

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

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

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

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

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

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

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

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

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

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

Joint return? See instructions. Keep a copy for your records.

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

**Paid Preparer Use Only**

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

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



**SCHEDULE 1  
(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

Additional Income		1-9b	1-9b
1-9b	Reserved		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ <input checked="" type="checkbox"/>	12	-430,408
13	Capital gain or (loss). Attach Schedule D if required. <input checked="" type="checkbox"/> If not required, check here <input type="checkbox"/>	13	22,015,123
14	Other gains or (losses). Attach Form 4797	14	
15a	Reserved	15b	
16a	Reserved	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E <input checked="" type="checkbox"/>	17	-11,992,220
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Reserved	20b	
21	Other income. List type and amount <input checked="" type="checkbox"/> ▶	21	4,826,478
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	14,418,973
Adjustments to Income			
23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses for members of the armed forces. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE <input checked="" type="checkbox"/>	27	55,397
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid <b>b</b> Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Reserved	34	
35	Reserved	35	
36	Add lines 23 through 35	36	55,397

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

**SCHEDULE 2  
(Form 1040)**

**Tax**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **02**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

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DONALD J & MELANIA<TRUMP

<b>Tax</b>	<b>38-44</b>	<b>Reserved</b>	<b>38-44</b>	
	<b>45</b>	Alternative minimum tax. Attach Form 6251 	<b>45</b>	4,069,110
	<b>46</b>	Excess advance premium tax credit. Attach Form 8962	<b>46</b>	
	<b>47</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	<b>47</b>	4,069,110

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

Cat. No. 71478U

**Schedule 2 (Form 1040) 2018**

**SCHEDULE 3  
(Form 1040)**

**Nonrefundable Credits**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

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

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

Cat. No. 71480G

**Schedule 3 (Form 1040) 2018**

**SCHEDULE 4  
(Form 1040)**

**Other Taxes**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **04**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

**Other  
Taxes**

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

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

Cat. No. 71481R

Schedule 4 (Form 1040) 2018

**SCHEDULE 5  
(Form 1040)**

**Other Payments and Refundable Credits**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **05**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

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

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

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

**SCHEDULE 6  
(Form 1040)**

**Foreign Address and Third Party Designee**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **05A**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

DONALD J & MELANIA<TRUMP

**Foreign  
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party  
Designee**

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

Designee's  
name ▶

Phone  
no. ▶

Personal identification  
number (PIN) ▶

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

Cat. No. 71483N

**Schedule 6 (Form 1040) 2018**

**Additional Data**

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**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP

**Header - Primary Name Control:** TRUM

**Header - Spouse Name Control:** TRUM

**Dependent 1 Name Control:** TRUM

**Top Left Margin - Refund Product Code:** NO FINANCIAL PRODUCT

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

**Itemized Deductions**

▶Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
▶Attach to Form 1040.

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

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

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

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

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

<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> . . . . .			
	<b>a</b> Home mortgage interest and points reported to you on Form 1098	<b>8a</b>		
	<b>b</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ . . . . .	<b>8b</b>		
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>		
	<b>d</b> Reserved . . . . .	<b>8d</b>		
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>		
<b>9</b> Investment interest. Attach Form 4952 if required. See instructions . . . . .	<b>9</b>	871,001		
<b>10</b> Add lines 8e and 9 . . . . .			<b>10</b>	871,001

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

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



**Additional Data**

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**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**


**Name:** DONALD J & MELANIA<TRUMP

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LATEST DATA - Production

DLN: 16221684664919

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

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

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

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Regulation:** Pub 536 Deducting a Carryforward

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

**TY 2018 Other Tax Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

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

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LATEST DATA - Production

DLN: 16221684664919

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

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



**Part II  
Ordinary  
Dividends**

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

**Note:** If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

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

**Part III  
Foreign  
Accounts  
and  
Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
<b>7a</b> At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .		Yes	
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCen Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .		Yes	
<b>b</b> If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶UK			
<b>8</b> During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .			No

## Additional Data

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

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

## Form 1040 Schedule B, Part I, Group 2

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



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

SCHEDULE C

(Form 1040)

Department of the Treasury  
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2018

Attachment  
Sequence No. 09

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

DONALD J TRUMP

Social security number (SSN)

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

B Enter code from instructions

541600

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

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

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

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

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

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

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

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

Part I Income

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

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

8	Advertising	8	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12	20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	23	Taxes and licenses	23	38,764
16	Interest (see instructions):	16	24	Travel and meals:	24	
16a	a Mortgage (paid to banks, etc.)	16a	24a	a Travel	24a	
16b	b Other	16b	24b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17	25	Utilities	25	
18			26	Wages (less employment credits)	26	
19			27a	Other expenses (from line 48)	27a	
20			27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	28		28	38,764
29	Tentative profit or (loss). Subtract line 28 from line 7	29	29		29	-38,764
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	30		30	
31	Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32.	31	31		31	-38,764

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 (Inventory at beginning of year, Purchases less cost of items withdrawn for personal use, Cost of labor, Materials and supplies, Other costs, Add lines 35 through 39, Inventory at end of year, Cost of goods sold) and Amount (35, 36, 37, 38, 39, 40, 41, 42)

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 (blank rows) and Amount (blank)

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

**Additional Data**

**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP

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

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

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service  
(900)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>DONALD J TRUMP</b>	Social security number (SSN)
A Principal business or profession, including product or service (see instructions) <b>AVIATION</b>	B Enter code from instructions <b>532289</b>
C Business name. If no separate business name, leave blank. <b>DJT AEROSPACE LLC</b>	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 2018? If "No," see instructions for limit on losses  Yes  No

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

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

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

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	53,200
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	53,200
4	Cost of goods sold (from line 42)	4	0
5	<b>Gross profit.</b> Subtract line 4 from line 3	5	53,200
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	<b>Gross income.</b> Add lines 5 and 6	7	53,200

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	2,453
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	23
15	Insurance (other than health)	15	10,467
16	Interest (see instructions):		
	a Mortgage (paid to banks, etc.)	16a	
	b Other	16b	
17	Legal and professional services	17	450
18	Office expense (see instructions)	18	1,015
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	17,453
	b Other business property	20b	69
21	Repairs and maintenance	21	57,473
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	67
24	Travel and meals:		
	a Travel	24a	3,140
	b Deductible meals (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	48,465
27	Other expenses (from line 48)	27	12,852
	b Reserved for future use	27b	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	153,927
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-100,727
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32. • If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	31	-100,727
	32a <input checked="" type="checkbox"/> All investment is at risk.		
	32b <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

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

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

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

**Part IV Information on Your Vehicle.**

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

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

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

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

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

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

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

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

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

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

**Additional Data**

**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP

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

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

**Form 1040 Schedule C, Part V, Other expenses:**

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



**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

OMB No. 1545-0074

**2018**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment  
Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

B Enter code from instructions

532289

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

D Employer ID number

(EIN)/(see instr.)

27-3212458

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

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

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

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

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

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

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

**Part I Income**

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

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

8	Advertising . . . . .	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions) . . . . .	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees . . . . .	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment . . . . .	20a	
12	Depletion . . . . .	12		b	Other business property . . . . .	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13	11,877	21	Repairs and maintenance . . . . .	21	
14	Employee benefit programs (other than on line 19) . . . . .	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses . . . . .	23	2,277
16	Interest (see instructions):	16a		24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.) . . . . .	16a		a	Travel . . . . .	24a	
b	Other . . . . .	16b		b	Deductible meals (see instructions) . . . . .	24b	
17	Legal and professional services	17	1,000	25	Utilities . . . . .	25	
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48) . . . . .	27a	
20				b	Reserved for future use . . . . .	27b	
21				28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28	15,154
22				29	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	-15,154
23				30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
24				31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32. • If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	31	-15,154
25				32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
26				32b	<input type="checkbox"/> Some investment is not at risk.	32b	

Part III Cost of Goods Sold (see instructions)

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

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

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

Part IV Information on Your Vehicle.

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

- 43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for: a Business b Commuting c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

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

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

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

**Additional Data**

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

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

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

OMB No. 1545-0074

**2018**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment  
Sequence No. **09**

Name of proprietor <b>DONALD J TRUMP</b>	Social security number (SSN)
A Principal business or profession, including product or service (see instructions) <b>AVIATION</b>	B Enter code from instructions <b>532289</b>
C Business name. If no separate business name, leave blank. <b>DT ENDEAVOR I LLC</b>	D Employer ID number (EIN)/(see instr.) <b>35-2555712</b>

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

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

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

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

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

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

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

Part II Expenses. Enter expenses for business use of your home only on line 30.			
<b>8</b>	Advertising . . . . .	<b>8</b>	
<b>9</b>	Car and truck expenses (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Commissions and fees . . . . .	<b>10</b>	
<b>11</b>	Contract labor (see instructions) . . . . .	<b>11</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>	152,098
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	
<b>15</b>	Insurance (other than health) . . . . .	<b>15</b>	4,417
<b>16</b>	Interest (see instructions):		
<b>16a</b>	a Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>	
<b>16b</b>	b Other . . . . .	<b>16b</b>	
<b>17</b>	Legal and professional services . . . . .	<b>17</b>	6,417
<b>18</b>	Office expense (see instructions) . . . . .	<b>18</b>	
<b>19</b>	Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>20</b>	Rent or lease (see instructions):		
<b>20a</b>	a Vehicles, machinery, and equipment . . . . .	<b>20a</b>	17,751
<b>20b</b>	b Other business property . . . . .	<b>20b</b>	
<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>	73,326
<b>22</b>	Supplies (not included in Part III) . . . . .	<b>22</b>	5,185
<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	1,040
<b>24</b>	Travel and meals:		
<b>24a</b>	a Travel . . . . .	<b>24a</b>	4,826
<b>24b</b>	b Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>25</b>	Utilities . . . . .	<b>25</b>	
<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	14,759
<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	32,954
<b>27b</b>	b Reserved for future use . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	312,773
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	-274,381
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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.	<b>30</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32. • If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>31</b>	-274,381
	<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
	<b>32b</b> <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: Expense Description and Amount. Rows include: FUEL EXPENSE (24,353), TELEPHONE (8,601), and several blank rows.

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

**Additional Data**

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

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

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

**Profit or Loss From Business**

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

(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

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

**Part I Income**

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

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	382
16	Interest (see instructions):			24	Travel and meals:		
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17	1,000	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				27b	b Reserved for future use	27b	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28		28		28	1,382
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29		29	-1,382
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		30		30	
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31		31		31	-1,382
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	32		32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
				32b	<input type="checkbox"/> Some investment is not at risk.	32b	

**Part III Cost of Goods Sold** (see instructions)

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

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

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 <b>Cost of goods sold.</b> 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.

48 <b>Total other expenses.</b> Enter here and on line 27a	48	



**Additional Data**

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

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

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

**SCHEDULE D**  
(Form 1040)

**Capital Gains and Losses**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 12

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.  
▶ Go to [www.irs.gov/Scheduled](http://www.irs.gov/Scheduled) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	961			961
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 961

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b> 23,609,622
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b> -1,595,460
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 22,014,162

Part III Summary

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	22,015,123
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	12,022,472
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

**Additional Data**

**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP

**SCHEDULE E**  
**(Form 1040)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**  
**(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)**  
▶ Attach to Form 1040, 1040NR, or Form 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074  
**2018**  
Attachment Sequence No. 13

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

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

- A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  **Yes**  **No**  
**B** If "Yes," did you or will you file all required Forms 1099? . . . . .  **Yes**  **No**

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

<b>A</b>	
<b>B</b>	
<b>C</b>	NEW YORK, NY 10022

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

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>				75,000
<b>4</b>	Royalties received . . . . .	<b>4</b>		221,753	70	
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				14,425
<b>8</b>	Commissions . . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				500
<b>11</b>	Management fees . . . . .	<b>11</b>				2,250
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest . . . . .	<b>13</b>				
<b>14</b>	Repairs . . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				20,174
<b>17</b>	Utilities . . . . .	<b>17</b>				10,976
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				17,487
<b>19</b>	Other (list) ▶ BOOK WRITER FEE	<b>19</b>		64,772		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		64,772		65,812
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		156,981	70	9,188
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			75,000	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			221,823	
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			17,487	
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			130,584	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				166,239
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>				( )
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				166,239

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

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. 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 from Schedule K-1, (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.

**Additional Data**

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

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

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



	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
AK	THE TRUMP HOTEL CORP	S	<input type="checkbox"/>	13-3430478	<input type="checkbox"/>
AL	TRUMP ICE INC	S	<input type="checkbox"/>	13-3355527	<input type="checkbox"/>
BM	HELICOPTER AIR SERVICES INC	S	<input type="checkbox"/>	13-3478858	<input type="checkbox"/>
BN	DJT HOLDINGS MM LLC - PARC CONSULTING INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BO	THE TRUMP ORGANIZATION INC	S	<input type="checkbox"/>	13-3070440	<input type="checkbox"/>
BP	TRUMP EMPIRE STATE INC	S	<input type="checkbox"/>	13-3766196	<input type="checkbox"/>
BQ	FIFTY-SEVEN MANAGEMENT CORP	S	<input type="checkbox"/>	13-3860845	<input type="checkbox"/>
BR	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BS	TRUMP VILLAGE CONSTRUCTION CORP	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>
BT	TRUMP CPS CORP	S	<input type="checkbox"/>	13-3917416	<input type="checkbox"/>
BU	FIRST MEMBER INC	S	<input type="checkbox"/>	13-3914818	<input type="checkbox"/>
BV	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BW	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BX	TRUMP PAYROLL CORP	S	<input type="checkbox"/>	13-3494471	<input type="checkbox"/>
BY	FLIGHTS INC	S	<input type="checkbox"/>	13-3929051	<input type="checkbox"/>
BZ	TRUMP PLAZA MEMBER INC	S	<input type="checkbox"/>	13-3979038	<input type="checkbox"/>
B	TRUMP VILLAGE CONST CORP-DJT GR TR	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>
B	TRUMP TOWER MANAGING MEMBER INC	S	<input type="checkbox"/>	13-3981225	<input type="checkbox"/>
B	TRUMP 845 UN MGR CORP	S	<input type="checkbox"/>	13-4026239	<input type="checkbox"/>
B	BEACH HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1681481	<input type="checkbox"/>
B	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1582802	<input type="checkbox"/>
B	TRUMP MANAGEMENT INC	S	<input type="checkbox"/>	11-2196835	<input type="checkbox"/>
B	TRUMP PARK AVENUE LLC (DELMONICO)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
B	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
B	TRUMP TORONTO DEVELOPMENT INC	S	<input type="checkbox"/>	20-0005703	<input type="checkbox"/>
B	STARRETT CITY ASSOCIATES	P	<input type="checkbox"/>	11-6189342	<input type="checkbox"/>
B	TRUMP LAS VEGAS SALES & MARKETING INC	S	<input type="checkbox"/>	20-1866514	<input type="checkbox"/>
B	TRUMP PARK AVENUE LLC	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER CORP		<input type="checkbox"/>		<input type="checkbox"/>
D	DJT HOLDINGS LLC - GOLF PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES LLC	P	<input type="checkbox"/>	27-0226891	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES MEMBER CORP	S	<input type="checkbox"/>	27-0226852	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	SC LP SHOPPING CENTER LLC	P	<input type="checkbox"/>	27-1551456	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
E	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
E	TRUMP INTERNATIONAL HOTEL HAWAII LLC	P	<input type="checkbox"/>	27-0963857	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TRUMP FERRY POINT MEMBER CORP	S	<input type="checkbox"/>	27-8202438	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TIHH MEMBER CORP	S	<input type="checkbox"/>	27-0963803	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TRUMP TORONTO HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	26-4450770	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP INTERNATIONAL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TRUMP MARKS PUNE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	MIDOCEAN CREDIT OPPORTUNITY FUND LP	P	<input type="checkbox"/>	26-4254073	<input type="checkbox"/>
G	T INTERNATIONAL REALTY LLC	P	<input type="checkbox"/>	90-0883344	<input checked="" type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS - WHITE COURSE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS 4 SHADOW TREE LANE	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS JUPITER GOLF CLUB	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS OPO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DT MARKS VANCOUVER LP	P	<input type="checkbox"/>	90-0930859	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC RIO MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	TRUMP HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	13-3489501	<input type="checkbox"/>
H	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC RIO MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - EXCEL VENTURE I CORPORATION	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	OPO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	46-3066239	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H		S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>



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

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

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



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

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
O	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMM L MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUR MANGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS NECK	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC CENTRL RESERVATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	RPV DEVELOPMENT LLC - VH PROPERTY CORP	S	<input type="checkbox"/>	76-0718710	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
P	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLCLLC TRUMP FERRY POINT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	TMG MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - 124 WOODBRIDGE	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
Q	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

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

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	\$114,861				
B	\$10,834				
C	\$1,161				
D	\$44,530				
E					5,851,791
F			465,720		
G		9,745,178			
H	\$452,753				
I	\$0				
J		306,962			

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
K	0				
L		574,175			
M		223,045			
N		443,144			
O	99,554				
P	34,315				
Q		1,107,050			
R	13,301				
S	0				
T		75,995			
U	0				
V	55,361				
W	0				
X	0				
Y	0				
Z	66,776				
AA	56				
AB	0				
AC		22,807			
AD	1,441				
AE			12,142,879		
AF			168,179		
AG	0				
AH	9,665				
AI	0				
AJ	0				
AK			0		
AL	0				
BM	0				
BN		9,755			
BO	0				
BP	0				
BQ		106,272			
BR					5,858
BS			0		
BT		353			
BU	270				
BV	0				
BW	707				
BX	0				
BY	0				
BZ		11,182			
B	326,883				
B		117,490			

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
B	\$1,808				
B	\$168,829				
B	\$308,539				
B	\$20,659				
B	\$0				
B	\$5,082				
B	\$0				
B	\$282,408				
B	\$0				
B	\$0				
C	\$5,091				
C	\$1,509				
C			66,696		
C			66		
C					1,190,769
C			20,619		
C		263,968			
C		2,693			
C	\$3,333,222				
C	\$6				
C	\$0				
C	\$0				
C	\$55				
C	\$0				
C	\$0				
C	\$2,067				
C		487,950			
C	\$691				
C	\$542				
C	\$2,020,906				
C	\$353				
C		255,752			
C		2,301			
C	\$29				
C	\$54				
C	\$84				
D	\$343				
D	\$29				
D	\$13,616				
D	\$138				
D	\$0				
D	\$0				
D	\$1				
D					



	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	0				
D			1,143,611		
D		11,868			
D		4,582			
D	19				
D	1,820				
D	0				
D	0				
D	349				
D	4				
D	8,507				
D	46,312				
D	0				
D	613				
D	55				
D	141				
D		8,152			
D	0				
D		6,825			
E		798,990			
E			0		
E	2,441				
E	0				
E	281,278				
E		2,330,233			
E		317			
E	4				
E	0				
E	23,855				
E	25				
E	473				
E		20,801			
E		15,658			
E	0				
E		13,769			
E	2,361,679				
E		1,550,163			
E	349				
E	40,844				
E	349				
E		31,057			
E		473,786			
E	349				
E	4				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
E	\$4				
F		4,786			
F	\$29				
F	\$0				
F	\$1,342,957				
F	\$417				
F			6,712,965		
F	\$0				
F	\$31,934				
F	\$2,800				
F	\$2,901,962				
F	\$2,575				
F			1,092,373		
F	\$1,376,823				
F	\$833,779				
F	\$2,216,774				
F	\$518,214				
F	\$2,800				
F	\$406				
F	\$0				
F	\$598				
F	\$4				
F	\$29				
F	\$28				
F	\$326				
F	\$48				
F			97,912		
G	\$1,347,266				
G	\$6,090				
G			0		
G			11,034		
G	\$6				
G	\$29,608				
G	\$602,943				
G	\$4,725				
G	\$4,669				
G	\$31				
G	\$0				
G	\$0				
G	\$4				
G	\$0				
G	\$704,099				
G	\$369				
G		1,431,231			



