRUMP ORGANIZATION INC	S	<input type="checkbox"/>	13-3070440	<input type="checkbox"/>	<input type="checkbox"/>
AG	TRUMP EMPIRE STATE INC	S	<input type="checkbox"/>	13-3766196	<input type="checkbox"/>	<input type="checkbox"/>
AH	FIFTY-SEVEN MANAGEMENT CORP	S	<input type="checkbox"/>	13-3860845	<input type="checkbox"/>	<input type="checkbox"/>
AI	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
AJ	TRUMP CPS CORP	S	<input type="checkbox"/>	13-3917416	<input type="checkbox"/>	<input type="checkbox"/>
AK	FIRST MEMBER INC	S	<input type="checkbox"/>	13-3914818	<input type="checkbox"/>	<input type="checkbox"/>
AL	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
BM	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
BN	TRUMP PAYROLL CORP	S	<input type="checkbox"/>	13-3494471	<input type="checkbox"/>	<input type="checkbox"/>
BO	FLIGHTS INC	S	<input type="checkbox"/>	13-3929051	<input type="checkbox"/>	<input type="checkbox"/>
BP	TRUMP PLAZA MEMBER INC	S	<input type="checkbox"/>	13-3979038	<input type="checkbox"/>	<input type="checkbox"/>
BQ	TRUMP VILLAGE CONST CORP-DJT GR TR	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>	<input type="checkbox"/>
BR	TRUMP TOWER MANAGING MEMBER INC	S	<input type="checkbox"/>	13-3981225	<input type="checkbox"/>	<input type="checkbox"/>
BS	TRUMP 845 UN MGR CORP	S	<input type="checkbox"/>	13-4026239	<input type="checkbox"/>	<input type="checkbox"/>
BT	BEACH HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1681481	<input type="checkbox"/>	<input type="checkbox"/>
BU	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1582802	<input type="checkbox"/>	<input type="checkbox"/>
BV	TRUMP MANAGEMENT INC	S	<input type="checkbox"/>	11-2196835	<input type="checkbox"/>	<input type="checkbox"/>
BW	TRUMP PARK AVENUE LLC (DELMONICO)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>	<input type="checkbox"/>
BX	TRUMP TORONTO DEVELOPMENT INC	S	<input type="checkbox"/>	20-0005703	<input type="checkbox"/>	<input type="checkbox"/>
BY	STARRETT CITY ASSOCIATES	P	<input type="checkbox"/>	11-6189342	<input type="checkbox"/>	<input type="checkbox"/>
BZ	TRUMP PARK AVENUE LLC	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
B	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>	<input type="checkbox"/>
B	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
B	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
B	TIHM MEMBER CORP	S	<input type="checkbox"/>	20-5074158	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP FLORIDA MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	TIHT MEMBER LLC	S	<input type="checkbox"/>	20-5315528	<input type="checkbox"/>	<input type="checkbox"/>
C	TIHT COMMERCIAL LLC	P	<input type="checkbox"/>	13-4038061	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
C	DJT HOLDINGS LLC -TRUMP LAS OLAS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP MARKS PHILADELPHIA LLC	P	<input type="checkbox"/>	20-8882513	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP MARKS WAIKIKI LLC	P	<input type="checkbox"/>	20-8882101	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP MARKS WAIKIKI CORP	S	<input type="checkbox"/>	20-8858096	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP MARKS PHILADELPHIA CORP	S	<input type="checkbox"/>	20-8881726	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS LLC -TRUMP GOLF COCO BEACH LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS LLC - 809 NORTH CANON LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP CANOUAN ESTATE MEMBER CORP	S	<input type="checkbox"/>	26-1624146	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
C	DJT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
C	TRUMP MARKS PUERTO RICO II MEMBER CORP	S	<input type="checkbox"/>	26-2982043	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - GOLF PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES LLC	P	<input type="checkbox"/>	27-0226891	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES MEMBER CORP	S	<input type="checkbox"/>	27-0226852	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
D	SC LP SHOPPING CENTER LLC	P	<input type="checkbox"/>	27-1551456	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	TRUMP INTERNATIONAL HOTEL HAWAII LLC	P	<input type="checkbox"/>	27-0963857	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	TRUMP FERRY POINT MEMBER CORP	S	<input type="checkbox"/>	27-8202438	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	TIHH MEMBER CORP	S	<input type="checkbox"/>	27-0963803	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LCLLC - TRUMP CHICAGO HOTEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	TRUMP MARKS MEMBER CORP	S	<input type="checkbox"/>	27-1357658	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - 401 MEZZ	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - LFB ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TNGC PINE HILL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP BOOKS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	CHARLOTTESVILLE CATERING & EVENTS LLC	P	<input type="checkbox"/>	38-3862571	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	TAG AIR INC	S	<input type="checkbox"/>	95-4464111	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	TRUMP MARKS PUNE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
F	T INTERNATIONAL REALTY LLC	P	<input type="checkbox"/>	90-0883344	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
F	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS - WHITE COURSE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS JUPITER GOLF CLUB	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
F	DJT HOLDINGS OPO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DT MARKS VANCOUVER LP	P	<input type="checkbox"/>	90-0930859	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - THC RIO MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
G	TRUMP HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	13-3489501	<input type="checkbox"/>	<input type="checkbox"/>
G	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - THC RIO MANAGING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - EXCEL VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	OPO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	46-3066239	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - THC SALES & MARKETING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	TW VENTURE I MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-4146150	<input type="checkbox"/>	<input type="checkbox"/>
G	HUDSON WATERFRONT ASSOCIATES V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>	<input type="checkbox"/>
G	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>	<input type="checkbox"/>
G	TRUMP 845 UN GP LLC	P	<input type="checkbox"/>	13-3958321	<input type="checkbox"/>	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