	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
G			9,693,290		
G	\$349				
G	\$0				
G	\$4,797,104				
G	\$13,909,080				
G	\$0				
G					504,989
G					9,675
G	\$1,733,024				
H	\$291,551				
H		315,553			
H	\$259,182				
H	\$2,310				
H	\$6,230				
H	\$349				
H		27,122			
H	\$0				
H	\$0				
H	\$24				
H	\$0				
H	\$4				
H	\$4				
H	\$2,975				
H	\$0				
H		274			
H	\$17,505				
H	\$0				
H	\$0				
H	\$0				
H		5,311,452			
H		9,936,265			
H		306,841			
H	\$1,804,006				
H	\$10,937				
H		460,594			
I		64,058			
I	\$88,407				
I	\$0				
I	\$5,115				
I	\$34				
I	\$0				
I	\$188				
I	\$0				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
I	30				
I	21				
I	0				
I	2				
I	2,265				
I		14,457			
I		889			
I	0				
I	50,461				
I	2,016				
I	0				
I	0				
I	2,954				
I	0				
I	224				
I	2,744				
I	0				
I	18,448				
J		87,124			
J		14,274			
J	2,245,290				
J	506,355				
J	4,945,666				
J	22,909				
J	0				
J	0				
J	0				
J	0				
J	0				
J	0				
J	0				
J	28				
J	0				
J	0				
J	48,945				
J	0				
J	36				
J	71				
J		1,637			
J	239				
J	34				
J		1,571			
J	34				
J	61				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
K	\$368				
K	\$16				
K	\$6				
K	\$0				
K	\$6				
K		1,888,079			
K	\$0				
K	\$410				
K	\$615				
K		1,795,690			
K		18,322			
K	\$0				
K	\$0				
K	\$14,048				
K					12
K	\$153,763				
K	\$45,476				
K		139,310			
K	\$827				
K		6,633			
K	\$56				
K	\$24,618				
K	\$0				
K	\$490				
K	\$297				
K	\$1,575				
L		3,275,090			
L	\$194				
L	\$1,476				
L	\$633				
L	\$353				
L	\$250				
L	\$78,194				
L	\$5,690				
L	\$613				
L	\$81				
L	\$62,843				
L	\$314,045				
L	\$0				
L	\$0				
L		22,784,428			
L	\$190,180				
L	\$0				
L					

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	\$1,103,704				
L	\$0				
L	\$1,037				
L			11,668		
L	\$575				
L	\$635				
L	\$3,172				
L	\$6				
L	\$8				
M		67			
M	\$1				
M	\$2				
M	\$699				
M	\$0				
M	\$249				
M	\$0				
M		33,082			
M	\$2				
M	\$15				
M	\$6				
M	\$4				
M	\$1				
M	\$3				
M	\$790				
M	\$0				
M	\$0				
M	\$323				
M	\$48				
M	\$29				
M	\$29,313				
M			11,146		
M	\$13,907				
M	\$8,422				
M		14,603			
M	\$98,901				
N	\$4				
N	\$48,456				
N		75,609			
N		1,502			
N	\$140,496				
N			0		
N	\$0				
N	\$186				
N		144			

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
N	22,680				
N		880			
N	0				
N	49,956				
N	22,618				
N	0				
N	0				
N	6,152				
N			67,808		
N	57				
N	18,222				
N	0				
N	0				
N	5				
N	3				
N	0				
N	4				
O	30				
O	0				
O	6				
O	0				
O	28				
O	1				
O	4				
O	4				
O	18				
O	6				
O	25				
O		2,666			
O	4				
O	5				
O	4				
O	139				
O	28				
O		8,071			
O		15,816			
O	413				
O		4,834			
O	4				
O	4				
O		314			
O		1,407			
O	347				
P					

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	\$24,096				
P	\$64				
P	\$20				
P	\$23				
P	\$2				
P		3,187			
P			27		
P		768			
P	\$20,413				
P	\$0				
P	\$468				
P		140			
P	\$2,945				
P		18,138			
P	\$11,152				
P	\$5,234				
P		277			
P	\$17,682				
P	\$0				
P	\$63				
P	\$33,669				
P		5,101			
P		98			
P	\$22,392				
P	\$0				
P		635			
Q		455			
Q	\$319				
Q		3,220			
Q	\$29				
Q		139			
Q	\$16				
Q	\$56				
Q	\$2,622				
Q	\$65				
Q		10,111			
Q	\$297				
Q	\$2,509				
Q	\$56				
Q	\$25				
Q		202,934			
Q		102,547			
Q	\$0				
Q		60,570			

(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
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**Form 1040 Schedule E, Part III, Line 33 - Income or Loss From Estates and Trusts**

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

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 16</b> .....	4	2,575.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	2,575.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	2,575.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	2,575.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....			10	2,575.



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

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

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
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<b>Section C. - Actual Expenses</b>		(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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>THE EAST 61 ST. COMPANY</b>
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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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 1</b> .....	4	10,834.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	10,834.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	10,834.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	10,834.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....			10	10,834.

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

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

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
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<b>Section C. - Actual Expenses</b>		(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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>40 WALL DEVELOPMENT ASSOC, LLC</b>
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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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <b>SEE STATEMENT 2</b>	4	452,753.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	452,753.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	452,753.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	452,753.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10			452,753.

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

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

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....	23	
24a	Vehicle rentals .....	24a	
b	Inclusion amount .....	24b	
c	Subtract line 24b from line 24a .....	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) .....	25	
26	Add lines 23, 24c, and 25 .....	26	
27	Multiply line 26 by the percentage on line 14 .....	27	
28	Depreciation. Enter amount from line 38 below .....	28	
29	Add lines 27 and 28. Enter total here and on line 1 .....	29	

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

STEP 1 Enter Your Expenses	Column A		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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 3</b> .....	4	99,554.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	99,554.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	99,554.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	99,554.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....			10	99,554.



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

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

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

<b>Section C. - Actual Expenses</b>		(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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29 .....	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <small>SEE STATEMENT 4</small>	4	55,361.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	55,361.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 .....	7			
--	---	--	--	--

**STEP 3 Figure Expenses Subject to the Limitation**

8 Subtract line 7 from line 6 .....	8	55,361.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	55,361.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....			10	55,361.



**Part II** Vehicle Expenses

**Section A. - General Information**

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

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

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

**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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>TRUMP PALACE/PARC LLC</b>
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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 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			
---	---	--	--	--

**STEP 3 Figure Expenses Subject to the Limitation**

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

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

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

22	Multiply line 13 by 54.5c (0.545). Enter the result here and on line 1 .....	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....	23	
24a	Vehicle rentals .....	24a	
b	Inclusion amount .....	24b	
c	Subtract line 24b from line 24a .....	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) .....	25	
26	Add lines 23, 24c, and 25 .....	26	
27	Multiply line 26 by the percentage on line 14 .....	27	
28	Depreciation. Enter amount from line 38 below .....	28	
29	Add lines 27 and 28. Enter total here and on line 1 .....	29	

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>TRUMP EQUITABLE FIFTH AVENUE CO</b>
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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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <b>SEE STATEMENT 5</b>	4	190,180.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	190,180.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	190,180.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	190,180.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10			190,180.

**Part II Vehicle Expenses**

**Section A. - General Information**

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

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

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

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

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <b>SEE STATEMENT 7</b>	4	13,301.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> 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 <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 .....	7			
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**STEP 3 Figure Expenses Subject to the Limitation**

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



**Part II Vehicle Expenses**

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

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

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....	23	
24a	Vehicle rentals .....	24a	
b	Inclusion amount .....	24b	
c	Subtract line 24b from line 24a .....	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) .....	25	
26	Add lines 23, 24c, and 25 .....	26	
27	Multiply line 26 by the percentage on line 14 .....	27	
28	Depreciation. Enter amount from line 38 below .....	28	
29	Add lines 27 and 28. Enter total here and on line 1 .....	29	

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

<b>STEP 1 Enter Your Expenses</b>	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 <b>did not</b> involve overnight travel .....	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <span style="display: block; text-align: right; font-size: small;">SEE STATEMENT 8</span>	168,179.	
5 Meals expenses .....	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	168,179.	

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	168,179.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	168,179.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10	168,179.



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

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

22 Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22
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<b>Section C. - Actual Expenses</b>		(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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>TRUMP PROJECT MANAGEMENT CORP</b>
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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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <small>SEE STATEMENT 9</small>	4	9,665.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> 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 <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 .....	7			
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**STEP 3 Figure Expenses Subject to the Limitation**

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

**Part II Vehicle Expenses**

**Section A. - General Information**

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

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

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

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

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... SEE STATEMENT 11	4	5,082.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> 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 <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 .....	7			
--	---	--	--	--

**STEP 3 Figure Expenses Subject to the Limitation**

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

**Part II Vehicle Expenses**

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

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

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

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

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 12</b> .....	4	5,091.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> 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 <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 .....	7			
--	---	--	--	--

**STEP 3 Figure Expenses Subject to the Limitation**

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



**Part II Vehicle Expenses**

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

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

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

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

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>TIHT COMMERCIAL LLC</b>
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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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 13</b> .....	4	891.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	891.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	891.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%) .....	9	891.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....			10	891.



**Part II Vehicle Expenses**

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

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

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....	23	
24a	Vehicle rentals .....	24a	
b	Inclusion amount .....	24b	
c	Subtract line 24b from line 24a .....	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) .....	25	
26	Add lines 23, 24c, and 25 .....	26	
27	Multiply line 26 by the percentage on line 14 .....	27	
28	Depreciation. Enter amount from line 38 below .....	28	
29	Add lines 27 and 28. Enter total here and on line 1 .....	29	

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

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

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

<b>STEP 1 Enter Your Expenses</b>		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 <b>did not</b> involve overnight travel .....	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3		
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 14</b> .....	4	281,278.	
5 Meals expenses .....	5		
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	281,278.	

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	281,278.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	281,278.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10		281,278.

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

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

22	Multiply line 13 by 54.5¢ (0.545). Enter the result here and on line 1 .....	22	
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<b>Section C. - Actual Expenses</b>		(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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Statement SBE  
Supplemental Business Expenses**

**2018**

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

<b>STEP 1 Enter Your Expenses</b>	<b>Column A Other Than Meals and Entertainment</b>	<b>Column B Meals and Entertainment</b>
1 Vehicle expense from line 22 or line 29 .....	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 15</b> .....	4	465,720.
5 Meals expenses .....	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	465,720.

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	465,720.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	465,720.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10	465,720.

**Part II Vehicle Expenses**

**Section A. - General Information**

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

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

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

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc. ....		
24a	Vehicle rentals .....		
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 <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....		
38			

**Statement SBE  
Supplemental Business Expenses**

**2018**

Your name <b>DONALD J. TRUMP</b>	Social security number	Business in which expenses were incurred <b>T MANAGEMENT LLC (TMG MEMBER LLC)</b>
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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 <b>did not</b> involve overnight travel .....	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....	3			
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <span style="margin-left: 150px;">SEE STATEMENT 10</span>	4	66,776.		
5 Meals expenses .....	5			
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	66,776.		

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

**STEP 2 Reimbursements for Expenses Listed In STEP 1**

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

8 Subtract line 7 from line 6 .....	8	66,776.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) .....	9	66,776.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses .....	10			66,776.



**Part II Vehicle Expenses**

**Section A. - General Information**

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

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

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

**Section C. - Actual Expenses**

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

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

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

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

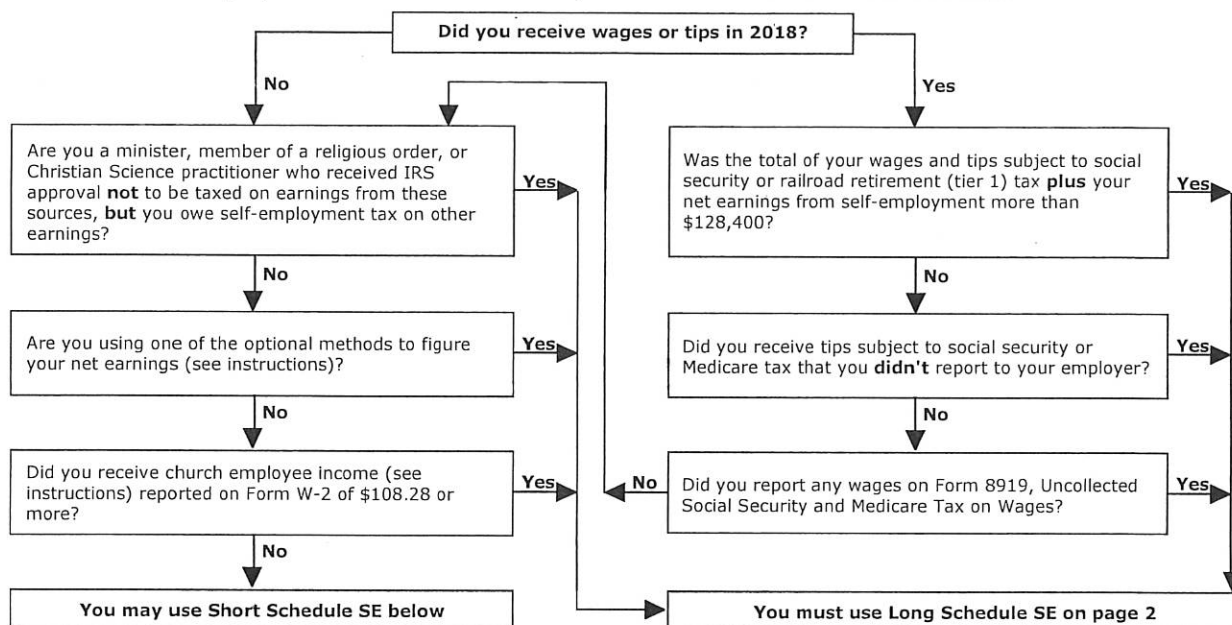
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)  
DONALD J TRUMP

Social security number of person with self-employment income

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

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

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



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

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . .	<b>4</b>	
<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57,</b> or <b>Form 1040NR, line 55.</b> • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on <b>Form 1040, line 57,</b> or <b>Form 1040NR, line 55</b> . . . . .	<b>5</b>	
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27,</b> or <b>Form 1040NR, line 27</b> . . . . .	<b>6</b>	



Name of person with <b>self-employment</b> income (as shown on Form 1040 or Form 1040NR) DONALD J TRUMP	Social security number of person with <b>self-employment</b> income ▶
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**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.

<b>A</b> If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I . . . . . <input type="checkbox"/>	
<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) . . . . .	<b>1a</b>
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> ( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) . . . . .	<b>2</b> 4,136,935
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b> 4,136,935
<b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b> 3,820,459
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>
<b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue . . . . . ▶	<b>4c</b> 3,820,459
<b>5a</b> Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income . . . . .	<b>5a</b>
<b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>
<b>6</b> Add lines 4c and 5b . . . . .	<b>6</b> 3,820,459
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018 . . . . .	<b>7</b> \$128,400
<b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11 . . . . .	<b>8a</b> 129,428
<b>b</b> Unreported tips subject to social security tax (from Form 4137, line 10) . . . . .	<b>8b</b>
<b>c</b> Wages subject to social security tax (from Form 8919, line 10) . . . . .	<b>8c</b>
<b>d</b> Add lines 8a, 8b, and 8c . . . . .	<b>8d</b>
<b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ▶	<b>9</b>
<b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124) . . . . .	<b>10</b>
<b>11</b> Multiply line 6 by 2.9% (0.029) . . . . .	<b>11</b> 110,793
<b>12</b> Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 . . . . .	<b>12</b> 110,793
<b>13</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>13</b> 55,397

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

<b>Farm Optional Method.</b> You may use this method <b>only</b> if (a) your gross farm income <sup>1</sup> wasn't more than \$7,920, or (b) your net farm profits <sup>2</sup> were less than \$5,717.	
<b>14</b> Maximum income for optional methods . . . . .	<b>14</b> 5,280
<b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) or \$5,280. Also include this amount on line 4b above . . . . .	<b>15</b>
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if (a) your net nonfarm profits <sup>3</sup> were less than \$5,717 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.	
<b>16</b> Subtract line 15 from line 14 . . . . .	<b>16</b>
<b>17</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . .	<b>17</b>

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

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

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

<sup>4</sup>From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

**Additional Data**

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

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

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

OMB No. 1545-0121

**2018**  
 Attachment  
 Sequence No. **19**

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

Name  
 DONALD J & MELANIA<TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

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

h Resident of (name of country) ▶ US

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A OC	B AJ	C PM	
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):	24,644			<b>1a</b>
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	17,554		2,385,534	
<b>3</b> Pro rata share of other deductions not <b>definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156	7,156	7,156	
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Add lines 3a and 3b . . . . .	7,156	7,156	7,156	
<b>d</b> Gross foreign source income (see instructions) . . . . .	24,644			
<b>e</b> Gross income from all sources (see instructions) . . . . .	208,786,952	208,786,952	208,786,952	
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .	0.00012	0.00000	0.00000	
<b>g</b> Multiply line 3c by line 3f . . . . .	1			
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
<b>b</b> Other interest expense . . . . .				
<b>5</b> Losses from foreign sources . . . . .				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .	17,555		2,385,534	<b>6</b>
i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D IN	E CA	F QA	
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):				<b>1a</b>
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .				
<b>3</b> Pro rata share of other deductions not <b>definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156	7,156	7,156	
<b>b</b> Other deductions (attach statement) . . . . .				

c Add lines 3a and 3b . . . . .	7,156	7,156	7,156	
d Gross foreign source income (see instructions) . . . . .				
e Gross income from all sources (see instructions) . . . . .	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions) . . . . .	0.00000	0.00000	0.00000	
g Multiply line 3c by line 3f . . . . .				
<b>4 Pro rata share of interest expense (see instructions):</b>				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
<b>5 Losses from foreign sources . . . . .</b>				
<b>6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .</b>				<b>6</b>
<b>Foreign Country or U.S. Possession</b>				<b>Total</b> (Add cols. A, B, and C.)
<b>i Enter the name of the foreign country or U.S. possession</b> . . . . .	<b>G</b>	<b>H</b>	<b>I</b>	
	CH			
<b>1a Gross income from sources within country shown above and of the type checked above (see instructions):</b>				
	996,396	-1,021,040		<b>1a</b>
<b>b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)</b> . . . . . <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2 Expenses definitely related to the income on line 1a (attach statement)</b> . . . . .				
<b>3 Pro rata share of other deductions not definitely related:</b>				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156			
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	7,156			
d Gross foreign source income (see instructions) . . . . .	996,396			
e Gross income from all sources (see instructions) . . . . .	208,786,952			
f Divide line 3d by line 3e (see instructions) . . . . .	0.00477			
g Multiply line 3c by line 3f . . . . .	34			
<b>4 Pro rata share of interest expense (see instructions):</b>				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
<b>5 Losses from foreign sources . . . . .</b>				
<b>6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .</b>	34	-2,403,123		<b>6</b>
<b>7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2</b> . . . . .				<b>7</b>

**Part II Foreign Taxes Paid or Accrued (see instructions)**

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

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

**Part III Figuring the Credit**

<b>9</b>	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	<b>9</b>	721		
<b>10</b>	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) . . . . .	<b>10</b>			
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	721		
<b>12</b>	Reduction in foreign taxes (see instructions) . . . . .	<b>12</b>			
<b>13</b>	Taxes reclassified under high tax kickout (see instructions) . . . . .	<b>13</b>	-721		
<b>14</b>	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .	<b>14</b>			0
<b>15</b>	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .	<b>15</b>			
<b>16</b>	Adjustments to line 15 (see instructions) . . . . .	<b>16</b>			
<b>17</b>	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .	<b>17</b>			
<b>18</b>	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . .	<b>18</b>			
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.					
<b>19</b>	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .	<b>19</b>			
<b>20</b>	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 . . . . .	<b>20</b>			8,436,059
<b>Caution:</b> If you are completing line 20 for separate category g (lump-sum distributions), see instructions.					
<b>21</b>	Multiply line 20 by line 19 (maximum amount of credit) . . . . .	<b>21</b>			
<b>22</b>	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . .	<b>22</b>			0

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

<b>23</b>	Credit for taxes on section 951A income . . . . .	<b>23</b>			
<b>24</b>	Credit for taxes on foreign branch income . . . . .	<b>24</b>			
<b>25</b>	Credit for taxes on passive category income . . . . .	<b>25</b>			
<b>26</b>	Credit for taxes on general category income . . . . .	<b>26</b>	344,084		
<b>27</b>	Credit for taxes on section 901(j) income . . . . .	<b>27</b>			
<b>28</b>	Credit for taxes on certain income re-sourced by treaty . . . . .	<b>28</b>			
<b>29</b>	Credit for taxes on lump-sum distributions . . . . .	<b>29</b>			
<b>30</b>	Add lines 23 through 29 . . . . .	<b>30</b>			344,084
<b>31</b>	Enter the <b>smaller</b> of line 20 or line 30 . . . . .	<b>31</b>			344,084
<b>32</b>	Reduction of credit for international boycott operations. See instructions for line 12 . . . . .	<b>32</b>			
<b>33</b>	Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a . . . . .	<b>33</b>			344,084



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

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

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

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

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

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

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

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OC	KS	UK	
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):	5,535,495		23,022,204	<b>1a</b> 44,779,730
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	4,637,595	56	37,608,469	
<b>3</b> Pro rata share of other deductions not <b>definitely related</b> :				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156	7,156	7,156	
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Add lines 3a and 3b . . . . .	7,156	7,156	7,156	
<b>d</b> Gross foreign source income (see instructions) . . . . .	5,535,495		23,022,204	
<b>e</b> Gross income from all sources (see instructions) . . . . .	208,786,952	208,786,952	208,786,952	
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .	0.02651	0.00000	0.11027	
<b>g</b> Multiply line 3c by line 3f . . . . .	190		789	
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
<b>b</b> Other interest expense . . . . .				
<b>5</b> Losses from foreign sources . . . . .				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .	4,637,785	56	37,609,258	<b>6</b> 67,235,018

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D	E	F	
	CH	DR	PM	
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):				<b>1a</b> 44,779,730
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	5,787,555		353	
<b>3</b> Pro rata share of other deductions not <b>definitely related</b> :				
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156	7,156	7,156	
<b>b</b> Other deductions (attach statement) . . . . .				



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

	Foreign Country or U.S. Possession			Total
	<b>G</b>	<b>H</b>	<b>I</b>	(Add cols. A, B, and C.)
	AE	RQ	CA	

<b>i Enter the name of the foreign country or U.S. possession</b> . . . . .				
<b>1a Gross income from sources within country shown above and of the type checked above (see instructions):</b>				
.....	679,900			<b>1a</b> 44,779,730
<b>b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)</b> . . . . . <input type="checkbox"/>				

**Deductions and losses (Caution: See instructions.):**

<b>2 Expenses definitely related to the income on line 1a (attach statement)</b> . . . . .	1,390,884	84	1,861,346	
<b>3 Pro rata share of other deductions not definitely related:</b>				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156	7,156	7,156	
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	7,156	7,156	7,156	
d Gross foreign source income (see instructions) . . . . .	679,900			
e Gross income from all sources (see instructions) . . . . .	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions) . . . . .	0.00326	0.00000	0.00000	
g Multiply line 3c by line 3f . . . . .	23			
<b>4 Pro rata share of interest expense (see instructions):</b>				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
<b>5 Losses from foreign sources . . . . .</b>				
<b>6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .</b>	1,390,907	84	1,861,346	<b>6</b> 67,235,018

	Foreign Country or U.S. Possession			Total
	<b>J</b>	<b>K</b>	<b>L</b>	(Add cols. A, B, and C.)
	RP	GJ	IN	

<b>i Enter the name of the foreign country or U.S. possession</b> . . . . .				
<b>1a Gross income from sources within country shown above and of the type checked above (see instructions):</b>				
.....	11,868		1,809,220	<b>1a</b> 44,779,730
<b>b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)</b> . . . . . <input type="checkbox"/>				

**Deductions and losses (Caution: See instructions.):**

<b>2 Expenses definitely related to the income on line 1a (attach statement)</b> . . . . .		4	3,271	
<b>3 Pro rata share of other deductions not definitely related:</b>				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	7,156	7,156	7,156	
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	7,156	7,156	7,156	
d Gross foreign source income (see instructions) . . . . .	11,868		1,809,220	
e Gross income from all sources (see instructions) . . . . .	208,786,952	208,786,952	208,786,952	
f Divide line 3d by line 3e (see instructions) . . . . .	0.00006	0.00000	0.00867	
g Multiply line 3c by line 3f . . . . .			62	
<b>4 Pro rata share of interest expense (see instructions):</b>				

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	M GG	N IS	O AJ	
i Enter the name of the foreign country or U.S. possession . . . . .				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . .				<input type="checkbox"/>

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	P BR	Q RN	R MX	
i Enter the name of the foreign country or U.S. possession . . . . .				
1a Gross income from sources within country shown above and of the type checked above (see instructions):		718,067		1a 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . .				<input type="checkbox"/>

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

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

Gross income from sources within country shown above and of the type checked above (see instructions):				1,819,000	10,150,280	<b>1a</b>	44,779,730
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . <input type="checkbox"/>							
<b>Deductions and losses (Caution: See instructions.):</b>							
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .				1,343,367	3,597,703		
<b>3</b> Pro rata share of other deductions not <b>definitely related</b> :							
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .				7,156	7,156		7,156
<b>b</b> Other deductions (attach statement) . . . . .							
<b>c</b> Add lines 3a and 3b . . . . .				7,156	7,156		7,156
<b>d</b> Gross foreign source income (see instructions) . . . . .					1,819,000		10,150,280
<b>e</b> Gross income from all sources (see instructions) . . . . .				208,786,952	208,786,952		208,786,952
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .				0.00000	0.00871		0.04862
<b>g</b> Multiply line 3c by line 3f . . . . .					62		348
<b>4</b> Pro rata share of interest expense (see instructions):							
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .							
<b>b</b> Other interest expense . . . . .							
<b>5</b> Losses from foreign sources . . . . .							
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .				1,343,429	3,598,051	<b>6</b>	67,235,018
<b>i</b> Enter the name of the foreign country or U.S. possession				<b>Foreign Country or U.S. Possession</b>			<b>Total</b>
				<b>V</b>	<b>W</b>	<b>X</b>	(Add cols. A, B, and C.)
				TU	VC	UY	
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):				9,177		3,479	<b>1a</b> 44,779,730
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . <input type="checkbox"/>							
<b>Deductions and losses (Caution: See instructions.):</b>							
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .				54		25	
<b>3</b> Pro rata share of other deductions not <b>definitely related</b> :							
<b>a</b> Certain itemized deductions or standard deduction (see instructions) . . . . .				7,156	7,156		7,156
<b>b</b> Other deductions (attach statement) . . . . .							
<b>c</b> Add lines 3a and 3b . . . . .				7,156	7,156		7,156
<b>d</b> Gross foreign source income (see instructions) . . . . .				9,177			3,479
<b>e</b> Gross income from all sources (see instructions) . . . . .				208,786,952	208,786,952		208,786,952
<b>f</b> Divide line 3d by line 3e (see instructions) . . . . .				0.00004	0.00000		0.00002
<b>g</b> Multiply line 3c by line 3f . . . . .							
<b>4</b> Pro rata share of interest expense (see instructions):							
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .							
<b>b</b> Other interest expense . . . . .							
<b>5</b> Losses from foreign sources . . . . .							
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5 . . . . .				54		25	<b>6</b> 67,235,018
<b>i</b> Enter the name of the foreign country or U.S. possession				<b>Foreign Country or U.S. Possession</b>			<b>Total</b>
				<b>Y</b>	<b>Z</b>	<b>CC</b>	(Add cols. A, B, and C.)
<b>1a</b> Gross income from sources within country shown above and of the type checked above (see instructions):				1,021,040			<b>1a</b> 44,779,730
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . <input type="checkbox"/>							
<b>Deductions and losses (Caution: See instructions.):</b>							

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

**Part II Foreign Taxes Paid or Accrued** (see instructions)

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

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

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11440U

Form **1116** (2018)

<b>Part III Figuring the Credit</b>			
<b>9</b>	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	<b>9</b>	343,363
<b>10</b>	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	343,363
<b>12</b>	Reduction in foreign taxes (see instructions) . . . . .	<b>12</b>	
<b>13</b>	Taxes reclassified under high tax kickout (see instructions) . . . . .	<b>13</b>	721
<b>14</b>	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .	<b>14</b>	344,084
<b>15</b>	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .	<b>15</b>	-22,455,288
<b>16</b>	Adjustments to line 15 (see instructions) . . . . .	<b>16</b>	48,754,476
<b>17</b>	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .	<b>17</b>	26,299,188
<b>18</b>	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . .	<b>18</b>	30,143,088
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b>	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .	<b>19</b>	0.87248
<b>20</b>	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 . . . . .	<b>20</b>	8,436,059
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b>	Multiply line 20 by line 19 (maximum amount of credit) . . . . .	<b>21</b>	7,360,293
<b>22</b>	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . .	<b>22</b>	344,084
<b>Part IV Summary of Credits From Separate Parts III (see instructions)</b>			
<b>23</b>	Credit for taxes on section 951A income . . . . .	<b>23</b>	
<b>24</b>	Credit for taxes on foreign branch income . . . . .	<b>24</b>	
<b>25</b>	Credit for taxes on passive category income . . . . .	<b>25</b>	
<b>26</b>	Credit for taxes on general category income . . . . .	<b>26</b>	
<b>27</b>	Credit for taxes on section 901(j) income . . . . .	<b>27</b>	
<b>28</b>	Credit for taxes on certain income re-sourced by treaty . . . . .	<b>28</b>	
<b>29</b>	Credit for taxes on lump-sum distributions . . . . .	<b>29</b>	
<b>30</b>	Add lines 23 through 29 . . . . .	<b>30</b>	
<b>31</b>	Enter the <b>smaller</b> of line 20 or line 30 . . . . .	<b>31</b>	
<b>32</b>	Reduction of credit for international boycott operations. See instructions for line 12 . . . . .	<b>32</b>	
<b>33</b>	Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a . . . . .	<b>33</b>	



Form **1116**

**Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

**2018**

Attachment Sequence No. **19**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name  
DONALD J & MELANIA<TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

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

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OC	AJ	PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	24,644			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	17,554		2,385,534	
3 Pro rata share of other deductions not <b>definitely related</b> :				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	17,156	17,156	17,156	
d Gross foreign source income (see instructions) . . . . .	24,644			
e Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions) . . . . .	0.00012	0.00000	0.00000	
g Multiply line 3c by line 3f . . . . .	2			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
5 Losses from foreign sources . . . . .				
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .	17,556		2,385,534	6
i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D	E	F	
	IN	CA	QA	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .				
3 Pro rata share of other deductions not <b>definitely related</b> :				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .				



c	Add lines 3a and 3b . . . . .	17,156	17,156	17,156	
d	Gross foreign source income (see instructions) . .				
e	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851	
f	Divide line 3d by line 3e (see instructions) . . .	0.00000	0.00000	0.00000	
g	Multiply line 3c by line 3f . . . . .				
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b	Other interest expense . . . . .				
5	Losses from foreign sources . . . . .				
6	Add lines 2, 3g, 4a, 4b, and 5 . . . . .				<b>6</b>
		<b>Foreign Country or U.S. Possession</b>			<b>Total</b> (Add cols. A, B, and C.)
		<b>G</b>	<b>H</b>	<b>I</b>	
i	Enter the name of the foreign country or U.S. possession . . . . .	CH			
1a	Gross income from sources within country shown above and of the type checked above (see instructions):				
		996,396	-1,021,040		<b>1a</b>
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . . <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>					
2	Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .				
3	Pro rata share of other deductions not <b>definitely related</b> :				
a	Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156			
b	Other deductions (attach statement) . . . . .				
c	Add lines 3a and 3b . . . . .	17,156			
d	Gross foreign source income (see instructions) . .	996,396			
e	Gross income from all sources (see instructions) .	208,896,851			
f	Divide line 3d by line 3e (see instructions) . . . .	0.00477			
g	Multiply line 3c by line 3f . . . . .	82			
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b	Other interest expense . . . . .				
5	Losses from foreign sources . . . . .				
6	Add lines 2, 3g, 4a, 4b, and 5 . . . . .	82	-2,403,172		<b>6</b>
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 . . . . .				<b>7</b>

**Part II Foreign Taxes Paid or Accrued** (see instructions)

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

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

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	9	721		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) . . . . .	10	16,681		
11	Add lines 9 and 10 . . . . .	11	17,402		
12	Reduction in foreign taxes (see instructions) . . . . .	12			
13	Taxes reclassified under high tax kickout (see instructions) . . . . .	13	-721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .	14		16,681	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .	15			
16	Adjustments to line 15 (see instructions) . . . . .	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .	17			
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . .	18			
<p><b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</p>					
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .	19			
20	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 . . . . .	20			
<p><b>Caution:</b> If you are completing line 20 for separate category g (lump-sum distributions), see instructions.</p>					
21	Multiply line 20 by line 19 (maximum amount of credit) . . . . .	21			
22	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . .	22			0

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

23	Credit for taxes on section 951A income . . . . .	23			
24	Credit for taxes on foreign branch income . . . . .	24			
25	Credit for taxes on passive category income . . . . .	25			
26	Credit for taxes on general category income . . . . .	26	1,264,257		
27	Credit for taxes on section 901(j) income . . . . .	27			
28	Credit for taxes on certain income re-sourced by treaty . . . . .	28			
29	Credit for taxes on lump-sum distributions . . . . .	29			
30	Add lines 23 through 29 . . . . .	30		1,264,257	
31	Enter the <b>smaller</b> of line 20 or line 30 . . . . .	31		1,264,257	
32	Reduction of credit for international boycott operations. See instructions for line 12 . . . . .	32			
33	Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a . . . . .	33		1,264,257	



Form **1116**

**Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

**2018**

Attachment Sequence No. **19**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

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

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

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

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
	OC	KS	UK	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	5,535,495		23,022,204	1a 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	4,637,595	56	37,608,469	
3 Pro rata share of other deductions not <b>definitely related</b> :				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	17,156	17,156	17,156	
d Gross foreign source income (see instructions) . . . . .	5,535,495		23,022,204	
e Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions) . . . . .	0.02650	0.00000	0.11021	
g Multiply line 3c by line 3f . . . . .	455		1,891	
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
5 Losses from foreign sources . . . . .				
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .	4,638,050	56	37,610,360	6 67,237,163

i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	D	E	F	
	CH	DR	PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	5,787,555		353	
3 Pro rata share of other deductions not <b>definitely related</b> :				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .				

c	Add lines 3a and 3b . . . . .	17,156	17,156	17,156		
d	Gross foreign source income (see instructions) . . . . .					
e	Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851		
f	Divide line 3d by line 3e (see instructions) . . . . .	0.00000	0.00000	0.00000		
g	Multiply line 3c by line 3f . . . . .					
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .					
b	Other interest expense . . . . .					
5	Losses from foreign sources . . . . .					
6	Add lines 2, 3g, 4a, 4b, and 5 . . . . .	5,787,555		353	6	67,237,163
		<b>Foreign Country or U.S. Possession</b>			<b>Total</b> (Add cols. A, B, and C.)	
i	Enter the name of the foreign country or U.S. possession . . . . .	<b>G</b>	<b>H</b>	<b>I</b>		
		AE	RQ	CA		
1a	Gross income from sources within country shown above and of the type checked above (see instructions): -----	679,900			1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . . <input type="checkbox"/>					
<b>Deductions and losses (Caution: See instructions.):</b>						
2	Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	1,390,884	84	1,861,346		
3	Pro rata share of other deductions not <b>definitely related</b> :					
a	Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156		
b	Other deductions (attach statement) . . . . .					
c	Add lines 3a and 3b . . . . .	17,156	17,156	17,156		
d	Gross foreign source income (see instructions) . . . . .	679,900				
e	Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851		
f	Divide line 3d by line 3e (see instructions) . . . . .	0.00325	0.00000	0.00000		
g	Multiply line 3c by line 3f . . . . .	56				
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .					
b	Other interest expense . . . . .					
5	Losses from foreign sources . . . . .					
6	Add lines 2, 3g, 4a, 4b, and 5 . . . . .	1,390,940	84	1,861,346	6	67,237,163
		<b>Foreign Country or U.S. Possession</b>			<b>Total</b> (Add cols. A, B, and C.)	
i	Enter the name of the foreign country or U.S. possession . . . . .	<b>J</b>	<b>K</b>	<b>L</b>		
		RP	GJ	IN		
1a	Gross income from sources within country shown above and of the type checked above (see instructions): -----	11,868		1,809,220	1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . . <input type="checkbox"/>					
<b>Deductions and losses (Caution: See instructions.):</b>						
2	Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .		4	3,271		
3	Pro rata share of other deductions not <b>definitely related</b> :					
a	Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156		
b	Other deductions (attach statement) . . . . .					
c	Add lines 3a and 3b . . . . .	17,156	17,156	17,156		
d	Gross foreign source income (see instructions) . . . . .	11,868		1,809,220		
e	Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851		
f	Divide line 3d by line 3e (see instructions) . . . . .	0.00006	0.00000	0.00866		
g	Multiply line 3c by line 3f . . . . .	1		149		
4	Pro rata share of interest expense (see instructions):					

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

Foreign Country or U.S. Possession				Total
				(Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession . . . . .	M	N	O	
	GG	IS	AJ	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . .				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	1,343,007	1,108,983	1,345,997	
3 Pro rata share of other deductions not <b>definitely related</b> :				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	17,156	17,156	17,156	
d Gross foreign source income (see instructions) . . . . .				
e Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions) . . . . .	0.00000	0.00000	0.00000	
g Multiply line 3c by line 3f . . . . .				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
5 Losses from foreign sources . . . . .				
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .	1,343,007	1,108,983	1,345,997	6 67,237,163

Foreign Country or U.S. Possession				Total
				(Add cols. A, B, and C.)
i Enter the name of the foreign country or U.S. possession . . . . .	P	Q	R	
	BR	RN	MX	
1a Gross income from sources within country shown above and of the type checked above (see instructions):		718,067		1a 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . . .				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .	2,449,043	1,009,618	1,342,982	
3 Pro rata share of other deductions not <b>definitely related</b> :				
a Certain itemized deductions or standard deduction (see instructions) . . . . .	17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .				
c Add lines 3a and 3b . . . . .	17,156	17,156	17,156	
d Gross foreign source income (see instructions) . . . . .		718,067		
e Gross income from all sources (see instructions) . . . . .	208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions) . . . . .	0.00000	0.00344	0.00000	
g Multiply line 3c by line 3f . . . . .		59		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .				
b Other interest expense . . . . .				
5 Losses from foreign sources . . . . .				
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .	2,449,043	1,009,677	1,342,982	6 67,237,163

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

Gross income from sources within country shown above and of the type checked above (see instructions):		1,819,000	10,150,280	<b>1a</b>	44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . <input type="checkbox"/>					
<b>Deductions and losses (Caution: See instructions.):</b>					
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .		1,343,367	3,597,703		
3 Pro rata share of other deductions not <b>definitely related</b> :					
a Certain itemized deductions or standard deduction (see instructions) . . . . .		17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .					
c Add lines 3a and 3b . . . . .		17,156	17,156	17,156	
d Gross foreign source income (see instructions) . . . . .			1,819,000	10,150,280	
e Gross income from all sources (see instructions) . . . . .		208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions) . . . . .		0.00000	0.00871	0.04859	
g Multiply line 3c by line 3f . . . . .			149	834	
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .					
b Other interest expense . . . . .					
5 Losses from foreign sources . . . . .					
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .		1,343,516	3,598,537	<b>6</b>	67,237,163
<b>i Enter the name of the foreign country or U.S. possession</b> . . . . .		<b>Foreign Country or U.S. Possession</b>			<b>Total</b>
		<b>V</b>	<b>W</b>	<b>X</b>	(Add cols. A, B, and C.)
		TU	VC	UY	
1a Gross income from sources within country shown above and of the type checked above (see instructions):					
		9,177		3,479	<b>1a</b> 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . <input type="checkbox"/>					
<b>Deductions and losses (Caution: See instructions.):</b>					
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) . . . . .		54		25	
3 Pro rata share of other deductions not <b>definitely related</b> :					
a Certain itemized deductions or standard deduction (see instructions) . . . . .		17,156	17,156	17,156	
b Other deductions (attach statement) . . . . .					
c Add lines 3a and 3b . . . . .		17,156	17,156	17,156	
d Gross foreign source income (see instructions) . . . . .		9,177		3,479	
e Gross income from all sources (see instructions) . . . . .		208,896,851	208,896,851	208,896,851	
f Divide line 3d by line 3e (see instructions) . . . . .		0.00004	0.00000	0.00002	
g Multiply line 3c by line 3f . . . . .		1			
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) . . . . .					
b Other interest expense . . . . .					
5 Losses from foreign sources . . . . .					
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .		55		25	<b>6</b> 67,237,163
<b>i Enter the name of the foreign country or U.S. possession</b> . . . . .		<b>Foreign Country or U.S. Possession</b>			<b>Total</b>
		<b>Y</b>	<b>Z</b>	<b>CC</b>	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):					
		1,021,040			<b>1a</b> 44,779,730
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . <input type="checkbox"/>					
<b>Deductions and losses (Caution: See instructions.):</b>					