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H	845 UN LIMITED PARTNERSHIP - 845 LP LLC	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>	<input type="checkbox"/>
H	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>	<input type="checkbox"/>
H	TRUMP PARK AVENUE LLC - ACQUISITION	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DT CONNECT II MEMBER CORP	S	<input type="checkbox"/>	47-1519047	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	47-2191989	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	THC BAKU HOTEL MANAGER SERVICE MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	TTTT VENTURE MEMBER CORP	S	<input type="checkbox"/>	47-2297906	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS-D B PACE ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DT DUBAI II GOLF MANAGER LLC	P	<input type="checkbox"/>	47-2265157	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS LLC TW VENTURE I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS LLC -TW VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
I	DT CONNECT II LLC	P	<input type="checkbox"/>	36-4791039	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DT TOWER GURGAON LLC	P	<input type="checkbox"/>	47-3351290	<input type="checkbox"/>	<input type="checkbox"/>
I	MOBILE PAYROLL CONSTRUCTION LLC	P	<input type="checkbox"/>	36-4813676	<input type="checkbox"/>	<input type="checkbox"/>

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I	DT BALI TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	36-4812795	<input type="checkbox"/>	<input type="checkbox"/>
I	DT LIDO HOTEL MANAGER LLC	P	<input type="checkbox"/>	61-1769144	<input type="checkbox"/>	<input type="checkbox"/>
I	DT LIDO TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	30-0881420	<input type="checkbox"/>	<input type="checkbox"/>
I	WILLIAM M TRUMP MEDICAL FUND LLC	P	<input type="checkbox"/>	47-5214076	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DTW VENTURE MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-5292006	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	EID VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1201049	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
I	DT TOWER II MEMBER CORP	S	<input type="checkbox"/>	81-1112510	<input type="checkbox"/>	<input type="checkbox"/>
J	DT VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1743521	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
J	HUDSON WATERFRONT ASSOCIATES IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>	<input type="checkbox"/>
J	EID VENTURE II LLC	P	<input type="checkbox"/>	32-0488634	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - DT TOWER I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - DT CONNECT II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - TNGC PINE HILL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
J	TRUMP PALACE PARC LLC	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>