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

**Part II Foreign Taxes Paid or Accrued** (see instructions)

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

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11440U

Form **1116** (2018)

**Part III Figuring the Credit**

<b>9</b>	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	<b>9</b>	343,363		
<b>10</b>	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) . . . . .	<b>10</b>	8,502,035		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	8,845,398		
<b>12</b>	Reduction in foreign taxes (see instructions) . . . . .	<b>12</b>			
<b>13</b>	Taxes reclassified under high tax kickout (see instructions) . . . . .	<b>13</b>	721		
<b>14</b>	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .	<b>14</b>		8,846,119	
<b>15</b>	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .	<b>15</b>	-22,457,433		
<b>16</b>	Adjustments to line 15 (see instructions) . . . . .	<b>16</b>	25,913,530		
<b>17</b>	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .	<b>17</b>	3,456,097		
<b>18</b>	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . .	<b>18</b>	14,453,245		
	<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
<b>19</b>	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .	<b>19</b>		0.23912	
<b>20</b>	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 . . . . .	<b>20</b>		5,287,122	
	<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.				
<b>21</b>	Multiply line 20 by line 19 (maximum amount of credit) . . . . .	<b>21</b>		1,264,257	
<b>22</b>	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . .	<b>22</b>		1,264,257	

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

<b>23</b>	Credit for taxes on section 951A income . . . . .	<b>23</b>			
<b>24</b>	Credit for taxes on foreign branch income . . . . .	<b>24</b>			
<b>25</b>	Credit for taxes on passive category income . . . . .	<b>25</b>			
<b>26</b>	Credit for taxes on general category income . . . . .	<b>26</b>			
<b>27</b>	Credit for taxes on section 901(j) income . . . . .	<b>27</b>			
<b>28</b>	Credit for taxes on certain income re-sourced by treaty . . . . .	<b>28</b>			
<b>29</b>	Credit for taxes on lump-sum distributions . . . . .	<b>29</b>			
<b>30</b>	Add lines 23 through 29 . . . . .	<b>30</b>			
<b>31</b>	Enter the <b>smaller</b> of line 20 or line 30 . . . . .	<b>31</b>			
<b>32</b>	Reduction of credit for international boycott operations. See instructions for line 12 . . . . .	<b>32</b>			
<b>33</b>	Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a . . . . .	<b>33</b>			



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

**General Business Credit**

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

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

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

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
 (See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	15,068,133
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	15,068,133

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46; or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return</li> </ul>	7	5,287,122
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35</li> <li>Corporations. Enter -0-</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56</li> </ul>	8	4,069,110
9	Add lines 7 and 8	9	9,356,232
10a	Foreign tax credit	10a	1,264,257
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	1,264,257
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	8,091,975
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-	12	4,022,865
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	999,466
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33</li> <li>Corporations. Enter -0-</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>	14	8,091,975
15	Enter the greater of line 13 or line 14	15	8,091,975
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0
17	Enter the <b>smaller</b> of line 6 or line 16 <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	0

**Part II Allowable Credit (Continued)**

**Note:** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

<b>18</b>	Multiply line 14 by 75% (0.75). See instructions . . . . .	<b>18</b>	
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked	<b>23</b>	
<b>24</b>	Enter the applicable passive activity credit allowed for 2018. See instructions . . . . .	<b>24</b>	
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	<b>26</b>	0
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	7,092,509
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	7,092,509
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	218,217
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked	<b>32</b>	83,200
<b>33</b>	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	<b>33</b>	3,146,515
<b>34</b>	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	<b>34</b>	15,279,438
<b>35</b>	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked (see instructions) . . . . .	<b>35</b>	
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	18,644,170
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	7,092,509
<b>38</b>	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> <li>• Individuals. Form 1040, line 54, or Form 1040NR, line 51 . . . . .</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c . . . . .</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b . . . . .</li> </ul>	<b>38</b>	7,092,509

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

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	301,417
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	301,417
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	301,417





Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	14,415
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	14,415
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14,415



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8845)	4f	200,978
g Qualified railroad track maintenance (Form 8900)	4g	27-4162308
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	200,978
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	200,978



Name(s) shown on return

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 8,999
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	8,999
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	8,999





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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	5,493
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	5,493
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	5,493



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Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	2,267
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,267
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,267



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 7,529
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	7,529
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	7,529



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	9,305
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	9,305
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9,305





Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 2,119
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,119
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,119



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 14,372
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	14,372
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14,372



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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 14,502
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	14,502
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14,502



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

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

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

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon dioxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	4,535
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	27-4162308
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	4,535
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	4,535





Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 13,987
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	13,987
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	13,987



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162256 92
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	92
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	92



Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include categories like Investment, Reserved, Increasing research activities, etc., with sub-rows 1a through 1zz, 2, 3, 4a through 4z, 5, and 6.



**Additional Data**

---

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



**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP  
**SSN:**  
**Spouse SSN:** . . .  
**Credit Identification:** REHABILITATION INVESTMENT CR (PRE-2008)  
**The Tax Year the Credit Originated:** 01-01-1998  
**The Amount of the Credit:** 9,348,312  
**The Amount Allowed for that Year:** 0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Credit Identification:** REHABILITATION INVESTMENT CR (PRE-2008)

**The Tax Year the Credit**

**Originated:** 01-01-1999

**The Amount of the Credit:** 4,396,630

**The Amount Allowed for that  
Year:** 0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP  
**SSN:**  
**Spouse SSN:**  
**Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)  
**The Tax Year the Credit**  
**Originated:** 01-01-2000  
**The Amount of the Credit:** 145,328  
**The Amount Allowed for that**  
**Year:** 0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP  
**SSN:**  
**Spouse SSN:**  
**Credit Identification:** REHABILITATION INVESTMENT CR (POST-2007)  
**The Tax Year the Credit**  
**Originated:** 01-01-2016  
**The Amount of the Credit:** 26,254,147  
**The Amount Allowed for that**  
**Year:** 0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)

**The Tax Year the Credit**

**Originated:** 01-01-1998

**The Amount of the Credit:** 158,338

**The Amount Allowed for that  
Year:**

0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP  
**SSN:**  
**Spouse SSN:**  
**Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)  
**The Tax Year the Credit**  
**Originated:** 01-01-1999  
**The Amount of the Credit:** 162,232  
**The Amount Allowed for that**  
**Year:** 0

**TY 2018 Carry Forward of General Business Credit Computation****Name:** DONALD J & MELANIA<TRUMP**SSN:****Spouse SSN:****Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)**The Tax Year the Credit****Originated:** 01-01-2001**The Amount of the Credit:** 153,814**The Amount Allowed for that****Year:** 0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD & MELANIA<TRUMP  
**SSN:**  
**Spouse SSN:**  
**Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)  
**The Tax Year the Credit**  
**Originated:** 01-01-2002  
**The Amount of the Credit:** 195,389  
**The Amount Allowed for that**  
**Year:** 0



**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)

**The Tax Year the Credit**

**Originated:** 01-01-2003

**The Amount of the Credit:** 164,032

**The Amount Allowed for that  
Year:**

0

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LATEST DATA - Production

DLN: 16221684664919

**TY 2018 Carry Forward of General Business Credit Computation****Name:** DONALD J & MELANIA<TRUMP**SSN:****Spouse SSN:****Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)**The Tax Year the Credit****Originated:** 01-01-2004**The Amount of the Credit:** 177,843**The Amount Allowed for that  
Year:**

0

**TY 2018 Carry Forward of General Business Credit Computation**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Credit Identification:** EMPLOYER SOCIAL SECURITY CR (PRE-2007)

**The Tax Year the Credit**

**Originated:** 01-01-2005

**The Amount of the Credit:** 166,215

**The Amount Allowed for that  
Year:**

0

**TY 2018 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:** 01-01-2016

**The Amount of the Credit:** 113,234

**The Amount Allowed for that  
Year:**

0

**TY 2018 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:** 01-01-2017

**The Amount of the Credit:** 108,600

**The Amount Allowed for that  
Year:** 0

Form **4136**

# Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

## 2018

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4136](http://www.irs.gov/Form4136) for instructions and the latest information.

Attachment  
Sequence No. 23

Name (as shown on your income tax return)

Taxpayer identification number

DONALD J & MELANIA<TRUMP

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

**1 Nontaxable Use of Gasoline** Note. CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use	\$ .183	161849	\$ 29,618	362
b	Use on a farm for farming purposes	.183			
c	Other nontaxable use (see <b>Caution</b> above line 1)	.183			
d	Exported	.184			411

**2 Nontaxable Use of Aviation Gasoline**

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

**3 Nontaxable Use of Undyed Diesel Fuel**

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

**Exception.** If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use			\$ 980	360
b	Use on a farm for farming purposes	\$ .243	4033		
c	Use in trains	.243			
d	Use in certain intercity and local buses (see <b>Caution</b> above line 1)	.17			350
e	Exported	.244			413

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

Claimant certifies that the kerosene did not contain visible evidence of dye.

**Exception.** If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use taxed at \$.244	\$ .243	See Add'l Data	\$	346
b	Use on a farm for farming purposes	.243			
c	Use in certain intercity and local buses (see <b>Caution</b> above line 1)	.17			
d	Exported	.244			414
e	Nontaxable use taxed at \$.044	.043			377
f	Nontaxable use taxed at \$.219	.218			369



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

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

**6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel** Registration No. ▶

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

**Exception.** If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	\$.243		\$	360
b Use in certain intercity and local buses	.17			350

**7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)** Registration No. ▶

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

**Exception.** If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ▶

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

**8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation** Registration No. ▶

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

**9 Reserved**

Registration No. ▶

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved				
b Reserved				

**10 Biodiesel or Renewable Diesel Mixture Credit**

Registration No. ▶

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

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

**11 Nontaxable Use of Alternative Fuel**

**Caution.** There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)		.183			419
b "P Series" fuels		.183			420
c Compressed natural gas (CNG)		.183			421
d Liquefied hydrogen		.183			422
e Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
f Liquid fuel derived from biomass		.243			424
g Liquefied natural gas (LNG)		.243			425
h Liquefied gas derived from biomass		.183			435

**12 Alternative Fuel Credit**

Registration No. ▶

	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)	\$ .50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG)	.50			428
d Liquefied hydrogen	.50			429
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437



**13 Registered Credit Card Issuers**

Registration No. ▶

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

**14 Nontaxable Use of a Diesel-Water Fuel Emulsion****Caution.** There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		.197			309
b Exported		.198			306

**15 Diesel-Water Fuel Emulsion Blending**

Registration No. ▶

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

**16 Exported Dyed Fuels and Exported Gasoline Blendstocks**

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

<b>17 Total income tax credit claimed.</b> Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns. ▶	<b>17</b>	\$	30,598	
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**Additional Data**

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

Form **4797**

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

OMB No. 1545-0184

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.**

Attachment  
Sequence No. 27

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

**1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft— Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	FURNITURE & FIXTURES	VARIOUS	01-01-2018	68,949	10,046	62,935	6,014

<b>3</b> Gain, if any, from Form 4684, line 39 . . . . .	<b>3</b>	
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .	<b>4</b>	
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>5</b>	
<b>6</b> Gain, if any, from line 32, from other than casualty or theft . . . . .	<b>6</b>	
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	<b>7</b>	6,014
<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .	<b>8</b>	
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .	<b>9</b>	

**Part II Ordinary Gains and Losses (see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b> Loss, if any, from line 7 . . . . .	<b>11</b>	( )
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable . . . . .	<b>12</b>	
<b>13</b> Gain, if any, from line 31 . . . . .	<b>13</b>	
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	<b>14</b>	
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	<b>15</b>	
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>16</b>	
<b>17</b> Combine lines 10 through 16 . . . . .	<b>17</b>	
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: <b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28. The amount from property used as an employee cannot be deducted. Identify as from "Form 4797, line 18a." See instructions. . . . . <b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . . .	<b>18a</b> <b>18b</b>	



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.) . . . . .	20			
21	Cost or other basis plus expense of sale . . . . .	21			
22	Depreciation (or depletion) allowed or allowable . . . . .	22			
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24	Total gain. Subtract 23 from 20 . . . . .	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the smaller of line 24 or 25a . . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions . . . . .	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c			
d	Additional depreciation after 1969 and before 1976 . . . . .	26d			
e	Enter the smaller of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses . . . . .	27a			
b	Line 27a multiplied by applicable percentage. See instructions . . . . .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a			
b	Enter the smaller of line 24 or 29a. See instructions . . . . .	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30					0
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31					
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32					0

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years . . . . .	33		
34 Recomputed depreciation See instructions . . . . .	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35		

**Additional Data**

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

Form **4797**

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

OMB No. 1545-0184

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
Sequence No. 27

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

Identifying number

**1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft— Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
	See Additional Data Table						

**3** Gain, if any, from Form 4684, line 39 . . . . . **3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . **4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . **5**

**6** Gain, if any, from line 32, from other than casualty or theft . . . . . **6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . . **7** 23,609,622

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years. See instructions . . . . . **8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . **9**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


**11** Loss, if any, from line 7 . . . . . **11** ( )

**12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . . **12**

**13** Gain, if any, from line 31 . . . . . **13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . **14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . **15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . **16**

**17** Combine lines 10 through 16 . . . . . **17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28. The amount from property used as an employee cannot be deducted. Identify as from "Form 4797, line 18a." See instructions. . . . . **18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . . . **18b**



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

<b>19 (a)</b> Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
<b>20</b>	Gross sales price (Note: See line 1 before completing.)				
<b>21</b>	Cost or other basis plus expense of sale . . . . .				
<b>22</b>	Depreciation (or depletion) allowed or allowable . . . . .				
<b>23</b>	Adjusted basis. Subtract line 22 from line 21 . . . . .				
<b>24</b>	Total gain. Subtract 23 from 20 . . . . .				
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22 . . . . .				
b	Enter the <b>smaller</b> of line 24 or 25a . . . . .				
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions . . . . .				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions . . . . .				
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .				
d	Additional depreciation after 1969 and before 1976 . . . . .				
e	Enter the <b>smaller</b> of line 26c or 26d . . . . .				
f	Section 291 amount (corporations only) . . . . .				
g	Add lines 26b, 26e, and 26f . . . . .				
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses . . . . .				
b	Line 27a multiplied by applicable percentage. See instructions . . . . .				
c	Enter the <b>smaller</b> of line 24 or 27b . . . . .				
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .				
b	Enter the <b>smaller</b> of line 24 or 28a . . . . .				
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .				
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b>	Total gains for all properties. Add property columns A through D, line 24 . . . . .	<b>30</b>	
<b>31</b>	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	<b>31</b>	
<b>32</b>	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years . . . . .	<b>33</b>	
<b>34</b> Recomputed depreciation See instructions . . . . .	<b>34</b>	
<b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	<b>35</b>	

## Additional Data

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

**Form 4797, Part I, Line 2 - Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year:**

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss). Subtract (f) from the sum of (d) and (e)
PARK BRIAR ASSOCIATE						2,583,663
MAR-A-LAGO CLUB, LLC						-335
40 WALL DEVELOPMENT						-551,989
DJT HOLDINGS LLC - O						22,274
DJT HOLDINGS LLC - O						11,288
THE TRUMP CORPORATIO						-38,633
DJT HOLDINGS MM LLC						-553
TRUMP VILLAGE CONST						3,203,911
BEACH HAVEN APARMTEN						1,511,836
SHORE HAVEN APARTMEN						3,023,614
STARRETT CITY ASSOCI						14,844,285
DJT HOLDINGS MM LLC						60
DJT HOLDINGS LLC - T						5,894
DJT HOLDINGS LLC - T						-25,328
SC LP SHOPPING CENTE						554,383
DJT HOLDINGS MANAGIN						-10,649
DJT HOLDINGS LLC - 4						-453,847
DJT HOLDINGS LLC - T						-490
DJT HOLDINGS MM LLC						-5
DJT HOLDINGS MANAGIN						-4,584
DJT HOLDINGS-D B PAC						-1,054,296
DJT HOLDINGS MM LLC						-258
DJT HOLDINGS MM LLC/						225
DJT HOLDINGS MM LLC/						114
DJT HOLDINGS MM LLC/						-256
DJT HOLDINGS MM LLC/						-5
DJT HOLDINGS MM LLC/						60
DJT HOLDINGS MM LLC						-10,757



Form **6198**

**At-Risk Limitations**

OMB NO. 1545-0712

(Rev. November 2009)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ See separate instructions.