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J	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP ICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DTW VENTURE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	TRUMP EQUITABLE FIFTH AVE CO	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K		S		27-4162256		

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	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP CARIBBEAN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
L	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N		S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC					
N	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUR MANGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS NECK	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC CENTRL RESERVATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
O	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - CARIBUSINESS MRE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - 124 WOODBRIDGE	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	555 CALIFORNIA SERVICES JV LLC	P	<input type="checkbox"/>	61-1895796	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - TMG MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - T TOWER RETAIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC TRUMP CHICAGO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC THC CENTRAL RESERVATIONS	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TRUMP CHICAGO RESIDENTIAL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC TRUMP INT'L GOLF CLUB	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
P	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT ASSOCIATES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

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

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	41,034				
B	318				
C	22,970				
D					4,846,338
E			465,442		
F	3,776,715				
G		171,569			
H		286,857			
I	0				
J		536,567			
K		208,436			
L		147,170			
M	21,061				
N		1,273,350			
O	0				
P	0				
Q	49,345				
R	0				
S	0				
T		900,001			
U	58				
V		18,257			
W	1,213				
X			10,891,604		
Y			167,531		
Z	8,611				
AA			0		
AB	0				
AC			0		
AD	0				
AE			0		
AF	0				
AG	0				
AH		91,759			
AI					4,851
AJ		221			

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
AK	263				
AL	0				
BM	434				
BN	0				
BO	0				
BP		12,996			
BQ	31,877				
BR		78,617			
BS	1,741				
BT	17,985				
BU	29,714				
BV	5,704				
BW	4,536				
BX	0				
BY	103,971				
BZ	4,528				
B	1,221				
B			2,005		
B					116
B					2,039,867
B			280,994		
B	18,941				
B		1,583,131			
B		16,153			
B	2,999,976				
B	4				
B	0				
B	0				
C	79				
C	14				
C	1,852				
C		207,565			
C	384				
C	1,856,423				
C	4,813				
C		124,091			
C		371			
C	27				
C	27				
C		7,495			
C	323				
C	27				

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
C	14,315				
C	146				
C	0				
C	0				
C	1				
C	0				
C			587,163		
C		14,081			
C		2,594			
C	17				
C	1,622				
C	0				
D	2,495				
D	26				
D	7,012				
D	80,284				
D	6,322				
D	1,436				
D	311				
D	45				
D	386				
D	0				
D	3,871				
D	37,803				
D	2,175				
D		2,428,640			
D	137				
D	191				
D	42,677				
D	12,513				
D	22				
D	819				
D		16,781			
D		16,753			
D	4,182,793				
D	1,226,345				
D		1,658,540			
D	1,185				
E		16,710			
E	311				
E	13,437				
E		410,788			

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
E	18,709				
E	4				
E	12				
E		4,191			
E	27				
E	0				
E	191,330				
E		170			
E			6,445,795		
E	0				
E	26,371				
E	2,929				
E	2,828,232				
E					3,231,485
E	1,137,744				
E	687,231				
E	619,622				
E	428,548				
E	2,582				
E	2,138				
E	0				
E	441				
F	21				
F	27				
F	30				
F	269				
F	30				
F			46,039		
F	875,264				
F	5,083				
F					32,971
F	4				
F	28,834				
F	503,175				
F	3,003				
F	3,822				
F	27				
F	0				
F	0				
F	4				
F		420,891			
F	384				

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
F		523,372			
F			4,512,268		
F	311				
F	385,574				
F	13,897,570				
F	0				
G					1,688,333
G					14,931
G	1,224,476				
G	589,581				
G		324,933			
G		649			
G	2,058				
G	2,931				
G	311				
G	252,851				
G	0				
G	0				
G	21				
G		3,315			
G	4				
G	4				
G	6,016				
G	0				
G	1,481				
G	12,493				
G	0				
G	0				
G		4,042,586			
G		7,562,933			
G		193,783			
G	1,724,838				
H	13,705				
H		290,851			
H	533,258				
H	667,930				
H	0				
H		656			
H	26				
H	0				
H	135				
H	0				