Attachment  
Sequence No. 31

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

Description of activity (see page 2 of the instructions)  
T INTERNATIONAL REALTY LLC 90-0883344

**Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.**  
See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-816,855
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(350)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-817,205

**Part II Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0
7	Increases for the tax year (see page 3 of the instructions)	7	704,401
8	Add lines 6 and 7	8	704,401
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	704,401
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	704,401

**Part III Detailed Computation of Amount At Risk.** If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):	15	
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):	16	
a	<input type="checkbox"/> Effective date		
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):	18	
a	<input type="checkbox"/> Effective date		
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

**Part IV Deductible Loss**

20	Amount at risk. Enter the larger of line 10b or line 19b	20	704,401
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover.	21	(704,401)

**Note:** If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

**Additional Data**

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

Form **6251**

**Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **32**

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

Your social security number

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b>	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	<b>1</b>	22,951,389
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8 . . . . .	<b>2a</b>	10,000
<b>2b</b>	Tax refund from Schedule 1 (Form 1040) line 10 or line 21 . . . . .	<b>2b</b>	( )
<b>2c</b>	Investment interest expense (difference between regular tax and AMT) . . . . .	<b>2c</b>	
<b>2d</b>	Depletion (difference between regular tax and AMT) . . . . .	<b>2d</b>	
<b>2e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount . . . . .	<b>2e</b>	23,422,109
<b>2f</b>	Alternative tax net operating loss deduction . . . . .	<b>2f</b>	( )
<b>2g</b>	Interest from specified private activity bonds exempt from the regular tax . . . . .	<b>2g</b>	
<b>2h</b>	Qualified small business stock, see instructions . . . . .	<b>2h</b>	
<b>2i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	<b>2i</b>	
<b>2j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .	<b>2j</b>	25
<b>2k</b>	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	<b>2k</b>	-109,899
<b>2l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	<b>2l</b>	-87,730
<b>2m</b>	Passive activities (difference between AMT and regular tax income or loss) . . . . .	<b>2m</b>	-225,847
<b>2n</b>	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	<b>2n</b>	
<b>2o</b>	Circulation costs (difference between regular tax and AMT) . . . . .	<b>2o</b>	
<b>2p</b>	Long-term contracts (difference between AMT and regular tax income) . . . . .	<b>2p</b>	
<b>2q</b>	Mining costs (difference between regular tax and AMT) . . . . .	<b>2q</b>	
<b>2r</b>	Research and experimental costs (difference between regular tax and AMT) . . . . .	<b>2r</b>	
<b>2s</b>	Income from certain installment sales before January 1, 1987 . . . . .	<b>2s</b>	( )
<b>2t</b>	Intangible drilling costs preference . . . . .	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments . . . . .	<b>3</b>	-11,669,698
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.) . . . . .	<b>4</b>	34,290,349

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. (If you were under age 24 at the end of 2018, see instructions.) <b>IF your filing status is... AND line 4 is not over... THEN enter on line 5...</b> Single or head of household . . . . . \$500,000 . . . . . \$70,300 Married filing jointly or qualifying widow(er) 1,000,000 . . . . . 109,400 Married filing separately . . . . . 500,000 . . . . . 54,700 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	0
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9 and 11, and go to line 10 . . . . .	<b>6</b>	34,290,349
<b>7</b>	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • <b>All others:</b> If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.	<b>7</b>	8,436,059
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions) . . . . .	<b>8</b>	344,084
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7 . . . . .	<b>9</b>	8,091,975
<b>10</b>	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions) . . . . .	<b>10</b>	4,022,865
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45 . . . . .	<b>11</b>	4,069,110



**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7 . . . . .	12	34,290,349
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	13	10,009,288
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	14	12,022,472
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	15	22,031,760
16	Enter the <b>smaller</b> of line 12 or line 15 . . . . .	16	22,031,760
17	Subtract line 16 from line 12 . . . . .	17	12,258,589
18	If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result . . . . .	18	3,428,583
19	Enter: <ul style="list-style-type: none"> <li>• \$77,200 if married filing jointly or qualifying widow(er),</li> <li>• \$38,600 if single or married filing separately, or</li> <li>• \$51,700 if head of household.</li> </ul>	19	77,200
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	20	12,942,126
21	Subtract line 20 from line 19. If zero or less, enter -0- . . . . .	21	0
22	Enter the <b>smaller</b> of line 12 or line 13 . . . . .	22	10,009,288
23	Enter the <b>smaller</b> of line 21 or line 22. This amount is taxed at 0% . . . . .	23	0
24	Subtract line 23 from line 22 . . . . .	24	10,009,288
25	Enter: <ul style="list-style-type: none"> <li>• \$425,800 if single</li> <li>• \$239,500 if married filing separately</li> <li>• \$479,000 if married filing jointly or qualifying widow(er)</li> <li>• \$452,400 if head of household</li> </ul>	25	479,000
26	Enter the amount from line 21 . . . . .	26	0
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	27	919,654
28	Add line 26 and line 27 . . . . .	28	919,654
29	Subtract line 28 from line 25. If zero or less, enter -0- . . . . .	29	0
30	Enter the smaller of line 24 or line 29 . . . . .	30	0
31	Multiply line 30 by 15% (0.15) . . . . .	31	0
32	Add lines 23 and 30 . . . . .	32	0
<b>If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.</b>			
33	Subtract line 32 from line 22 . . . . .	33	10,009,288
34	Multiply line 33 by 20% (0.20) . . . . .	34	2,001,858
<b>If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.</b>			
35	Add lines 17, 32, and 33 . . . . .	35	22,267,877
36	Subtract line 35 from line 12 . . . . .	36	12,022,472
37	Multiply line 36 by 25% (0.25) . . . . .	37	3,005,618
38	Add lines 18, 31, 34, and 37 . . . . .	38	8,436,059
39	If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result . . . . .	39	9,597,476
40	Enter the <b>smaller</b> of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7 . . . . .	40	8,436,059

**Additional Data**

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

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

**Household Employment Taxes**

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

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**  
▶ **Go to [www.irs.gov/ScheduleH](http://www.irs.gov/ScheduleH) for instructions and the latest information.**

OMB No. 1545-1971

**2018**

Attachment  
Sequence No. **44**

Name of employer DONALD J TRUMP	Social security number
	Employer identification number 13-3440039

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

**A** Did you pay **any one** household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

**B** Did you withhold federal income tax during 2018 for any household employee?

- Yes.** Skip line C and go to line 7.
- No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

**Part I Social Security, Medicare, and Federal Income Taxes**

1 Total cash wages subject to social security tax . . . . .	1	35,046		
2 Social security tax. Multiply line 1 by 12.4% (0.124) . . . . .	2		4,346	
3 Total cash wages subject to Medicare tax . . . . .	3	35,046		
4 Medicare tax. Multiply line 3 by 2.9% (0.029) . . . . .	4		1,016	
5 Total cash wages subject to Additional Medicare Tax withholding . . . . .	5			
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) . . . . .	6			
7 Federal income tax withheld, if any . . . . .	7		1,988	
<b>8 Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 . . . . .	<b>8</b>		<b>7,350</b>	

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.



**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers see instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions	NY	
14 Contributions paid to your state unemployment fund	14	225
15 Total cash wages subject to FUTA tax	15	20,840
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	125

**Section B**

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals								18
19 Add columns (g) and (h) of line 18								19
20 Total cash wages subject to FUTA tax (see the line 15 instructions)								20
21 Multiply line 20 by 6.0% (0.060)								21
22 Multiply line 20 by 5.4% (0.054)								22
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)								23
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25								24

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	7,350
26 Add line 16 (or line 24) and line 25	26	7,475
27 Are you required to file Form 1040?		

- Yes. Stop.** Include the amount from line 26 above on Form 1040, line 60a. **Don't** complete Part IV below.
- No.** You may have to complete Part IV. See instructions for details.

**Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature		Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DONALD BENDER	Preparer's signature	Date
	Firm's name MAZARS USA LLP	Check <input type="checkbox"/> if self-employed	
	Firm's address WOODBURY, NY, 117972003	Firm's EIN 13-1459550	Phone no. (516) 488-1200



**Additional Data**

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**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD L & MELANIA<TRUMP

**Employer Name Control:** TRUM

Form **4952**

**Investment Interest Expense Deduction**

OMB No. 1545-0191  
**2018**  
Attachment  
Sequence No. **51**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form4952](http://www.irs.gov/Form4952) for the latest information.  
► Attach to your tax return.

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

Identifying number

**Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2018 (see instructions)	1	871,001
2	Disallowed investment interest expense from 2017 Form 4952, line 7	2	
3	<b>Total investment interest expense.</b> Add lines 1 and 2	3	871,001

**Part II Net Investment Income**

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	9,495,631		
b	Qualified dividends included on line 4a	4b	17,573		
c	Subtract line 4b from line 4a			4c	9,478,058
d	Net gain from the disposition of property held for investment	4d			
e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	9,478,058
5	Investment expenses (see instructions)			5	8,013
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0-			6	9,470,045

**Part III Investment Interest Expense Deduction**

7	Disallowed investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions	8	871,001

**Additional Data**

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

Form **8959**

**Additional Medicare Tax**

OMB No. 1545-0074

**2018**

Department of the Treasury  
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.  
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Attachment  
Sequence No. **71**

Name(s) shown on return

Your social security number

DONALD J & MELANIA<TRUMP

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	393,957	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	393,957	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		143,957
7	Additional Medicare tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		1,296

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) . . . . .	8	3,820,459	
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	9	250,000	
10	Enter the amount from line 4 . . . . .	10	393,957	
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		3,820,459
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		34,384

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	18		35,680
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	7,449	
20	Enter the amount from line 1 . . . . .	20	393,957	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	5,712	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		1,737
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24		1,737

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

Cat. No. 59475X

Form **8959** (2018)

**Additional Data**

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



Form **8960**

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

OMB No.1545-2227

**2018**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Attachment  
Sequence No. **72**

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

Your social security number or EIN

- Part I Investment Income**
- Section 6013(g) election (see instructions)
  - Section 6013(h) election (see instructions)
  - Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions)		<b>1</b>	9,435,377
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>	60,254
<b>3</b>	Annuities (see instructions)		<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>	-11,992,220	
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>	24,142,829	
<b>c</b>	Combine lines 4a and 4b			<b>4c</b> 12,150,609
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	22,015,123	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	518,341	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>		
<b>d</b>	Combine lines 5a through 5c			<b>5d</b> 22,533,464
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)			<b>6</b>
<b>7</b>	Other modifications to investment income (see instructions)			<b>7</b>
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			<b>8</b> 44,179,704

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>	871,001	
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>	10,000	
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>	907,740	
<b>d</b>	Add lines 9a, 9b, and 9c			<b>9d</b> 1,788,741
<b>10</b>	Additional modifications (see instructions)			<b>10</b>
<b>11</b>	Total deductions and modifications. Add lines 9d and 10			<b>11</b> 1,788,741

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			<b>12</b> 42,390,963
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	24,339,696	
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	24,089,696	
<b>16</b>	Enter the smaller of line 12 or line 15			<b>16</b> 24,089,696
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			<b>17</b> 915,408
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	42,390,963	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>		
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>		
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
<b>20</b>	Enter the smaller of line 18c or line 19c			<b>20</b>
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			<b>21</b>

**Additional Data**

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



Form **8582**

### Passive Activity Loss Limitations

OMB No. 1545-1008

**2018**

Attachment  
Sequence No. **88**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

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

Identifying number

**Part I 2017 Passive Activity Loss**

**Caution: Complete Worksheets 1, 2, and 3 before completing Part I.**

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))		
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	( )	
1d	Combine lines 1a, 1b, and 1c		( )

**Commercial Revitalization Deductions From Rental Real Estate Activities**

2a	Commercial revitalization deductions from Worksheet 2, column (a)	( )	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	( )	
2c	Add lines 2a and 2b		( )

**All Other Passive Activities**

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	(92,646,305)	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	(56,798,141)	
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	( )	
3d	Combine lines 3a, 3b, and 3c		(35,848,164)

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		35,848,164
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.**

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note: Enter all numbers in Part II as positive amounts. See instructions for an example.**

5	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4		5
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero (see instructions)		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions		9
10	Enter the <b>smaller</b> of line 5 or line 9		10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.**

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		11
12	Enter the loss from line 4		12
13	Reduce line 12 by the amount on line 10		13
14	Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13		14

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total		15
16	<b>Total losses allowed from all passive activities for 2017.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return		16

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
See Additional Data Table					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	92,646,305	-56,798,141			

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

**Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				

**Worksheet 7— Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .					
b Net income from form or schedule .					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .					
b Net income from form or schedule .					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule .					
b Net income from form or schedule .					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>			1.00		



## Additional Data

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

Form 8582, Part IV - Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
THE EAST 61 ST. COMP		-125,695			-125,695
THE EAST 61 ST. COMP		-1,161			-1,161
PARK BRIAR ASSOCIATE	2,583,663	-44,530		2,539,133	
40 WALL DEVELOPMENT		-551,989			-551,989
40 WALL DEVELOPMENT	9,292,425			9,292,425	
HUDSON WATERFRONT AS	306,962			306,962	
HUDSON WATERFRONT AS	574,175			574,175	
HUDSON WATERFRONT AS	223,045			223,045	
TRUMP CPS LLC	343,590			343,590	
DJT HOLDINGS LLC - M		-34,315			-34,315
TRUMP PLAZA LLC	1,093,749			1,093,749	
DJT HOLDINGS LLC - C	75,995			75,995	
TRUMP 845 UN LIMITED		-55,361			-55,361
DJT HOLDINGS LLC - O	22,274			22,274	
DJT HOLDINGS LLC - O	11,288			11,288	
TRUMP MODEL MANAGEME		-66,776			-66,776
DJT HOLDINGS LLC - T		-56			-56
TIPPERARY REALTY COR	22,807			22,807	
PLAZA CONSULTING COR		-1,441			-1,441
TRUMP PROJECT MANAGE		-9,665			-9,665
DJT HOLDINGS MM LLC		-553			-553
DJT HOLDINGS MM LLC	9,755			9,755	
FIFTY-SEVEN MANAGEME	106,272			106,272	
TRUMP CPS CORP	353			353	
FIRST MEMBER INC		-270			-270
DJT HOLDINGS MM LLC		-707			-707
TRUMP PLAZA MEMBER I	11,182			11,182	
TRUMP VILLAGE CONST	3,203,911			3,203,911	
TRUMP VILLAGE CONST		-326,883			-326,883
TRUMP TOWER MANAGING	117,490			117,490	
TRUMP 845 UN MGR COR		-1,808			-1,808
BEACH HAVEN APARTMEN	1,511,836			1,511,836	
BEACH HAVEN APARTMEN		-168,829			-168,829
SHORE HAVEN APARTMEN	3,023,614			3,023,614	
SHORE HAVEN APARTMEN		-308,539			-308,539
TRUMP MANAGEMENT INC		-20,659			-20,659
TRUMP DELMONICO LLC		-5,082			-5,082
STARRETT CITY ASSOCI	14,844,285			14,844,285	
STARRETT CITY ASSOCI		-282,408			-282,408
TRUMP PARK AVENUE LL		-5,091			-5,091
DJT HOLDINGS MM LLC		-1,509			-1,509
DJT HOLDINGS LLC - T	263,968			263,968	
DJT HOLDINGS MM LLC	2,693			2,693	
DJT HOLDINGS LLC - T		-3,333,222			-3,333,222
DJT HOLDINGS MM LLC		-6			-6
DJT HOLDINGS LLC - T		-55			-55
TIHT MEMBER LLC		-2,067			-2,067
TIHT COMMERCIAL LLC	487,059			487,059	
DJT HOLDINGS LLC -TR		-542			-542
DJT HOLDINGS LLC - T	5,894	-2,020,906			-2,015,012
TRUMP MARKS PHILADEL		-353			-353
TRUMP MARKS WAIKIKI	255,752			255,752	
TRUMP MARKS WAIKIKI	2,301			2,301	
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MM LLC		-54			-54
DJT HOLDINGS MM LLC		-84			-84
TRUMP MARKS PHILADEL		-343			-343
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS LLC -TR		-13,616			-13,616

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
DJT HOLDINGS MMC LLC		-138			-138
DJT HOLDINGS MM LLC		-1			-1
DJT HOLDINGS MM LLC	11,868			11,868	
DJT HOLDINGS MM LLC	4,582			4,582	
DJT HOLDINGS MM LLC		-19			-19
DJT HOLDINGS LLC - U		-1,820			-1,820
DJT HOLDINGS LLC - T		-349			-349
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-8,507			-8,507
DJT HOLDINGS LLC - G		-46,312			-46,312
MELANIA MARKS ACCESS		-613			-613
DJT HOLDINGS LLC - T		-55			-55
MELANIA MARKS ACCESS		-141			-141
DJT HOLDINGS MM LLC	8,152			8,152	
SC LP SHOPPING CENTE	554,383			554,383	
SC LP SHOPPING CENTE	6,825			6,825	
DJT HOLDINGS LLC - T	798,990			798,990	
DJT HOLDINGS LLC - T		-2,441			-2,441
TRUMP INTERNATIONAL		-281,278			-281,278
TRUMP INTERNATIONAL	2,330,233			2,330,233	
DJT HOLDINGS MM LLC	317			317	
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-23,855			-23,855
DJT HOLDINGS MM LLC		-25			-25
DJT HOLDINGS MM LLC		-473			-473
TIHH MEMBER CORP	20,801			20,801	
DJT HOLDINGS MM LLC/	15,658			15,658	
DJT HOLDINGS LLC - T	13,769			13,769	
DJT HOLDINGS LLC - T		-2,361,679			-2,361,679
DJT HOLDINGS LLC - T	1,550,163			1,550,163	
DJT HOLDINGS LLC - P		-349			-349
DJT HOLDINGS LLC - T		-40,844			-40,844
DJT HOLDINGS LLC -TR		-349			-349
DJT HOLDINGS LLC - T	31,057			31,057	
DJT HOLDINGS LLC - T	473,786			473,786	
DJT HOLDINGS LLC - T		-349			-349
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC	4,786			4,786	
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MANAGIN		-1,353,606			-1,353,606
DJT HOLDINGS MM LLC		-417			-417
DJT HOLDINGS LLC - T		-31,934			-31,934
DJT HOLDINGS LLC - T		-2,800			-2,800
DJT HOLDINGS LLC - T		-2,904,537			-2,904,537
DJT HOLDINGS LLC - T		-1,376,823			-1,376,823
DJT HOLDINGS LLC - T		-833,779			-833,779
DJT HOLDINGS LLC - T		-2,216,774			-2,216,774
DJT HOLDINGS LLC - T		-518,214			-518,214
DJT HOLDINGS LLC - T		-2,800			-2,800
DJT HOLDINGS LLC - T		-406			-406
DJT HOLDINGS LLC - T		-598			-598
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MM LLC		-28			-28
DJT HOLDINGS MM LLC		-326			-326
DJT HOLDINGS MM LLC		-48			-48
TAG AIR INC		-1,347,266			-1,347,266
DJT HOLDINGS MM LLC		-6,090			-6,090
DJT HOLDINGS MM LLC		-6			-6
DJT HOLDINGS MM LLC		-29,608			-29,608
DJT HOLDINGS LLC -		-602,943			-602,943
DJT HOLDINGS LLC -		-4,725			-4,725
DJT HOLDINGS MM LLC		-4,669			-4,669
DJT HOLDINGS MM LLC		-31			-31
DJT HOLDINGS MM LLC		-4			-4
T INTERNATIONAL REAL		-704,099			-704,099
DJT HOLDINGS LLC - T		-369			-369
DJT HOLDINGS LLC - T	1,431,231			1,431,231	
DJT HOLDINGS - WHITE		-349			-349
DJT HOLDINGS JUPITER		-4,797,104			-4,797,104
DJT HOLDINGS - TRUMP		-13,909,080			-13,909,080



Name of activity	Current year		Prior years (c) Unallowed loss (line 3c)	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(d) Gain	(e) Loss
DJT HOLDINGS LLC - T		-1,733,024			-1,733,024
DJT HOLDINGS LLC - E		-291,551			-291,551
DJT HOLDINGS LLC - D	315,553			315,553	
DT MARKS VANCOUVER L		-259,182			-259,182
DJT HOLDINGS LLC - T		-2,310			-2,310
DJT HOLDINGS LLC - C		-6,230			-6,230
DJT HOLDINGS LLC - T		-839			-839
DJT HOLDINGS LLC - T	27,122			27,122	
DJT HOLDINGS MM LLC		-24			-24
DJT HOLDINGS MM LLC		-9			-9
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-2,975			-2,975
DJT HOLDINGS MM LLC	274			274	
DJT HOLDINGS MM LLC		-17,505			-17,505
HUDSON WATERFRONT AS	5,311,452			5,311,452	
HUDSON WATERFRONT AS	9,936,265			9,936,265	
TRUMP 845 UN GP LLC	306,841			306,841	
DJT HOLDINGS LLC - T		-1,804,006			-1,804,006
DJT HOLDINGS MANAGIN		-4,584			-4,584
DJT HOLDINGS MANAGIN		-10,937			-10,937
845 UN LIMITED PARTN	460,594			460,594	
TRUMP PARK AVENUE LL	64,058			64,058	
TRUMP PARK AVENUE LL		-88,407			-88,407
DT CONNECT II MEMBER		-5,115			-5,115
DJT HOLDINGS MM LLC		-34			-34
DJT HOLDINGS MM LLC		-188			-188
DJT HOLDINGS MM LLC		-30			-30
DJT HOLDINGS MM LLC		-21			-21
DJT HOLDINGS MM LLC		-2			-2
TTTT VENTURE MEMBER		-2,265			-2,265
DJT HOLDINGS MM LLC	14,457			14,457	
DJT HOLDINGS MM LLC	889			889	
DJT HOLDINGS MM LLC		-50,461			-50,461
DJT HOLDINGS LLC - T		-2,016			-2,016
DJT HOLDINGS-D B PAC		-1,054,296			-1,054,296
DJT HOLDINGS LLC - T		-2,954			-2,954
DJT HOLDINGS LLC - T		-224			-224
DJT HOLDINGS LLC - T		-2,744			-2,744
DJT HOLDINGS LLC - P		-18,448			-18,448
DJT HOLDINGS LLC - T	87,124			87,124	
DJT HOLDINGS LLC (TW	14,274			14,274	
DJT HOLDINGS LLC -TW		-2,245,290			-2,245,290
DT CONNECT II LLC		-506,355			-506,355
DJT HOLDINGS LLC - T		-4,945,666			-4,945,666
DJT HOLDINGS MM LLC		-22,909			-22,909
DJT HOLDINGS MM LLC		-28			-28
DJT HOLDINGS MM LLC		-48,945			-48,945
DJT HOLDINGS MM LLC		-36			-36
DJT HOLDINGS MM LLC		-71			-71
DJT HOLDINGS MM LLC	1,637			1,637	
DJT HOLDINGS MM LLC		-239			-239
DJT HOLDINGS MM LLC		-34			-34
DJT HOLDINGS MM LLC	1,571			1,571	
DJT HOLDINGS MM LLC		-34			-34
DJT HOLDINGS MM LLC		-61			-61
EID VENTURE II MEMBE		-368			-368
DJT HOLDINGS MM LLC		-16			-16
DT TOWER II MEMBER C		-6			-6
DJT HOLDINGS MM LLC		-6			-6
HUDSON WATERFRONT AS	1,888,079			1,888,079	
EID VENTURE II LLC		-410			-410
DJT HOLDINGS LLC - D		-615			-615
DJT HOLDINGS LLC - D	1,795,690			1,795,690	
DJT HOLDINGS MM LLC	18,322			18,322	
DJT HOLDINGS MM LLC		-14,048			-14,048
TRUMP PALACE PARC LL		-199,239			-199,239
DJT HOLDINGS LLC - W	139,310			139,310	
DJT HOLDINGS LLC - T		-827			-827
DJT HOLDINGS LLC - T	6,633			6,633	
DJT HOLDINGS LLC - T		-56			-56
DJT HOLDINGS LLC - W		-24,618			-24,618
DJT HOLDINGS LLC - L		-490			-490



Name of activity	Current year		Prior years (c) Unallowed loss (line 3c)	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(d) Gain	(e) Loss
DJT HOLDINGS LLC - T		-297			-297
DJT HOLDINGS LLC - T		-1,575			-1,575
DJT HOLDINGS LLC - T	3,275,090			3,275,090	
DJT HOLDINGS LLC - T		-194			-194
DJT HOLDINGS LLC - C		-1,476			-1,476
DJT HOLDINGS LLC - D		-633			-633
DJT HOLDINGS LLC - T		-353			-353
DJT HOLDINGS LLC - T		-250			-250
DJT HOLDINGS LLC - T		-78,194			-78,194
DJT HOLDINGS LLC - T		-5,690			-5,690
DJT HOLDINGS LLC - T		-613			-613
DJT HOLDINGS LLC - T		-81			-81
DJT HOLDINGS LLC - T		-62,843			-62,843
DJT HOLDINGS LLC - W		-314,045			-314,045
TRUMP EQUITABLE FIFT	22,594,248			22,594,248	
DJT HOLDINGS LLC		-1,103,704			-1,103,704
DJT HOLDINGS MM LLC		-1,037			-1,037
DJT HOLDINGS MM LLC		-575			-575
DJT HOLDINGS MM LLC/		-635			-635
DJT HOLDINGS MM LLC/		-3,172			-3,172
DJT HOLDINGS MM LLC/		-6			-6
DJT HOLDINGS MM LLC/		-8			-8
DJT HOLDINGS MM LLC/	67			67	
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-2			-2
DJT HOLDINGS MM LLC/		-699			-699
DJT HOLDINGS MM LLC/		-249			-249
DJT HOLDINGS MM LLC/	33,082			33,082	
DJT HOLDINGS MM LLC/		-2			-2
DJT HOLDINGS MM LLC/		-15			-15
DJT HOLDINGS MM LLC/		-6			-6
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-790			-790
DJT HOLDINGS MM LLC/		-323			-323
DJT HOLDINGS MM LLC/		-48			-48
DJT HOLDINGS MM LLC/		-29			-29
DJT HOLDINGS MM LLC/		-29,313			-29,313
DJT HOLDINGS MM LLC/		-13,907			-13,907
DJT HOLDINGS MM LLC/		-8,422			-8,422
DJT HOLDINGS MM LLC/	14,603			14,603	
DJT HOLDINGS MM LLC/		-98,901			-98,901
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-48,456			-48,456
DJT HOLDINGS MM LLC/	75,609			75,609	
DJT HOLDINGS MM LLC/	1,502			1,502	
DJT HOLDINGS MM LLC/		-140,496			-140,496
DJT HOLDINGS MM LLC/		-186			-186
DJT HOLDINGS MM LLC/	144			144	
DJT HOLDINGS MM LLC/		-22,680			-22,680
DJT HOLDINGS MM LLC/	880			880	
DJT HOLDINGS MM LLC/		-49,956			-49,956
DJT HOLDINGS MM LLC/		-22,618			-22,618
DJT HOLDINGS MM LLC/		-6,152			-6,152
DJT HOLDINGS MM LLC/		-57			-57
DJT HOLDINGS MM LLC/		-18,222			-18,222
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/	225			225	
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-30			-30
DJT HOLDINGS MM LLC/		-6			-6
DJT HOLDINGS MM LLC/	114			114	
DJT HOLDINGS MM LLC/		-28			-28
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-18			-18
DJT HOLDINGS MM LLC/		-6			-6
DJT HOLDINGS MM LLC/		-25			-25
DJT HOLDINGS MM LLC/	2,666			2,666	



Name of activity	Current year		Prior years (c) Unallowed loss (line 3c)	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(d) Gain	(e) Loss
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-139			-139
DJT HOLDINGS MM LLC/		-28			-28
DJT HOLDINGS MM LLC/	8,071			8,071	
DJT HOLDINGS MM LLC/	15,816			15,816	
DJT HOLDINGS MM LLC/		-413			-413
DJT HOLDINGS MM LLC	4,834			4,834	
DJT HOLDINGS MM LLC/		-260			-260
DJT HOLDINGS MM LLC/		-9			-9
DJT HOLDINGS MM LLC/	314			314	
DJT HOLDINGS MM LLC/	1,407			1,407	
DJT HOLDINGS MM LLC/		-347			-347
DJT HOLDINGS MM LLC/		-24,096			-24,096
DJT HOLDINGS MM LLC/		-64			-64
DJT HOLDINGS MM LLC/		-20			-20
DJT HOLDINGS MM LLC/		-23			-23
DJT HOLDINGS MM LLC/		-2			-2
DJT HOLDINGS MM LLC/	3,187			3,187	
DJT HOLDINGS MM LLC/	768			768	
DJT HOLDINGS MM LLC/	60	-20,413			-20,353
DJT HOLDINGS MM LLC/		-468			-468
DJT HOLDINGS MM LLC/	140			140	
DJT HOLDINGS MM LLC/		-2,945			-2,945
DJT HOLDINGS MM LLC/	18,138			18,138	
DJT HOLDINGS MM LLC/		-11,152			-11,152
DJT HOLDINGS MM LLC/		-5,234			-5,234
DJT HOLDINGS MM LLC/L	277			277	
DJT HOLDINGS MM LLC/		-17,682			-17,682
DJT HOLDINGS LLC - C		-63			-63
DJT HOLDINGS LLC - T		-33,669			-33,669
DJT HOLDINGS MM LLC/	5,101			5,101	
DJT HOLDINGS MM LLC/	98			98	
DJT HOLDINGS MM LLC/		-22,392			-22,392
DJT HOLDINGS MM LLC		-10,757			-10,757
DJT HOLDINGS MM LLC	635			635	
DJT HOLDINGS MM LLC	455			455	
DJT HOLDINGS MM LLC		-319			-319
DJT HOLDINGS MM LL -	3,220			3,220	
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MM LLC/	139			139	
DJT HOLDINGS MM LLC/		-16			-16
DJT HOLDINGS LLC - T		-56			-56
DJT HOLDINGS LLC - D		-2,622			-2,622
DJT HOLDINGS LLC - T		-65			-65
DJT HOLDINGS LLC - T	10,111			10,111	
DJT HOLDINGS LLC - T		-297			-297
DJT HOLDINGS LLC - D		-2,509			-2,509
DJT HOLDINGS LLC - F		-56			-56
TMG MEMBER LLC		-25			-25
DJT HOLDINGS LLC - 1	202,934			202,934	
DJT HOLDINGS LLC - 1	102,547			102,547	
DJT HOLDINGS LLC - T	60,570			60,570	
DONALD J. TRUMP		-38,764			-38,764
DJT AEROSPACE LLC		-100,727			-100,727
DJT OPERATIONS I LLC		-15,154			-15,154
DT ENDEAVOR I LLC		-274,381			-274,381
DJT OPERATIONS II LL		-1,382			-1,382
BOOK	156,981			156,981	
STORAGE 106 LLC - 10	9,188			9,188	

Form **8582-CR**  
(Rev. January 2012)

### Passive Activity Credit Limitations

OMB No. 1545-1034

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to Form 1040 or 1041.

Attachment  
Sequence No. **89**

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

Identifying number

**Part I Passive Activity Credits**

**Caution:** If you have credits from a publicly traded partnership, see **Publicly Traded Partnerships (PTPs)** in the instructions.

**Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.)**

1a	Credits from Worksheet 1, column (a)	1a	
b	Prior year unallowed credits from Worksheet 1, column (b)	1b	
c	Add lines 1a and 1b		1c

**Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.)**

2a	Credits from Worksheet 2, column (a)	2a	
b	Prior year unallowed credits from Worksheet 2, column (b)	2b	
c	Add lines 2a and 2b		2c

**Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.)**

3a	Credits from Worksheet 3, column (a)	3a	
b	Prior year unallowed credits from Worksheet 3, column (b)	3b	
c	Add lines 3a and 3b		3c

**All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.)**

4a	Credits from Worksheet 4, column (a)	4a	83,200
b	Prior year unallowed credits from Worksheet 4, column (b)	4b	3,063,315
c	Add lines 4a and 4b		4c

5	Add lines 1c, 2c, 3c, and 4c	5	3,146,515
6	Enter the tax attributable to net passive income (see instructions)	6	5,287,122
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions	7	0

**Note:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.

8	Enter the smaller of line 1c or line 7	8	
9	Enter \$150,000. If married filing separately, see instructions	9	
10	Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16	10	
11	Subtract line 10 from line 9	11	
12	Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions	12	
13a	Enter the amount, if any, from line 10 of Form 8582	13a	
b	Enter the amount, if any, from line 14 of Form 8582	13b	
c	Add lines 13a and 13b	13c	
14	Subtract line 13c from line 12	14	
15	Enter the tax attributable to the amount on line 14 (see instructions)	15	
16	Enter the smaller of line 8 or line 15	16	



**Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)**

Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7 . . . . .		17	
18	Enter the amount from line 16 . . . . .		18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V . . . . .		19	
20	Enter the <b>smaller</b> of line 2c or line 19 . . . . .		20	
21	Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26 . . . . .	21		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30 . . . . .	22		
23	Subtract line 22 from line 21 . . . . .	23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions . . . . .	24		
25a	Enter the amount, if any, from line 10 of Form 8582 . . . . .	25a		
b	Enter the amount, if any, from line 14 of Form 8582 . . . . .	25b		
c	Add lines 25a and 25b . . . . .	25c		
26	Subtract line 25c from line 24 . . . . .	26		
27	Enter the tax attributable to the amount on line 26 (see instructions) . . . . .	27		
28	Enter the amount, if any, from line 18 . . . . .	28		
29	Subtract line 28 from line 27 . . . . .		29	
30	Enter the <b>smaller</b> of line 20 or line 29 . . . . .		30	

**Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989**

Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7 . . . . .	31	
32	Enter the amount from line 30 . . . . .	32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36 . . . . .	33	
34	Enter the <b>smaller</b> of line 3c or line 33 . . . . .	34	
35	Tax attributable to the remaining special allowance (see instructions) . . . . .	35	
36	Enter the <b>smaller</b> of line 34 or line 35 . . . . .	36	

**Part V Passive Activity Credit Allowed**

37	<b>Passive Activity Credit Allowed.</b> Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see <b>Publicly Traded Partnerships (PTPs)</b> in the instructions . . . . .	37	3,146,515
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**Part VI Election To Increase Basis of Credit Property**

38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions . . . . . <input type="checkbox"/>
39	Name of passive activity disposed of ▶ .....
40	Description of the credit property for which the election is being made ▶ .....
41	Amount of unallowed credit that reduced your basis in the property . . . . . ▶ \$

**Additional Data**

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

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Form **8865**  
 Department of the Treasury  
 Internal Revenue Service

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**  
 Attach to your tax return.  
 Go to [www.irs.gov/form8865](http://www.irs.gov/form8865) for instructions and the latest information.  
 Information furnished for the foreign partnership's tax year beginning 01-01-2018, and ending 12-31-2018

OMB No. 1545-1668  
**2018**  
 Attachment Sequence No. 118

Name of person filing this return  
 DONALD J TRUMP

Filer's address (if you aren't filing this form with your tax return)  
 PALM BEACH, FL 33480

A Category of filer (see Categories of Filers in the Instructions and check applicable box(es)):

1  2  3  4

B Filer's tax year beginning 01-01-2018, and ending 12-31-2018

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name \_\_\_\_\_ EIN \_\_\_\_\_  
 Address \_\_\_\_\_

E Check if any excepted specified foreign financial assets are reported on this form (See Instructions)

F Information about certain other partners (see Instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership  
 TRUMP INTERNATIONAL GOLF CLUB  
 SCOTLAND LIMITED  
 CO TRUMP ORGANIZATION  
 NEW YORK, NY 10022

2(a) EIN (if any)  
 98-0485744

2(b) Reference ID number (see Instructions)

3 Country under whose laws organized  
 UK

4 Date of organization 2005-10-21	5 Principal place of business UK	6 Principal business activity code number 713900	7 Principal business activity AMUSEMENT & REC	8a Functional currency UK POUNDS	8b Exchange rate (see instructions) 0.781000000000
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H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
3 Name and address of foreign partnership's agent in country of organization, if any	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different TRUMP ORGANIZATION CO JEFF MCCONNEY NEW YORK, NY 10022

- 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions.  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_
- 6 Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No
- 7 Were any special allocations made by the foreign partnership?  Yes  No
- 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (See Instructions) \_\_\_\_\_
- 9 How is this partnership classified under the law of the country in which it's organized?  PRIVATE LIMITED CO
- 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b.
- b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No
- 11 Does this partnership meet both of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return

Under penalties of perjury, I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it's true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

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

Cat. No. 25852A

Form **8865** (2018)



**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**Schedule B Income Statement - Trade or Business Income**

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b>		<b>1c</b>	
	<b>b</b> Less returns and allowances . . . . .	<b>1b</b>			
	<b>2</b> Cost of goods sold . . . . .			<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>3</b>	
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .			<b>4</b>	
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .			<b>5</b>	
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>	10,046
<b>7</b> Other income (loss) (attach statement)			<b>7</b>	3,640,063	
<b>8 Total income (loss).</b> Combine lines 3 through 7 . . . . .			<b>8</b>	3,650,109	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits) . . . . .			<b>9</b>	
	<b>10</b> Guaranteed payments to partners . . . . .			<b>10</b>	
	<b>11</b> Repairs and maintenance . . . . .			<b>11</b>	
	<b>12</b> Bad debts . . . . .			<b>12</b>	
	<b>13</b> Rent . . . . .			<b>13</b>	
	<b>14</b> Taxes and licenses . . . . .			<b>14</b>	
	<b>15</b> Interest (see instructions) . . . . .			<b>15</b>	
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	1,091,733		
	<b>b</b> Less depreciation reported elsewhere on return . . . . .	<b>16b</b>		<b>16c</b>	1,091,733
	<b>17</b> Depletion (Don't deduct oil and gas depletion.) . . . . .			<b>17</b>	
	<b>18</b> Retirement plans, etc. . . . .			<b>18</b>	
	<b>19</b> Employee benefit programs . . . . .			<b>19</b>	
	<b>20</b> Other deductions (attach statement)			<b>20</b>	4,620,314
<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 . . . . .			<b>21</b>	5,712,047	
<b>22 Ordinary business income (loss)</b> from trade or business activities. Subtract line 21 from line 8 . . . . .			<b>22</b>	-2,061,938	
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method - completed long-term contracts (attach Form 8697) . . . . .			<b>23</b>	
	<b>24</b> Interest due under look-back - income forecast method (attach Form 8866) . . . . .			<b>24</b>	
	<b>25</b> BBA AAR imputed underpayment (see instructions) . . . . .			<b>25</b>	
	<b>26</b> Other taxes (see instructions) . . . . .			<b>26</b>	
	<b>27 Total balance due.</b> Add lines 23 through 27 . . . . .			<b>27</b>	
	<b>28</b> Payment (see instructions) . . . . .			<b>28</b>	
	<b>29 Amount owed.</b> If line 28 is smaller than line 27, enter amount owed . . . . .			<b>29</b>	
	<b>30 Overpayment.</b> If line 28 is larger than 27, enter overpayment . . . . .			<b>30</b>	

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	<b>1</b> Ordinary business income (loss) (page 2, line 22) . . . . .	<b>1</b>	-2,061,938
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . .	<b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement) . . . . .	<b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . .	<b>3c</b>	
	<b>4</b> Guaranteed payments . . . . .	<b>4</b>	
	<b>5</b> Interest income . . . . .	<b>5</b>	
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends . . . . .	<b>6a</b>	
	<b>b</b> Qualified dividends . . . . .	<b>6b</b>	
	<b>c</b> Dividend equivalents . . . . .	<b>6c</b>	
	<b>7</b> Royalties . . . . .	<b>7</b>	
<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	<b>8</b>		
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	<b>9a</b>		
<b>b</b> Collectibles (28%) gain (loss) . . . . .	<b>9b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . .	<b>9c</b>		
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) <sup>5</sup> . . . . .	<b>10</b>	6,014	
<b>11</b> Other income (loss) (see instructions) Type ▶ . . . . .	<b>11</b>		
Deductions	<b>12</b> Section 179 deduction (attach Form 4562) . . . . .	<b>12</b>	
	<b>13a</b> Contributions . . . . .	<b>13a</b>	
	<b>b</b> Investment interest expense . . . . .	<b>13b</b>	
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type ▶ <b>(2)</b> Amount ▶ . . . . .	<b>13c(2)</b>	
<b>d</b> Other deductions (see instructions) Type ▶ . . . . .	<b>13d</b>		
Self-Employment	<b>14a</b> Net earnings (loss) from self-employment . . . . .	<b>14a</b>	
	<b>b</b> Gross farming or fishing income . . . . .	<b>14b</b>	
	<b>c</b> Gross nonfarm income . . . . .	<b>14c</b>	
Credits	<b>15a</b> Low-income housing credit (section 42(j)(5)) . . . . .	<b>15a</b>	
	<b>b</b> Low-income housing credit (other) . . . . .	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type ▶ . . . . .	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type ▶ . . . . .	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type ▶ . . . . .	<b>15f</b>	
Foreign Transactions	<b>16a</b> Name of country or U.S. possession ▶ <u>UK</u> . . . . .		
	<b>b</b> Gross income from all sources . . . . .	<b>16b</b>	3,656,123
	<b>c</b> Gross income sourced at partner level . . . . .	<b>16c</b>	
	<i>Foreign gross income sourced at partnership level</i>		
	<b>d</b> Section 951A category ▶ _____ <b>e</b> Foreign branch category . . . . .	<b>16e</b>	
	<b>f</b> Passive category ▶ _____ <b>g</b> General category ▶ <u>3,656,123</u> <b>h</b> Other (attach statement) ▶ . . . . .	<b>16h</b>	
	<i>Deductions allocated and apportioned at partner level</i>		
	<b>i</b> Interest expense ▶ _____ <b>j</b> Other . . . . .	<b>16j</b>	
	<i>Deductions allocated and apportioned at partnership level to foreign source income</i>		
	<b>k</b> Section 951A category ▶ _____ <b>l</b> Foreign branch category . . . . .	<b>16l</b>	
	<b>m</b> Passive category ▶ _____ <b>n</b> General category ▶ <u>5,643,042</u> <b>o</b> Other (attach statement) ▶ . . . . .	<b>16o</b>	
<b>p</b> Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . .	<b>16p</b>		
<b>q</b> Reduction in taxes available for credit (attach statement) . . . . .	<b>16q</b>		
<b>r</b> Other foreign tax information (attach statement) . . . . .			
Alternative Minimum Tax (AMT) Items	<b>17a</b> Post-1986 depreciation adjustment . . . . .	<b>17a</b>	
	<b>b</b> Adjusted gain or loss . . . . .	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas) . . . . .	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . .	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . .	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>17f</b>	
Other Information	<b>18a</b> Tax-exempt interest income . . . . .	<b>18a</b>	
	<b>b</b> Other tax-exempt income . . . . .	<b>18b</b>	
	<b>c</b> Nondeductible expenses . . . . .	<b>18c</b>	23,810
	<b>19a</b> Distributions of cash and marketable securities . . . . .	<b>19a</b>	90,000
	<b>b</b> Distributions of other property . . . . .	<b>19b</b>	
<b>20a</b> Investment income . . . . .	<b>20a</b>		
<b>b</b> Investment expenses . . . . .	<b>20b</b>		
<b>c</b> Other items and amounts (attach statement) . . . . .			



Schedule L Balance Sheets per Books. (Not required if Item H9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		179,576		125,343
2a Trade notes and accounts receivable . . . . .				
b Less allowance for bad debts . . . . .				
3 Inventories . . . . .		257,211		194,389
4 U.S. government obligations . . . . .				
5 Tax-exempt securities . . . . .				
6 Other current assets (attach statement) . . . . .		89,774		197,613
7a Loans to partners (or persons related to partners) . . . . .				
7b Mortgage and real estate loans . . . . .				
8 Other investments (attach statement) . . . . .				
9a Buildings and other depreciable assets . . . . .	22,274,749		21,770,443	
b Less accumulated depreciation . . . . .	1,019,786	21,254,963	2,019,338	19,751,105
10a Depletable assets . . . . .				
b Less accumulated depletion . . . . .				
11 Land (net of any amortization) . . . . .		12,585,299		11,924,611
12a Intangible assets (amortizable only) . . . . .				
b Less accumulated amortization . . . . .				
13 Other assets (attach statement) . . . . .		10,155,014		12,010,183
14 <b>Total assets</b> . . . . .		44,521,837		44,203,244
<b>Liabilities and Capital</b>				
15 Accounts payable . . . . .		454,866		499,589
16 Mortgages, notes, bonds payable in less than 1 year . . . . .				
17 Other current liabilities (attach statement) . . . . .		422,546		415,106
18 All nonrecourse loans . . . . .				
19a Loans from partners (or persons related to partners) . . . . .				
b Mortgages, notes, bonds payable in 1 year or more . . . . .				
20 Other liabilities (attach statement) . . . . .		29,936		174,951
21 Partners' capital accounts . . . . .		43,614,489		43,113,598
22 <b>Total liabilities and capital</b> . . . . .		44,521,837		44,203,244

**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
<b>1</b> Total U.S. assets . . . . .		
<b>2</b> Total foreign assets:		
<b>a</b> Passive category . . . . .	44,492,277	44,199,208
<b>b</b> General category . . . . .		
<b>c</b> Other (attach statement) . . . . .		

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return** (Not required if Item H9, page 1, is answered "Yes.")

<b>1</b> Net income (loss) per books . . . . .	-2,079,734	<b>6</b> Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$ _____		<b>a</b> Tax-exempt interest \$ _____	
<b>3</b> Guaranteed payments (other than health insurance) . . . . .		<b>7</b> Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize):	
<b>4</b> Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		<b>a</b> Depreciation \$ _____	
<b>a</b> Depreciation \$ _____			
<b>b</b> Travel and entertainment \$ _____		<b>8</b> Add lines 6 and 7 . . . . .	
<b>5</b> Add lines 1 through 4 . . . . .	-2,079,734	<b>9</b> Income (loss). Subtract line 8 from line 5 . . . . .	-2,079,734

**Schedule M-2 Analysis of Partners' Capital Accounts** (Not required if Item H9, page 1, is answered "Yes.")

<b>1</b> Balance at beginning of tax year . . . . .	43,614,489	<b>6</b> Distributions: <b>a</b> Cash . . . . .	90,000
<b>2</b> Capital contributed:		<b>b</b> Property . . . . .	
<b>a</b> Cash . . . . .	1,668,843	<b>7</b> Other decreases (itemize): \$ _____	
<b>b</b> Property . . . . .			
<b>3</b> Net income (loss) per books . . . . .	-2,079,734	<b>8</b> Add lines 6 and 7 . . . . .	90,000
<b>4</b> Other increases (itemize): \$ _____		<b>9</b> Balance at end of tax year. Subtract line 8 from line 5 . . . . .	43,113,598
<b>5</b> Add lines 1 through 4 . . . . .	43,203,598		

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

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

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory . . . . .				
2 Sales of property rights (patents, trademarks, etc.) . . . . .				
3 Compensation received for technical, managerial, engineering, construction, or like services . . . . .		28,225		
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .	1,668,843			
7 Interest received . . . . .				
8 Other . . . . .				
9 Add lines 1 through 8 . . . . .	1,668,843	28,225		
10 Purchases of inventory . . . . .				
11 Purchases of tangible property other than inventory . . . . .				
12 Purchases of property rights (patents, trademarks, etc.) . . . . .				
13 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .				
14 Commissions paid . . . . .		4,891		
15 Rents, royalties, and license fees paid . . . . .				
16 Distributions paid . . . . .	90,000			
17 Interest paid . . . . .				
18 Other . . . . .				
19 Add lines 10 through 18 . . . . .	90,000	4,891		
20 Amounts borrowed (enter the maximum loan balance during the tax year). see instructions . . . . .				
21 Amounts loaned (enter the maximum loan balance during the tax year). see instructions . . . . .				

**Additional Data**

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



Form **8865**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No. 1545-1668

**2018**

Attachment  
 Sequence No. 118

▶ Attach to your tax return.  
 ▶ Go to [www.irs.gov/form8865](http://www.irs.gov/form8865) for instructions and the latest information.  
 Information furnished for the foreign partnership's tax year  
 beginning 01-01-2018, and ending 12-31-2018

Name of person filing this return  
 DONALD J TRUMP Filer's identifying number

Filer's address (if you aren't filing this form with your tax return)  
 PALM BEACH, FL 33480

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):  
 1  2  3  4

B Filer's tax year beginning 01-01-2018, and ending 12-31-2018

C Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any exempt specified foreign financial assets are reported on this form (See instructions)

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership  
 TRUMP INTERNATIONAL GOLF CLUB  
 SCOTLAND LIMITED  
 CO TRUMP ORGANIZATION  
 NEW YORK, NY 10022

2(a) EIN (if any)  
 98-0485744

2(b) Reference ID number (see instructions)

3 Country under whose laws organized  
 UK

4 Date of organization 2005-10-21	5 Principal place of business UK	6 Principal business activity code number 713900	7 Principal business activity AMUSEMENT & REC	8a Functional currency UK POUNDS	8b Exchange rate (see instructions) 0.781000000000
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H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States  3 Name and address of foreign partnership's agent in country of organization, if any	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:  4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different TRUMP ORGANIZATION CO JEFF MCCORMY  NEW YORK, NY 10022
--	---

- 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions.  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_
- 6 Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No
- 7 Were any special allocations made by the foreign partnership?  Yes  No
- 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (See instructions) \_\_\_\_\_
- 9 How is this partnership classified under the law of the country in which it's organized?  PRIVATE LIMITED CO
- 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b.  Yes  No
- b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No
- 11 Does this partnership meet both of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

**Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return**

Under penalties of perjury, I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it's true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_



Form **8865**  
 Department of the Treasury  
 Internal Revenue Service

**Return of U.S. Persons With Respect to  
 Certain Foreign Partnerships**  
 Attach to your tax return.  
 Go to [www.irs.gov/form8865](http://www.irs.gov/form8865) for instructions and the latest information.  
 Information furnished for the foreign partnership's tax year  
 beginning 01-01-2018, and ending 12-31-2018

OMB No. 1545-1668  
**2018**  
 Attachment  
 Sequence No. 118

Name of person filing this return  
 DONALD J TRUMP

Filer's address (if you aren't filing this form with your tax return)  
 PALM BEACH, FL 33480

**A** Category of filer (see Categories of Filers in the instructions and check appropriate box(es)):  
 1  2  3  4

**B** Filer's tax year beginning 01-01-2018, and ending 12-31-2018

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:  
 Name \_\_\_\_\_ EIN \_\_\_\_\_  
 Address \_\_\_\_\_

**E** Check if any excepted specified foreign financial assets are reported on this form (See instructions)

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
 TRUMP INTERNATIONAL GOLF CLUB  
 SCOTLAND LIMITED  
 CO TRUMP ORGANIZATION  
 NEW YORK, NY 10022

**2(a)** EIN (if any)  
 98-0485744

**2(b)** Reference ID number (see instructions)

**3** Country under whose laws organized  
 UK

<b>4</b> Date of organization 2005-10-21	<b>5</b> Principal place of business UK	<b>6</b> Principal business activity code number 713900	<b>7</b> Principal business activity AMUSEMENT & REC	<b>8a</b> Functional currency UK POUNDS	<b>8b</b> Exchange rate (see instructions) 0.781000000000
---	--	--	---	--	--

**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identifying number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
<b>3</b> Name and address of foreign partnership's agent in country of organization, if any	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different TRUMP ORGANIZATION CO JEFF MCCONNEY NEW YORK, NY 10022

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions.  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (See instructions) \_\_\_\_\_

**9** How is this partnership classified under the law of the country in which it's organized?  PRIVATE LIMITED CO

**10a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b.  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

**Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return**

Under penalties of perjury, I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it's true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

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

Cat. No. 25852A

Form **8865** (2018)



**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**Schedule B Income Statement - Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b>		
	<b>b</b> Less returns and allowances . . . . .	<b>1b</b>		
	<b>2</b> Cost of goods sold . . . . .		<b>1c</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .		<b>2</b>	
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .		<b>3</b>	
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .		<b>4</b>	
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		<b>5</b>	
<b>7</b> Other income (loss) (attach statement)		<b>6</b>	10,046	
<b>8</b> Total income (loss). Combine lines 3 through 7 . . . . .		<b>7</b>	3,640,063	
<b>8</b> Total income (loss). Combine lines 3 through 7 . . . . .		<b>8</b>	3,650,109	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits) . . . . .		<b>9</b>	
	<b>10</b> Guaranteed payments to partners . . . . .		<b>10</b>	
	<b>11</b> Repairs and maintenance . . . . .		<b>11</b>	
	<b>12</b> Bad debts . . . . .		<b>12</b>	
	<b>13</b> Rent . . . . .		<b>13</b>	
	<b>14</b> Taxes and licenses . . . . .		<b>14</b>	
	<b>15</b> Interest (see instructions) . . . . .		<b>15</b>	
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	1,091,733	
	<b>b</b> Less depreciation reported elsewhere on return . . . . .	<b>16b</b>		<b>16c</b> 1,091,733
	<b>17</b> Depletion (Don't deduct oil and gas depletion.) . . . . .		<b>17</b>	
	<b>18</b> Retirement plans, etc. . . . .		<b>18</b>	
	<b>19</b> Employee benefit programs . . . . .		<b>19</b>	
	<b>20</b> Other deductions (attach statement)		<b>20</b>	4,620,314
	<b>21</b> Total deductions. Add the amounts shown in the far right column for lines 9 through 20 . . . . .		<b>21</b>	5,712,047
	<b>22</b> Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 . . . . .		<b>22</b>	-2,061,938
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method - completed long-term contracts (attach Form 8697) . . . . .		<b>23</b>	
	<b>24</b> Interest due under look-back - income forecast method (attach Form 8866) . . . . .		<b>24</b>	
	<b>25</b> BBA AAR imputed underpayment (see instructions) . . . . .		<b>25</b>	
	<b>26</b> Other taxes (see instructions) . . . . .		<b>26</b>	
	<b>27</b> Total balance due. Add lines 23 through 27 . . . . .		<b>27</b>	
	<b>28</b> Payment (see instructions) . . . . .		<b>28</b>	
	<b>29</b> Amount owed. If line 28 is smaller than line 27, enter amount owed . . . . .		<b>29</b>	
	<b>30</b> Overpayment. If line 28 is larger than 27, enter overpayment . . . . .		<b>30</b>	

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22) . . . . .	1	-2,061,938
	2 Net rental real estate income (loss) (attach Form 8825) . . . . .	2	
	3a Other gross rental income (loss) . . . . .	3a	
	b Expenses from other rental activities (attach statement) . . . . .	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a . . . . .	3c	
	4 Guaranteed payments . . . . .	4	
	5 Interest income . . . . .	5	
	6 Dividends and dividend equivalents: a Ordinary dividends . . . . .	6a	
	b Qualified dividends . . . . .	6b	
	c Dividend equivalents . . . . .	6c	
	7 Royalties . . . . .	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	8		
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	9a		
b Collectibles (28%) gain (loss) . . . . .	9b		
c Unrecaptured section 1250 gain (attach statement) . . . . .	9c		
10 Net section 1231 gain (loss) (attach Form 4797) . . . . .	10	6,014	
11 Other income (loss) (see instructions) Type ▶ . . . . .	11		
Deductions	12 Section 179 deduction (attach Form 4562) . . . . .	12	
	13a Contributions . . . . .	13a	
	b Investment interest expense . . . . .	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ . . . . . (2) Amount ▶ . . . . .	13c(2)	
d Other deductions (see instructions) Type ▶ . . . . .	13d		
Self-Employment	14a Net earnings (loss) from self-employment . . . . .	14a	
	b Gross farming or fishing income . . . . .	14b	
	c Gross nonfarm income . . . . .	14c	
Credits	15a Low-income housing credit (section 42(j)(5)) . . . . .	15a	
	b Low-income housing credit (other) . . . . .	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	15c	
	d Other rental real estate credits (see instructions) Type ▶ . . . . .	15d	
	e Other rental credits (see instructions) Type ▶ . . . . .	15e	
	f Other credits (see instructions) Type ▶ . . . . .	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ UK . . . . .		
	b Gross income from all sources . . . . .	16b	3,656,123
	c Gross income sourced at partner level . . . . . Foreign gross income sourced at partnership level	16c	
	d Section 951A category ▶ . . . . . e Foreign branch category . . . . .	16e	
	f Passive category ▶ . . . . . g General category ▶ . . . . . 3,656,123 h Other (attach statement) ▶ . . . . . Deductions allocated and apportioned at partner level	16h	
	i Interest expense ▶ . . . . . j Other . . . . . Deductions allocated and apportioned at partnership level to foreign source income	16j	
	k Section 951A category ▶ . . . . . l Foreign branch category . . . . .	16l	
	m Passive category ▶ . . . . . n General category ▶ . . . . . 5,643,042 o Other (attach statement) ▶ . . . . .	16o	
	p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . .	16p	
	q Reduction in taxes available for credit (attach statement) . . . . .	16q	
r Other foreign tax information (attach statement) . . . . .			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment . . . . .	17a	
	b Adjusted gain or loss . . . . .	17b	
	c Depletion (other than oil and gas) . . . . .	17c	
	d Oil, gas, and geothermal properties—gross income . . . . .	17d	
	e Oil, gas, and geothermal properties—deductions . . . . .	17e	
	f Other AMT items (attach statement) . . . . .	17f	
Other Information	18a Tax-exempt interest income . . . . .	18a	
	b Other tax-exempt income . . . . .	18b	
	c Nondeductible expenses . . . . .	18c	23,810
	19a Distributions of cash and marketable securities . . . . .	19a	90,000
	b Distributions of other property . . . . .	19b	
	20a Investment income . . . . .	20a	
b Investment expenses . . . . .	20b		
c Other items and amounts (attach statement) . . . . .			



**Schedule L Balance Sheets per Books.** (Not required if Item H9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		179,576		125,343
2a Trade notes and accounts receivable . . . . .				
b Less allowance for bad debts . . . . .				
3 Inventories . . . . .		257,211		194,389
4 U.S. government obligations . . . . .				
5 Tax-exempt securities . . . . .				
6 Other current assets (attach statement). . . . .		89,774		197,613
7a Loans to partners (or persons related to partners) . . . . .				
7b Mortgage and real estate loans . . . . .				
8 Other investments (attach statement). . . . .				
9a Buildings and other depreciable assets . . . . .	22,274,749		21,770,443	
b Less accumulated depreciation . . . . .	1,019,786	21,254,963	2,019,338	19,751,105
10a Depletable assets . . . . .				
b Less accumulated depletion . . . . .				
11 Land (net of any amortization) . . . . .		12,585,299		11,924,611
12a Intangible assets (amortizable only) . . . . .				
b Less accumulated amortization . . . . .				
13 Other assets (attach statement). . . . .		10,155,014		12,010,183
14 <b>Total assets</b> . . . . .		44,521,837		44,203,244
<b>Liabilities and Capital</b>				
15 Accounts payable . . . . .		454,866		499,589
16 Mortgages, notes, bonds payable in less than 1 year . . . . .				
17 Other current liabilities (attach statement). . . . .		422,546		415,106
18 All nonrecourse loans . . . . .				
19a Loans from partners (or persons related to partners) . . . . .				
b Mortgages, notes, bonds payable in 1 year or more . . . . .				
20 Other liabilities (attach statement). . . . .		29,936		174,951
21 Partners' capital accounts . . . . .		43,614,489		43,113,598
22 <b>Total liabilities and capital</b> . . . . .		44,521,837		44,203,244



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Form 8865

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01-01-2018, and ending 12-31-2018

OMB No. 1545-1668

2018

Attachment Sequence No. 118

Name of person filing this return DONALD J TRUMP

Filer's identifying number

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable boxes) 1 [checked] 2 [ ] 3 [ ] 4 [ ]

PALM BEACH, FL 33480

B Filer's tax year beginning 01-01-2018, and ending 12-31-2018

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form (See instructions)

F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identifying number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED CO TRUMP ORGANIZATION NEW YORK, NY 10022

2(a) EIN (if any) 98-0485744

2(b) Reference ID number (see instructions)

3 Country under whose laws organized UK

Table with 6 columns: 4 Date of organization, 5 Principal place of business, 6 Principal business activity code number, 7 Principal business activity, 8a Functional currency, 8b Exchange rate

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States

2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different TRUMP ORGANIZATION CO JEFF MCCORMNEY NEW YORK, NY 10022

- 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?
6 Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?
7 Were any special allocations made by the foreign partnership?
8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (See instructions)
9 How is this partnership classified under the law of the country in which it's organized? PRIVATE LIMITED CO
10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4) (ii)? If "No," skip question 10b.
b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?
11 Does this partnership meet both of the following requirements?

- 1. The partnership's total receipts for the tax year were less than \$250,000
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," don't complete Schedules L, M-1, and M-2.

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return

Under penalties of perjury, I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it's true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member

Date



Form **8865**  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1668  
**2018**  
Attachment  
Sequence No. **118**

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/form8865](http://www.irs.gov/form8865) for instructions and the latest information.  
Information furnished for the foreign partnership's tax year beginning 01-01-2018, and ending 12-31-2018

Name of person filing this return  
DONALD J TRUMP number

Filer's address (if you aren't filing this form with your tax return)  
PALM BEACH, FL 33480

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):  
1  2  3  4

**B** Filer's tax year beginning 01-01-2018, and ending 12-31-2018

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:  
Name \_\_\_\_\_ EIN \_\_\_\_\_  
Address \_\_\_\_\_

**E** Check if any excepted specified foreign financial assets are reported on this form (See instructions)

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
TRUMP INTERNATIONAL GOLF CLUB  
SCOTLAND LIMITED  
CO TRUMP ORGANIZATION  
NEW YORK, NY 10022

**2(a)** EIN (if any)  
98-0485744

**2(b)** Reference ID number (see instructions)

**3** Country under whose laws organized  
UK

<b>4</b> Date of organization 2005-10-21	<b>5</b> Principal place of business UK	<b>6</b> Principal business activity code number 713900	<b>7</b> Principal business activity AMUSEMENT & REC	<b>8a</b> Functional currency UK POUNDS	<b>8b</b> Exchange rate (see instructions) 0.781000000000
---	--	--	---	--	--

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identifying number of agent (if any) in the United States

**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed:

**3** Name and address of foreign partnership's agent in country of organization, if any

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different  
TRUMP ORGANIZATION CO JEFF  
MCCONNEY  
NEW YORK, NY 10022

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions.  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (See instructions) \_\_\_\_\_

**9** How is this partnership classified under the law of the country in which it's organized?  PRIVATE LIMITED CO

**10a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b.  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **don't** complete Schedules L, M-1, and M-2.  Yes  No

**Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return**

Under penalties of perjury, I declare that I've examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it's true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

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

Cat. No. 25852A

Form **8865** (2018)













**Additional Data**

---

**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP

Form **5471**

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

(Rev. September 2018)  
Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/form5471](http://www.irs.gov/form5471) for instructions and the latest information.

OMB No. 1545-0704

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning \_\_\_\_\_, and ending \_\_\_\_\_

Attachment Sequence No. **121**

Name of person filing this return DONALD J TRUMP	<b>A Identifying number</b>
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)	<b>B</b> Category of filer (see instructions. Check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code PALM BEACH, FL 33480	<b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____

Filer's tax year beginning 01-01-2018, and ending 12-31-2018

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions).

**F** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation  THE BARBA HOTEL SRIA  NEW YORK, NY 10022	<b>b(1)</b> Employer identification number, if any 32-0447181  <b>b(2)</b> Reference ID number (see instructions)  <b>c</b> Country under whose laws incorporated BR			
<b>d</b> Date of incorporation 2014-04-15	<b>e</b> Principal place of business	<b>f</b> Principal business activity code number	<b>g</b> Principal business activity	<b>h</b> Functional currency

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">                     (i) Taxable income or (loss)                 </td> <td style="width:50%; vertical-align: top;">                     (ii) U.S. income tax paid (after all credits)                 </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				

**c** Name and address of foreign corporation's statutory or resident agent in country of incorporation

**Schedule A Stock of the Foreign Corporation**

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

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For Paperwork Reduction Act Notice, see instructions.

Cat. No. 49958V

Form **5471** (Rev. 9-2018)



**Schedule C Income Statement** (see instructions)

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

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b>	
	<b>b</b> Returns and allowances . . . . .	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a . . . . .	<b>1c</b>	
	<b>2</b> Cost of goods sold . . . . .	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) . . . . .	<b>3</b>	
	<b>4</b> Dividends . . . . .	<b>4</b>	
	<b>5</b> Interest . . . . .	<b>5</b>	
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	
	<b>b</b> Gross royalties and license fees . . . . .	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets . . . . .	<b>7</b>	
<b>Deductions</b>	<b>8a</b> Foreign currency transaction gain or loss - unrealized . . . . .	<b>8a</b>	
	<b>b</b> Foreign currency transaction gain or loss - realized . . . . .	<b>8b</b>	
	<b>9</b> Other income (attach statement) . . . . .	<b>9</b>	
	<b>10</b> Total income (add lines 3 through 9) . . . . .	<b>10</b>	
	<b>11</b> Compensation not deducted elsewhere . . . . .	<b>11</b>	
	<b>12a</b> Rents . . . . .	<b>12a</b>	
	<b>b</b> Royalties and license fees . . . . .	<b>12b</b>	
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere . . . . .	<b>14</b>	
	<b>15</b> Depletion . . . . .	<b>15</b>	
<b>Net Income</b>	<b>16</b> Taxes (exclude income tax expense (benefit)) . . . . .	<b>16</b>	
	<b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)). . . . .	<b>17</b>	
	<b>18</b> Total deductions (add lines 11 through 17) . . . . .	<b>18</b>	
	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . . . . .	<b>19</b>	
	<b>20</b> Unusual or infrequently occurring items . . . . .	<b>20</b>	
	<b>21a</b> Income tax expense (benefit) - current . . . . .	<b>21a</b>	
<b>Other Comprehensive Income</b>	<b>b</b> Income tax expense (benefit) - deferred . . . . .	<b>21b</b>	
	<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) . . . . .	<b>22</b>	
	<b>23a</b> Foreign currency translation adjustments . . . . .	<b>23a</b>	
	<b>b</b> Other . . . . .	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income . . . . .	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) . . . . .	<b>24</b>	



**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

<b>Assets</b>		<b>(a)</b> Beginning of annual accounting period	<b>(b)</b> End of annual accounting period
<b>1</b> Cash . . . . .	<b>1</b>		
<b>2a</b> Trade notes and accounts receivable . . . . .	<b>2a</b>		
<b>b</b> Less allowance for bad debts . . . . .	<b>2b</b>	( )	( )
<b>3</b> Derivatives . . . . .	<b>3</b>		
<b>4</b> Inventories . . . . .	<b>4</b>		
<b>5</b> Other current assets (attach statement) . . . . .	<b>5</b>		
<b>6</b> Loans to shareholders and other related persons . . . . .	<b>6</b>		
<b>7</b> Investment in subsidiaries (attach statement) . . . . .	<b>7</b>		
<b>8</b> Other investments (attach statement) . . . . .	<b>8</b>		
<b>9a</b> Buildings and other depreciable assets . . . . .	<b>9a</b>		
<b>b</b> Less accumulated depreciation . . . . .	<b>9b</b>	( )	( )
<b>10a</b> Depletable assets . . . . .	<b>10a</b>		
<b>b</b> Less accumulated depletion . . . . .	<b>10b</b>	( )	( )
<b>11</b> Land (net of any amortization) . . . . .	<b>11</b>		
<b>12</b> Intangible assets:			
<b>a</b> Goodwill . . . . .	<b>12a</b>		
<b>b</b> Organization costs . . . . .	<b>12b</b>		
<b>c</b> Patents, trademarks, and other intangible assets . . . . .	<b>12c</b>		
<b>d</b> Less accumulated amortization for lines 12a, b, and c . . . . .	<b>12d</b>	( )	( )
<b>13</b> Other assets (attach statement) . . . . .	<b>13</b>		
<b>14</b> Total assets . . . . .	<b>14</b>		
<b>Liabilities and Shareholders' Equity</b>			
<b>15</b> Accounts payable . . . . .	<b>15</b>		
<b>16</b> Other current liabilities (attach statement) . . . . .	<b>16</b>		
<b>17</b> Derivatives . . . . .	<b>17</b>		
<b>18</b> Loans from shareholders and other related persons . . . . .	<b>18</b>		
<b>19</b> Other liabilities (attach statement) . . . . .	<b>19</b>		
<b>20</b> Capital stock:			
<b>a</b> Preferred stock . . . . .	<b>20a</b>		
<b>b</b> Common stock . . . . .	<b>20b</b>		
<b>21</b> Paid-in or capital surplus (attach reconciliation) . . . . .	<b>21</b>		
<b>22</b> Retained earnings . . . . .	<b>22</b>		
<b>23</b> Less cost of treasury stock . . . . .	<b>23</b>	( )	( )
<b>24</b> Total liabilities and shareholders' equity . . . . .	<b>24</b>		



Schedule G Other Information

		Yes	No
<b>1</b>	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," see the instructions for required statement.		
<b>2</b>	During the tax year, did the foreign corporation own an interest in any trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from its owner under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
<b>4a</b>	During the tax year, did the foreign corporation receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under 59A(c)(2) from a foreign person which is a related party of the taxpayer (see instructions)? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," complete lines 4b and 4c.		
	<b>b</b> Enter the total amount of the base erosion payments \$		
	<b>c</b> Enter the total amount of the base erosion tax benefit \$		
<b>5a</b>	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, complete line 5b.		
	<b>b</b> Enter the total amount of the disallowed deduction (see instructions) \$		
<b>6a</b>	Is the filer of this Form 5471 claiming Foreign Derived Intangible Income (under section 250) benefits with respect to any amounts listed on Schedule M? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," complete lines 6b, 6c, and 6d.		
	<b>b</b> Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) or leases of property to a foreign person for a foreign use (see instructions) \$		
	<b>c</b> Enter the amount of gross income derived from a license of property to a foreign person for a foreign use (see instructions) \$		
	<b>d</b> Enter the amount of gross income derived from services provided to a person or with respect to property located outside of the United States (see instructions) \$		
<b>7</b>	During the tax year, was the foreign corporation a participant in a cost sharing arrangement? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	If the answer to question 7 is yes, was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	If the answer to question 7 is yes, did a U.S. taxpayer make any platform contributions as defined under Regulation section 1.482-7(c) to that cost sharing arrangement during the taxable year? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If the answer to question 10 is yes, enter the present value of the platform contributions in U.S. dollars \$		
<b>12</b>	If the answer to question 10 is yes, check the box for the method under Regulation section 1.482-7(g) used to determine the price of the platform contribution transaction(s):		
	<input type="checkbox"/> Comparable Uncontrolled Transaction <input type="checkbox"/> Income Method <input type="checkbox"/> Acquisition Price Method		
	<input type="checkbox"/> Market Capitalization Method <input type="checkbox"/> Residual Profit Split Method <input type="checkbox"/> Unspecified Methods		
<b>13</b>	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulation 1.358-6(b)(2))? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>14a</b>	Did the foreign corporation receive any intangible property (within the meaning of Regulations section 1.367(a)-1(d)(5)) in a prior year or the current tax year which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes", go to line 14b.		
	<b>b</b> Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year. \$		
<b>15</b>	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulation section 1.7874-12T(a)(9) (or successor regulation)? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, see instructions and attach statement.		
<b>16</b>	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G)		
<b>17</b>	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>18</b>	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>19</b>	Did you answer yes to any of the questions in the Instructions for Line 19? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, enter the corresponding code(s) from the instructions and attach statement (see instructions) ▶		

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶	
<b>1a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier CFC (see instructions) . . . . .		<b>1a</b>
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions) . . . . .		<b>1b</b>
<b>c</b> Other Subpart F income (enter the result from Worksheet A in the instructions) . . . . .		<b>1c</b>
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B in the instructions). . . . .		<b>2</b>
<b>3</b> Previously excluded export trade income withdrawn from investment in export trade assets (enter the result from Worksheet C in the instructions) . . . . .		<b>3</b>
<b>4</b> Factoring income . . . . .		<b>4</b>
See instructions for reporting amounts on line 1 through 4 on your income tax return . . . . .		
<b>5</b> Dividends received (translated at spot rate on payment date under section 989(b)(1)) . . . . .		<b>5</b>
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed income . . . . .		<b>6</b>

**Yes No**

- Was any income of the foreign corporation blocked? . . . . .
- Did any such income become unblocked during the tax year (see section 964(b))? . . . . .

If the answer to either question is "Yes," attach an explanation.

**Additional Data**

**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP

**Dormant Indicator:** FILED PURSUANT TO REV. PROC. 92-70 FOR DORMANT  
FOREIGN CORPORATION



Form **8938**

**Statement of Specified Foreign Financial Assets**

OMB No. 1545-2195

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.  
▶ Attach to your tax return.  
For calendar year 2018 or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**2018**

Attachment  
Sequence No. 175

If you have attached continuation statements, check here  Number of continuation statements \_\_\_\_\_

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

2 TIN \_\_\_\_\_

3 Type of filer  
a  Specified individual    b  Partnership    c  Corporation    d  Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name \_\_\_\_\_ b TIN \_\_\_\_\_

**Part I Foreign Deposit and Custodial Accounts Summary**

1. Number of Deposit Accounts (reported in Part V) . . . . . ▶ 1  
2. Maximum Value of All Deposit Accounts . . . . . \$  
3. Number of Custodial Accounts (reported in Part V) . . . . . ▶  
4. Maximum Value of All Custodial Accounts . . . . . \$  
5. Were any foreign deposit or custodial accounts closed during the tax year? . . . . .  Yes  No

**Part II Other Foreign Assets Summary**

1. Number of Foreign Assets (reported in Part VI) . . . . . ▶  
2. Maximum Value of All Assets (reported in Part VI) . . . . . \$  
3. Were any foreign assets acquired or sold during the tax year? . . . . .  Yes  No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)**

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets (see instructions)**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 \_\_\_\_\_ 2. Number of Forms 3520-A \_\_\_\_\_ 3. Number of Forms 5471 \_\_\_\_\_ 1  
4. Number of Forms 8621 \_\_\_\_\_ 5. Number of Forms 8865 \_\_\_\_\_ 1

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report, attach a continuation sheet with the same information for each additional account (see instructions).

1 Type of account [ ] Deposit [ ] Custodial See Additional Data Table 2 Account number or other designation
3 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year
c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset
4 Maximum value of account during tax year \$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [ ] Yes [ ] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which account is maintained (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

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Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued)

7a Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
9 City or town, state or province, and country (including postal code)

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

1 Description of asset 2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [ ] Check if asset jointly owned with spouse d [ ] Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)
a [ ] \$0 - \$50,000 b [ ] \$50,001 - \$100,000 c [ ] \$100,001 - \$150,000 d [ ] \$150,001 - \$200,000
e If more than \$200,000, list value \$
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [ ] No
6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [ ] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, and country (including postal code)

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).
a Name of issuer or counterparty
Check if information is for [ ] Issuer [ ] Counterparty

b Type of issuer or counterparty

(1)  Individual      (2)  Partnership      (3)  Corporation      (4)  Trust      (5)  Estate

c Check if issuer or counterparty is a       U.S. person       Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

---

e City or town, state or province, and country (including postal code)

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**Additional Data**

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

**TY 2018 Foreign Tax Credit Carryback  
Computation Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

2017 FR TX PD 490680 CARRYOVER 490680 2016 FR TX PD 1254108 CARRYOVER 1254108 2015 FR TX PD 465747 CARRYOVER 465747 2014 FR TX PD 550298 CARRYOVER 550298 2013 FR TX PD 1002346 CARRYOVER 1002346 2012 FR TX PD 363405 CARRYOVER 363405 2011 FR TX PD 346519 CARRYOVER 346519 2010 FR TX PD 2010500 CARRYOVER 2010500 2009 FR TX PD 1401174 CARRYOVER 1401174 2008 FR TX PD 617258 CARRYOVER 617258

## TY 2018 Gen Dep

**Name:** DONALD J & MELANIA<TRUMP**SSN:****Spouse SSN:****Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction  
Reference:****Regulations Reference:****Description:** PREPARER NOTES

**Attachment Information:** THE FORM 5471 FILING REQUIREMENT FOR CARIBUSINESS; INVESTMENTS, SRL HAS BEEN SATISFIED BY CARIBUSINESS MRE LLC; (ADDRESS : C/O THE TRUMP ORGANIZATION NEW YORK, NY 10022;EIN 61-1707728).; CARIBUSINESS MRE LLC HAS E-FILED ITS RETURN FOR THE TAX YEAR; ENDED DECEMBER 31, 2018.; THE FORM 5471 FILING REQUIREMENT FOR NITTO WORLD LIMITED CO; HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC: (ADDRESS : C/O THE TRUMP ORGANIZATION ; NEW YORK, NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31, 2018.; THE FORM 8858 FILING REQUIREMENT FOR TRUMP EDUCATION ULC; HAS BEEN SATISFIED BY THE TRUMP ENTREPRENEUR INITIATIVE LLC; NEW YORK, NY 10022;EIN 20-1806597).; THE TRUMP ENTREPRENEUR INITIATIVE LLC HAS E-FILED ITS; RETURN FOR THE TAX YEAR ENDED DECEMBER 31, 2018.; THE FORM 8858 FILING REQUIREMENT FOR SLC TURNBERRY LIMITED; HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC: (ADDRESS : C/O THE TRUMP ORGANIZATION , NEW YORK, NY 10022;EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31, 2018.; THE FORM 8858 FILING REQUIREMENT FOR GOLF RECREATION; SCOTLAND LIMITED HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC (ADDRESS: C/O THE TRUMP ORGANIZATION ; NEW YORK, NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31, 2018.; THE FORM 8858 FILING REQUIREMENT FOR TIGL IRELAND MANAGEMENT; LIMITED HAS BEEN SATISFIED BY TW VENTURE II LLC (ADDRESS : C/O THE TRUMP ORGANIZATION NEW YORK, NY 10022; EIN 35-2497556).; TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED; DECEMBER 31, 2018.; THE FORM 8858 FILING REQUIREMENT FOR TIGL IRELAND; ENTERPRISES LIMITED HAS BEEN SATISFIED BY TW VENTURE II LLC (ADDRESS : C/O THE TRUMP ORGANIZATION NEW YORK, NY 10022; EIN 35-2497556).; TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED; DECEMBER 31 2018; THE FORM 8858 FILING REQUIREMENT FOR DT CONNECT EUROPE LIMIT; HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC: (ADDRESS : C/O THE TRUMP ORGANIZATION NEW YORK, NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE YEAR ENDED DECEMBER 31, 2018

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 17554

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 2385534



**TY 2018 Foreign Tax Credit Carryback  
Computation Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

2016 FR TX PD 8085 CARRYOVER 8085 2015 FR TX PD 8596 CARRYOVER 8596

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 4596905 PARTNERSHIP/S-CORP LOSSES 40690

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 56

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 30570817 PARTNERSHIP/S-CORP LOSSES 7037652

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 2658 PARTNERSHIP/S-CORP LOSSES 5784897



**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 353

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 47927 PARTNERSHIP/S-CORP LOSSES 1342957

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 84

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 259207 PARTNERSHIP/S-CORP LOSSES 1602139

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 4

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 3164 PARTNERSHIP/S-CORP LOSSES 107



**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 50 PARTNERSHIP/S-CORP LOSSES 1342957

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 2450 PARTNERSHIP/S-CORP LOSSES 1106533

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD .1 & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1345972

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN**

**Spouse SS**

**Explanation:**

BUSINESS EXPENSES 2005 PARTNERSHIP/S-CORP LOSSES 2447038

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 718067 PARTNERSHIP/S-CORP LOSSES 291551

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN.**

**Explanation:**

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1342957



**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:** . . . . .

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 76 PARTNERSHIP/S-CORP LOSSES 1343291

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 1329504 PARTNERSHIP/S-CORP LOSSES 2268199

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA <TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 54

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 25

**TY 2018 Foreign Income Net  
Adjustment Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

Explanation
ALLOCATION OF LOSSES FROM OTHER CATEGORIES 22457433

**TY 2018 Foreign Income Net  
Adjustment Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

Explanation
RECAPTURE OF OVERALL DOMESTIC LOSS 3456097



**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN**

**Explanation:**

BUSINESS EXPENSES 17554

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD I & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 2385534

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 4596905 PARTNERSHIP/S-CORP LOSSES 40690

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 56

efile GRAPHIC print - DO NOT PROCESS

LATEST DATA - Production

DLN: 16221684664919

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 30570817 PARTNERSHIP/S-CORP LOSSES 7037652

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 2658 PARTNERSHIP/S-CORP LOSSES 5784897



**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 353

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 47927 PARTNERSHIP/S-CORP LOSSES 1342957

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 84

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD T & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 259207 PARTNERSHIP/S-CORP LOSSES 1602139

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

PARTNERSHIP/S-CORP LOSSES 4

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 3164 PARTNERSHIP/S-CORP LOSSES 107



**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 50 PARTNERSHIP/S-CORP LOSSES 1342957

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 2450 PARTNERSHIP/S-CORP LOSSES 1106533

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1345972

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 2005 PARTNERSHIP/S-CORP LOSSES 2447038

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 718067 PARTNERSHIP/S-CORP LOSSES 291551

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1342957



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LATEST DATA - Production

DLN: 16221684664919

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 76 PARTNERSHIP/S-CORP LOSSES 1343291

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 1329504 PARTNERSHIP/S-CORP LOSSES 2268199

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 54

**TY 2018 Foreign Income Related Expenses  
Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

**Explanation:**

BUSINESS EXPENSES 25

**TY 2018 Foreign Income Net  
Adjustment Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

Explanation
ALLOCATION OF LOSSES FROM OTHER CATEGORIES 22455288

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

**TY 2018 Foreign Income Net  
Adjustment Statement**

**Name:** DONALD J & MELANIA<TRUMP

**SSN:**

**Spouse SSN:**

Explanation
RECAPTURE OF OVERALL DOMESTIC LOSS 26299188