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
H	\$27				
H	\$21				
H	\$4				
H	\$4,233				
H		5,340			
H		967			
H	\$41,683				
H	\$2,080				
H	\$7,404				
H	\$0				
H	\$2,654				
H	\$440				
H	\$2,495				
H	\$0				
H	\$13,173				
H		94,759			
I		17,883			
I	\$1,520,173				
I		64,938			
I	\$4,085,346				
I	\$15,355				
I	\$0				
I	\$0				
I	\$0				
I	\$0				
I	\$0				
I	\$0				
I	\$26				
I	\$0				
I		3,675			
I	\$0				
I	\$29				
I	\$29				
I		240			
I	\$36				
I	\$26				
I		167			
I	\$26				
I	\$26				
I	\$328				
I	\$16				
I	\$0				

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
J	0				
J	3				
J		365,399			
J	365				
J	262				
J		2,072,104			
J		20,930			
J	0				
J	0				
J	11,608				
J	163,323				
J	4,546				
J	478				
J		4,441			
J	0				
J	25,868				
J	58				
J	908				
J	315				
J	1,395				
J	265				
J	123				
J	1,315				
J	365				
J	315				
J	231				
K	29,929				
K	2,038				
K	433				
K	72				
K	540,626				
K	5,438				
K	0				
K	0				
K		19,027,280			
K	0				
K	1,709,513				
K	887				
K			4,798		
K	233				
K	5,167				
K	55				

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
K	4				
K	4				
K		45			
K	0				
K	9				
K					1,149
K			0		
K	261				
K	0				
K	3				
L	1				
L	13				
L	4				
L	4				
L	1				
L	3				
L	302				
L	0				
L	0				
L	266				
L	30				
L	29				
L	28,545				
L					32,641
L	11,493				
L	6,942				
L		5,287			
L			45,578		
L	4				
L	3,894				
L					17,054
L					151
L	140,379				
L			0		
L	0				
L	133				
M		181			
M	15,510				
M		957			
M			0		
M	41,266				
M	6,259				

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
M	0				
M	0				
M	5,134				
M			65,109		
M	20				
M	30,303				
M	0				
M	1				
M	9				
M	4				
M	0				
M	12				
M	27				
M	3				
M	0				
M	25				
M	4				
M	21				
M	25				
M	16				
N	4				
N	22				
N		15,991			
N	189				
N	4				
N	4				
N	144				
N	26				
N	382				
N		169			
N	4				
N	4				
N	135				
N	46				
N	213				
N	12,387				
N	29				
N	21				
N	20				
N	4				
N		3,282			
N			20		

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
N	0				
N	18,751				
N	0				
N	811				
O	42,251				
O	5,955				
O		21,142			
O			5,931		
O	4,328				
O	0				
O	12,368				
O	30				
O	17,423				
O	0				
O	0				
O	76				
O	27				
O	27				
O		30			
O	0				
O	26				
O	14				
O	815				
O					115,731
O	50				
O	288				
O	265				
O			2,061		
O	123				
O	49,305				
P	84,819				
P		60,570			
P	100,590				
P	30				
P		32,670			
P		391,560			
P	911,303				
P		16,922			
P	2,554				
P		4,149			
P					20
P					1,358

SCHEDULE SE (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

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

Attach to Form 1040, Form 1040-SR, or Form 1040NR.

OMB No. 1545-0074

2019

Attachment Sequence No. 17

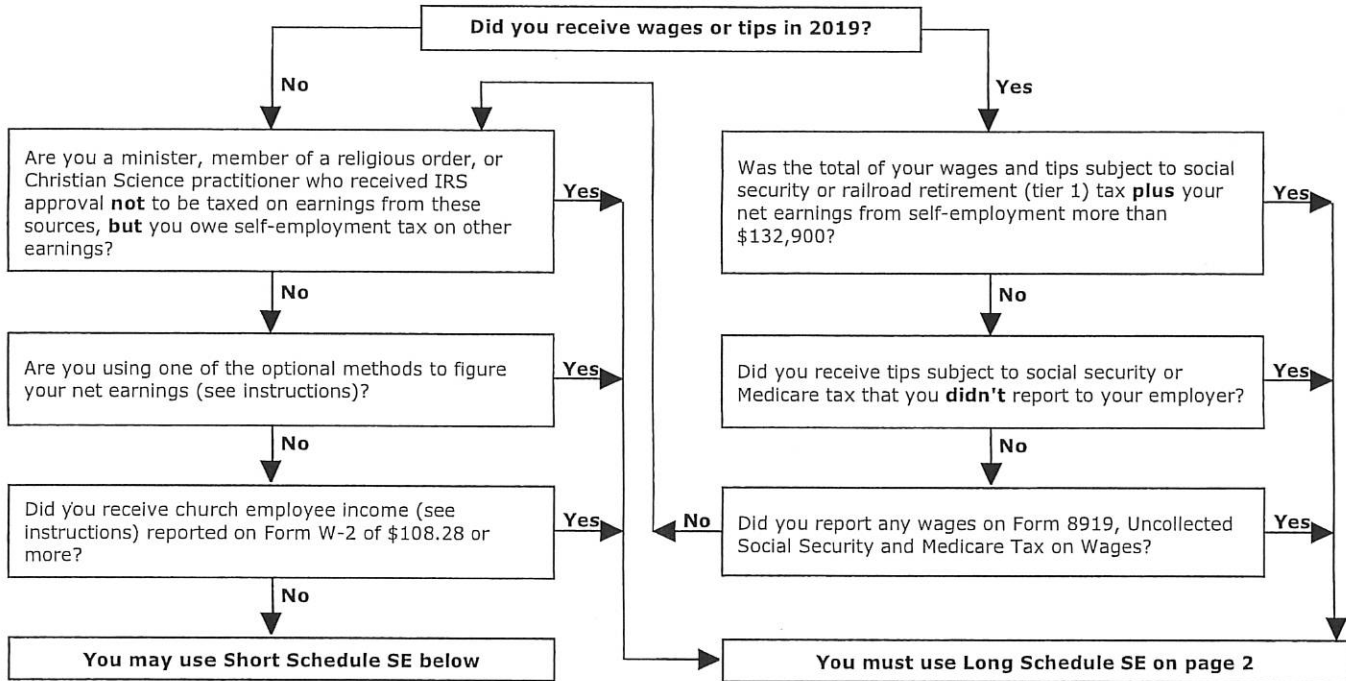
Name of person with self-employment income (as shown on Form 1040, Form 1040-SR, or Form 1040NR) DONALD J TRUMP

Social security number of person with self-employment income

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

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

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



Section A — Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

Table with 6 rows for calculating self-employment tax, including net profit, tax calculation, and deduction.

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
P					128,239
P		5,565			

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

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

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

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

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

Social security number of person with self-employment income

Section B — Long Schedule SE

Part I Self-Employment Tax

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

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I		<input type="checkbox"/>
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)	2	4,688,983
3	Combine lines 1a, 1b, and 2	3	4,688,983
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	4,330,276
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	4,330,276
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	4,330,276
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019. Enter \$132,900	7	\$132,900
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11	8a	133,802
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	125,578
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	12	125,578
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	13	62,789

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

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$8,160, or (b) your net farm profits ² were less than \$5,891.			
14	Maximum income for optional methods. Enter \$5,440	14	\$5,440
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,440. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,891 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.			
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

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

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

³From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

SCHEDULE SE (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

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

Attach to Form 1040, Form 1040-SR, or Form 1040NR.

OMB No. 1545-0074

2019

Attachment Sequence No. 17

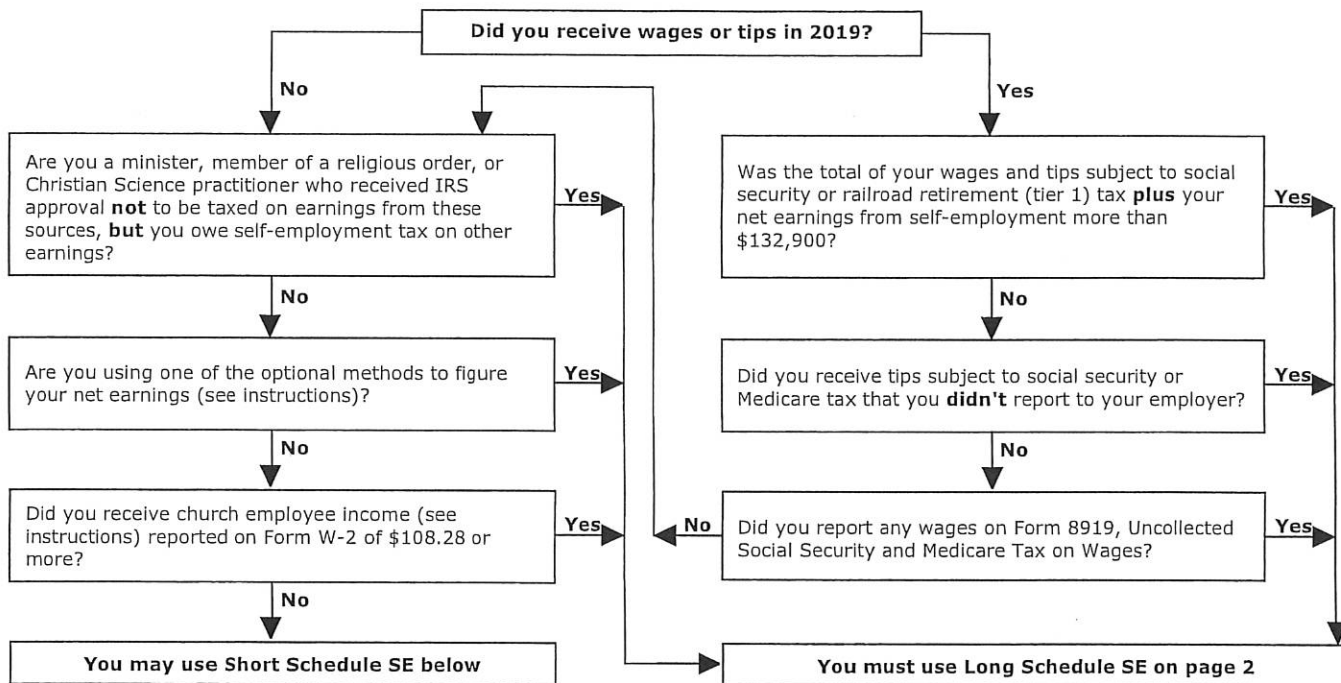
Name of person with self-employment income (as shown on Form 1040, Form 1040-SR, or Form 1040NR) DONALD J TRUMP

Social security number of person with self-employment income

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

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

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



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

Table with 6 rows for Schedule SE calculations: 1a Net farm profit, 1b Social security retirement benefits, 2 Net profit, 3 Combined lines 1a, 1b, and 2, 4 Self-employment tax calculation, 5 Total self-employment tax, 6 Deduction for one-half of self-employment tax.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Employer Name Control: TRUM

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

Social security number of person with self-employment income

Section B — Long Schedule SE

Part I Self-Employment Tax

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

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

Table with 13 rows (1a-13) for self-employment tax calculations. Includes sub-rows 5a-5b, 8a-8c, and 13. Values include 4,688,983, 4,330,276, and 62,789.

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

Table with 3 rows (14-17) for optional methods. Includes Farm Optional Method and Nonfarm Optional Method. Values include \$5,440.

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

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

3From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

4From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP