efile GRAPHIC print - DO NOT PROCESS	LATEST DATA -	Production		Y Y	DLN:	16221684664919
Department of the Treasury—Internal I (99) U.S. Individual Incom	2	2018	∕IB No. 154	5-0074 IRS Use O	nly—Do no	ot write or staple in this space.
Filing status: Single Married filing jointly	Married filing separat	ely 🗆 Head o	of household	d 🔲 Qualif	fying wide	ow(er)
Your first name and initial DONALD J & MELANIA < TRUMP	Last name				Your so	cial security number
Your standard deduction: Someone can claim	you as a dependent	You were bor	n before Ja	nuary 2, 1954	☐ You	are blind
If a joint return, spouse's first name and initial	Last name				Spouse	e encial courity number
Spouse standard deduction: Someone can claim your Spouse is blind Spouse itemizes on a sep	spouse as a dependent parate return or you were du		vas born befo	ore January 2, 1954		-year health care coverage xempt (see inst.)
Home address (number 1 1 1 1). If you have a	P.O. box, see instruction	ns.	Apt	no.	Preside (see inst.	ential Election Campaign You Spouse
City, town or post office, state, and ZIP code. If you have PALM BEACH, FL 33480	a foreign address, attach So	chedule 6.				han four dependents, nd √here ► □
Dependents (see instructions):	2) Social security number	(3) Relations	hip to you	AND DESCRIPTION OF STREET		for (see inst.):
(1) First name Last name				Child tax credit	Cre	dit for other dependents
		· -				
Sign Here Under penalties of perjury, I declare that I have complete. Declaration of preparer (other than tax Your signature Joint return? See ******	examined this return and accompan spayer) is based on all information of	ying schedules and sta of which preparer has Date 10-11-2019	any knowledge Your occi PRESIDE	upation	If the IR	S sent you an Identity on PIN, enter it here (see
instructions. Keep a copy for your records. Spouse's signature. If a joint return records.	urn, both must sign.	Date 10-11-2019	Spouse's FIRST LA	occupation DY		S sent you an Identity on PIN, enter it here (see
Preparer's name DONALD BENDER	Preparer's signature	'		Firm's E 13-1459		Check if: 3rd Party
Preparer Use Only Firm's name MAZARS USA LLP			Phone n	0. (516) 488-1200		Designee Self-employed
WOODBURY, NY, 11 For Disclosure, Privacy Act, and Paperwork Reduc				Cat No. 11320B		Form 1040 (2018)

Form **1040** (2018)

Form 1040 (2018)				Page 2
	1	Wages, salaries, tips, etc. Attach Form(s) W-2 📆	1	393,957
	2a	Tax-exempt interest . 2a 1,154 b Taxable interest	2b	9,435,377
Attach Form(s) W-2. Also attach	3 a	Qualified dividends 3a 17,573 b Ordinary dividends	3b	60,254
Form(s) W-2G and	4a	IRAs, pensions, and annuities 4a b Taxable amount	4b	86,532
1099-R if tax was withheld.	5 a	Social security benefits 5a b Taxable amount	5b	
withheld.	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 14,418,973	6	24,395,093
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1 line 36, from line 6	7	24,339,696
Standard Deduction for-	8	Standard deduction or itemized deductions (from Schedule A)	8	1,388,307
	9	Qualified business income deduction (see instructions)	9	1,000,007
 Single or married filing separately, 	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	22,951,389
\$12,000 ·	11	a Tax (see inst) 5,287,122 (check if any from: 1 Form 8814 2 Form 4972		
jointly or Qualifying	1	3 ☐ b Add any amount from Schedule 2 and check here ▶ ☑	11	9,356,232
widow(er), \$24,000	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	12	8,356,766
■ Head of	13	Subtract line 12 from line 11. If zero or less, enter -0	13	999,466
Household,	14	Other taxes. Attach Schedule 4	14	1,069,356
\$18,000	15	Total tax. Add lines 13 and 14	15	2,068,822
If you checked any box under	16	Federal income tax withheld from Forms W-2 and 1099	16	87,310
Standard deduction, see instructions.	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5 11,962,437	17	11,962,437
	18	Add lines 16 and 17. These are your total payments	18	12,049,747
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	9,980,925
	20 a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	
Direct deposit? See instructions.	► d	Routing number Account number		
Δ		Amount of line 19 you want applied to your 2019 estimated tax 21 9,980,925		
Amount	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
You Owe	23	Estimated tax penalty (see instructions) 23		
Go to www.irs.gov/	'Form	1040 for instructions and the latest information.		Form 1040 (2018)

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040.

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

OMB No. 1545-0074

2018

Sequence No. 01

Name(s) shown on Form 1040 Your social security number DONALD J & MELANIA<TRUMP Additional 1-9b 10 Taxable refunds, credits, or offsets of state and local income taxes . . 0 10 Income 11 12 Business income or (loss). Attach Schedule C or C-EZ 🦅 12 -430,408 13 Capital gain or (loss). Attach Schedule D if required. 📆 If not required, check here 🕨 🗌 13 22,015,123 14 Other gains or (losses). Attach Form 4797 14 15b 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -11,992,220 18 19 Unemployment compensation 19 **20a** Reserved 20b 21 Other income. List type and amount 2 > 21 4,826,478 22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 14,418,973 Adjustments 23 23 Certain business expenses of reservists, performing artists, and to Income fee-basis government officials. Attach Form 2106 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses for members of the armed forces. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 55,397 28 Self-employed SEP, SIMPLE, and qualified plans . . 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 **34** Reserved 34 35 36 Add lines 23 through 35 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F Schedule 1 (Form 1040) 2018

SCHEDULE 2 (Form 1040)

Tax

OMB No. 1545-0074

2018 Attachment

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

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

SCHEDULE 3 (Form 1040)

Nonrefundable Credits

OMB No. 1545-0074

Department of the Treasury

Attach to Form 1040.

Internal Revenue Service		Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 03			
Name(s) shown on For	m 10	040	Your soc	ial security number	
DONALD J & MELA	NIA<	TRUMP			
Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required 📆	48	1,264,257	
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Reserved	52		
	53	Residential energy credit. Attach Form 5695	53		
	54	Other credits from Form a ☑ 3800 b □ 8801 c □	54	7,092,509	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	8,356,766	
For Paperwork Redu	ction	n Act Notice, see your tax return instructions. Cat. No. 71480G	Schedule	3 (Form 1040) 2018	

SCHEDULE 4 (Form 1040)

Other Taxes

OMB No. 1545-0074

2018 Attachment

Department of the Treasury

Attach to Form 1040.

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

Internal Revenue Service	ce			Sequence No. 04
Name(s) shown on	Form 1	040	Your soc	ial security number
DONALD J & M	ELANIA.	<trump< th=""><th></th><th></th></trump<>		
Other	57	Self-employment tax. Attach Schedule SE 🗑	5/	110,793
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60	^a Household employment taxes. Attach Schedule H 🧐 · · · · · · · · · · ·	60a	7,475
	1	b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a ☑ Form 8959 ❷ b ☑ Form 8960 ❷		
		c ☐ Instructions; enter codes(s) 🕏	62	951,088
	63	Section 965 net tax liability installment from Form 965-A	63	
	64	Add the amounts in the far right column. These are your total other taxes. Enter here and on Form 1040, line 14	64	1,069,356
For Paperwork R	eductio		Schedule	4 (Form 1040) 2018

SCHEDULE 5 (Form 1040)

Other Payments and Refundable Credits

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 05

Name(s) shown o	n Form 1	040 .	Your social se	curity number	
DONALD J & N	MELANIA:	<trump< th=""><th></th><th></th></trump<>			
Other	65	Reserved	65	10.1000 - 10.000 - 10	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	4,431,776	
and	67a	Reserved	67a		
Refundable	67b	Reserved			
Credits 68-69 R		Reserved	68-69		
	70	Net premium tax credit. Attach Form 8962	70		
Amount paid with request for extension to file (see instructions) Excess social security and tier I RRTA tax withheld 72 73 Credit for federal tax on fuels. Attach Form 4136			71	7,500,000	
			72	63	
			30,598		
	74	Credits from Form: a \square 2439 b \square Reserved c \square 8885 d \square	74		
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and on Form 1040, line 17	75	11,962,437	

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

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

SCHEDULE 6 (Form 1040)

Foreign Address and Third Party Designee

OMB No. 1545-0074

Department of the Treasury

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

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

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

Cat. No. 71483N

Schedule 6 (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Header - Primary Name Control: TRUM
Header - Spouse Name Control: TRUM
Dependent 1 Name Control: TRUM

Top Left Margin - Refund Product Code: NO FINANCIAL PRODUCT

efile GRAP	HIC	print - DO NOT PROCESS LATEST DATA - Production		D	LN:	16221684664919
SCHEDULE	A	Itemized Deductions			T	
(Form 1040)		Go to www.irs.gov/ScheduleA for instructions and the	ao late	est information	-	OMB No. 1545-0074
Department of the Treasury Attach to Form 1040.						2018
Internal Revenue S (99)	ervic	Caution: If you are claiming a net qualified disaster loss on Form line 16.	4684,	see the instructions for		Attachment Sequence No. 07
Name(s) show	n on	Form 1040			You	r social security number
DONALD J & M	ELAN	IIA <trump< th=""><th></th><th></th><th></th><th></th></trump<>				
Na 11 1		Caution: Do not include expenses reimbursed or paid by others.				Γ —
Medical	1	Medical and dental expenses (see instructions)	1			
and Dental	2	Enter amount from Form 1040, line 38 2			1	
	3	Multiply line 2 by 7.5% (0.075)	3			
Expenses		Cubtract line 2 from line 1 If line 2 in the line 1			4	
Taxes You		State and local taxes	T			
Paid	i	a State and local taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of				
		income taxes, check this box 🕨 🗌 · · · · · ·	5a	9,482,423		
		State and local real estate taxes (see instructions)	5b	1,029,017		
		State and local personal property taxes	5c			
	(Add lines 5a through 5c	5d	10,511,440		
	•	Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing separately)	5e	10,000		
	6	Other Taxes. List type and amount	6			
	7	Add lines 5e and 6	. – .		7	10,000
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home.				,
		see instructions and check this box				
Caution: Your mortgage interest deduction may		Home mortgage interest and points reported to you on Form 1098. Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8a	· · · · · · · · · · · · · · · · · · ·		
be limited (see instructions).		one show that person's frame, facilitying flot, and address #	8b			
,	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	,	Reserved	8d		2000	
		Add lines 8a through 8c	8e			
		Investment interest. Attach Form 4952 if required. See instructions	9	(A)		140
		Add lines Co and O		871,001	10	971 001
Cifts to		Gifts by cash or check. If you made any gift of \$250 or more, see	· ·		10	871,001
Gifts to Charity		instructions	11	500,150		
If you made a gift and got a benefit for it,	12	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
see instructions.	13	Carryover from prior year	13			
		Add lines 11 through 13			14	500,150
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (other tha losses). Attach Form 4684 and enter the amount from line 18 of that fo	n net rm. S	qualified disaster ee instructions .	15	
Other	16	Other — from list in instructions. List type and amount 🕨 🕏				
Itemized Deductions						ng press
	17	Add the amounts in the far right column for lines 4 through 15. Also	tor th	is amount or	16	7,156
Total Itemized		Add the amounts in the far right column for lines 4 through 16. Also, en Form 1040, line 8			17	1,388,307
Deductions	18	If you elect to itemize deductions even though they are less than your s		The second of th		
For Paperwork	c Re	deduction, check here			dule	A (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

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

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

DLN: 16221684664919

TY 2018 Net Operating Loss

Carryforward Deduction Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN:

Regulation: Pub 536 Deducting a Carryforward

Net Operating Loss Carryforward TOTAL AMOUNT AVAILABLE FOR CARRYOVER - 63203350; LESS **Deduction Statement:** TOTAL AMOUNTS USED - 63203350; YEAR CARRIED FROM - 2013

AMOUNT AVAILABLE FOR CARRYOVER - 63203350 AMOUNT USED IN 21557573 AMOUNT USED IN 2018 23422109 AMOUNT

USED IN 2016 18223668;

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

TY 2018 Other Tax Statement

Name: DONALD J & MELANIA<TRUMP

SSN: Spouse SSN:

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

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Productio	DLN: 16221684664919
TY 2018 Other Miscellaneous Deductions	
Statement	

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE B OMB No. 1545-0074 Interest and Ordinary Dividends (Form 1040) Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040. Name(s) shown on return DONALD J & MELANIA<TRUMP Your social security number 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used Part I Interest (See instructions and the instructions for Form 1040. line 2b.)

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

	the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address		Amount
		1	
		-	
	-		
	Payer		Amount
	See Additional Data Table		
	· · · · · · · · · · · · · · · · · · ·		
	Add the amounts on line 1	2	9,435,377
ļ	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b	4	9,435,377
te	:: If line 4 is over \$1,500, you must complete Part III.		Amount

Part II		List name of payer				
7.77.7		FROM K-1 - PARK BRIAR ASSOCIATES LLC				,001
Ordinary		FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	- 1			,002
Dividends		FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR			2	,334
(See instructions		FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR			4	,668
and the		FROM K-1 - DONALD J TRUMP ELIZABETH TRUST			3	,951
instructions for Form 1040,		FROM K-1 - DONALD J TRUMP 'FRED' TRUST	L		5	,386
line 3b.)		FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD			8	,236
,		FROM K-1 - STARRETT CITY ASSOCIATES	5		26	,270
Note: If you		FROM K-1 - SC LP SHOPPING CENTER LLC				406
received a Form						
1099-DIV, or substitute						
statement from			ſ			
a brokerage firm,						
list the firm's name as the	20					
payer and enter						
the ordinary	20					
dividends shown on that form.			Ī			
on that form.	98					
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b	6		60	,254
	No	te: If line 6 is over \$1,500, you must complete Part III.				
Part III	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividend	s; (b) had a		
		eign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a f			Yes	No_
Foreign	7a	At any time during 2018, did you have a financial interest in or signature authority over a	financ	cial account		
Accounts		(such as a bank account, securities account, or brokerage account) located in a foreign country instructions	ıntry :	See	Yes	
and			٠.		res	
		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Actor report that financial interest or signature authority? See FinCen Form 114 and its instruction.				
Trusts		requirements and exceptions to those requirements			Yes	
(See instructions.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where t	he fin	nancial	103	
		account is located ►UK				
	8	During 2019, did you receive a distribution from any your the arrate of a transfer				
	0	During 2018, did you receive a distribution from, or were you the grantor of, or transferor trust? If "Yes," you may have to file Form 3520. See instructions	ю, а	roreign		No
For Danonus de Da	du		•			
roi Paperwork Ke	auc	tion Act Notice, see your tax return instructions. Cat. No. 17146N	Sche	edule B (For	m 104	iu) 2018

Software ID: Software Version: SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part I, Line 1 - Interest Subtotal Literal: INTEREST SUBTOTAL

Part I, Line 1 - Interest Subtotal Amount: 9,454,934

Part I, Line 1 - Nominee Interest Literal: NOMINEE DISTRIBUTION

Part I, Line 1 - Nominee Interest Amount: 19,557

Part II, Line 5 - Nominee Dividend Literal: NOMINEE DISTRIBUTION

Form 1040 Schedule B, Part I, Group 2

#	Payer	Amount
1 (CAPITAL ONE NA	414,361
2]	P MORGAN CHASE	1,620
3 B	BANK UNITED	1,869
4 P	PROFESSIONAL BANK	69,396
5 I	VANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7 E	RIC TRUMP	24,000
8 F	FIRST REPUBLIC BANK	25
9 S	SIGNATURE BANK	5,368
10 F	ROM K-1 - PARK BRIAR ASSOCIATES LLC	2,005
11 F	ROM K-1 - MAR-A-LAGO CLUB LLC	24
12 F	ROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	105,158
13 F	ROM K-1 - HUDSON WATERFRONT ASSOC V LP	2,789,104
14 F	ROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,310,223
15 F	ROM K-1 - TRUMP CPS LLC	28
16 F	ROM K-1 - TRUMP PLAZA LLC	588
17 F	ROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	121
18 F	ROM K-1 - DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	35,917
19 F	ROM K-1 - DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	18,817
20 F	ROM K-1 - TIPPERARY REALTY CORP	58
21 F	ROM K-1 - DJT HOLDINGS MM LLC - PARC CONSULTING INC	105
22 F	ROM K-1 - TRUMP PLAZA MEMBER INC	6
23 F	ROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	3,026
24 F	ROM K-1 - TRUMP TOWER MANAGING MEMBER INC	160
25 F	ROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	1,263
26 F	ROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	2,591
27 F	ROM K-1 - TRUMP MANAGEMENT INC	155
28 F	ROM K-1 - STARRETT CITY ASSOCIATES	5,815
29 F	ROM K-1 - HUDSON WATERFRONT ASSOC III LP	4,387,054
30 F	ROM K-1 - DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	21
31 F	ROM K-1 - TIHT COMMERCIAL LLC	1,150
32 F	ROM K-1 - TRUMP MARKS WAIKIKI CORP	-
33 F	FROM K-1 - SC LP SHOPPING CENTER LLC	733

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ►Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attachment Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions MANAGEMENT SERVICES 541600 C Business name. If no separate business name, leave blank. D Employer ID number DONALD J TRUMP (EIN)/(see instr.) E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 (2) Accrual (3) Uther (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses **H** If you started or acquired this business during 2018, check here. I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ✓ No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-? and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 0 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 7 Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 18 Office expense (see instructions) 18 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 instructions) 9 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 **b** Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses included in Part III) (see 23 38.764 instructions) 24 Travel and meals: 13 14 Employee benefit programs a Travel 24a 14 (other than on line 19) b Deductible meals (see instructions) . 24h 15 Insurance (other than health) 15 **25** Utilities 25 16 Interest (see instructions): 26 Wages (less employment credits) 26 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a b Other 16b b Reserved for future use . . 27b 17 Legal and professional services 17 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 38,764 29 Tentative profit or (loss), Subtract line 28 from line 7 29 -38,764 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -38,764

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

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

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

If a loss, you must go to line 32.

enter on Form 1041, line 3.

32a All investment is at risk.

32b Some investment is not at risk.

Total other expenses. Enter here and on line 27a

Schedule C (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions C Business name. If no separate business name, leave blank. D Employer ID number DJT AEROSPACE LLC (EIN)/(see instr.) E Business address (including suite or room no.) C/O MAZARS City, town or post office, state, and ZIP code WOODBURY, NY 11797 F Accounting method: (1) Z Cash (2) Accrual (3) Unther (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses H If you started or acquired this business during 2018, check here. I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ✓ Yes ☐ No ✓ Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported 53,200 to you on Form W-2 and the "Statutory employee" box on that form was checked Returns and allowances 2 0 3 Subtract line 2 from line 1 3 53,200 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 53,200 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 . . 53,200 Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 18 Office expense (see instructions) 18 8 1,015 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 9 instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a 17,453 11 Contract labor (see instructions) 11 2.453 b Other business property 20b 69 12 Depletion 12 21 Repairs and maintenance 21 57,473 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses 23 67 included in Part III) (see instructions) 24 Travel and meals: 13 a Travel 14 Employee benefit programs 3,140 14 23 (other than on line 19) b Deductible meals (see instructions) . 24b 15 Insurance (other than health) 15 10,467 **25** Utilities 16 Interest (see instructions): 26 Wages (less employment credits) 26 48,465 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 278 12,852 **b** Other 16b b Reserved for future use . 27b 17 Legal and professional services 17 450 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 153,927 29 Tentative profit or (loss), Subtract line 28 from line 7 -100,727 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -100,727 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on 32a All investment is at risk. Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not at risk.

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

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

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

47a Do you have evidence to support your deduction?

Total other expenses. Enter here and on line 27a

b If "Yes," is the evidence written?

MISCELLANEOUS FEES

UNIFORM EXPENSE

FUEL EXPENSE

LANDING FEES

CLEANING FEES

48

48 12,852 Schedule C (Form 1040) 2018

☐ No

□ No

128

131

3,326

9,026

241

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Form 1040 Schedule C, Part V, Other expenses:

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ► Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attachment Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions AVIATION 532289 C Business name. If no separate business name, leave blank. D Employer ID number DJT OPERATIONS I LLC (EIN)/(see instr.) 27-3212458 E Business address (including suite or room no.) C/O MAZARS City, town or post office, state, and ZIP code WOODBURY. NY 11797 F Accounting method: (1) 🗹 Cash (2) Accrual (3) Uther (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses H If you started or acquired this business during 2018, check here. I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ✓ Yes ☐ No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 0 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 7 Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 18 Office expense (see instructions) 18 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 9 instructions) 20 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 **b** Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) expense deduction (not 23 Taxes and licenses included in Part III) (see 23 2.277 instructions) 24 Travel and meals: 13 11,877 14 Employee benefit programs 24a 14 (other than on line 19) b Deductible meals (see instructions) . 24h 15 Insurance (other than health) 15 **25** Utilities 25 16 Interest (see instructions): 26 Wages (less employment credits) 26 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a **b** Other 16b b Reserved for future use . . 17 Legal and professional services 17 1,000 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 28 15,154 29 Tentative profit or (loss), Subtract line 28 from line 7 29 -15,154 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -15,154 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on 32a All investment is at risk. Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

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

32b Some investment is not at risk.

Total other expenses. Enter here and on line 27a

Schedule C (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 SCHEDULE C OMB No. 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions) B Enter code from instructions C Business name. If no separate business name, leave blank. D Employer ID number DT ENDEAVOR I LLC (EIN)/(see instr.) 35-2555712 E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, (2) Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses ☐ Yes 🗹 No **H** If you started or acquired this business during 2018, check here. I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ✓ Yes ☐ No ✓ Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported 1 38,392 to you on Form W-2 and the "Statutory employee" box on that form was checked 2 0 3 Subtract line 2 from line 1 3 38.392 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 5 38,392 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 38,392 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 18 8 Advertising 8 18 Office expense (see instructions) 9 Car and truck expenses (see 19 Pension and profit-sharing plans 19 instructions) 20 Rent or lease (see instructions): 10 10 Commissions and fees . . . a Vehicles, machinery, and equipment 20a 17,751 11 Contract labor (see instructions) 11 b Other business property 20b 12 Depletion 12 21 Repairs and maintenance 21 73,326 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 5,185 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 1,040 instructions) 24 Travel and meals: 13 152,098 a Travel 14 Employee benefit programs 4,826 (other than on line 19) b Deductible meals (see instructions) . 24b 15 Insurance (other than health) 15 4.417 25 Utilities 16 Interest (see instructions): 26 Wages (less employment credits) 26 14,759 a Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) 27a 32,954 16b b Reserved for future use . . 27b 17 Legal and professional services 17 6.417 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 312,773 Tentative profit or (loss). Subtract line 28 from line 7 -274,381 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: part of your home used for business: . Use the Simplified Method Worksheet in the instructions 30 to figure the amount to enter on line 30. Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 -274,381 If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on 32a All investment is at risk.

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

enter on Form 1041, line 3.

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

32b Some investment is not at risk.

Par	t III Cost of Goods Sold (see instructions)	, 450
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c C	Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	Yes No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 0
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 0
Par	t IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not req this business. See the instructions for line 13 to find out if you must file Form 4562.	uired to file Form 4562 for
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vel	hicle for:
а	Business b Commuting (see instructions) c Oth	her
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47a	Do you have evidence to support your deduction?	☐ Yes ☐ No
ь	If "Yes," is the evidence written?	☐ Yes ☐ No
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
	EXPENSE	
TELE	PHONE	8,601
40	Tatal ather arrange Fater have and as the 27	Tari
48	Total other expenses. Enter here and on line 27a	48 32,954
		Schedule C (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DUNALD J & MELANIA<TRUMP

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

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production

DLN: 16221684664919

SCHEDULE C

(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074 2018

(1 01111 10	130		(Sole Pr	oprietorship)		4010
Department of Internal Reve	Title Treasury	Go to <u>www.ii</u> h to Form 10	<u>rs.gov/ScheduleC</u> for 140, 1040NR, or 1041	r instructions and the latest informati 1; partnerships generally must file Fo	ion. rm 1065.	Attachment Sequence No. 09
Name of pi	roprietor				Social sec	curity number (SSN)
DONALD J	TRUMP					
	business or profession,	including prod	duct or service (see ins	tructions)	B Enter cod	e from instructions 532289
	name. If no separate b RATIONS II LLC	usiness name	, leave blank.		D Employer (EIN)/(se 27-32124	e instr.)
E Business City, tow	address (including suite on or post office, state, a	e or room no.) and ZIP code		NY 11797		
F Accounti	ng method: (1) 🗹 C	ash (2)	Accrual (3)	Other (specify)		
			on of this business duri	ng 2018? If "No," see instructions for limi	t on losses	· Yes V No
H If you st	arted or acquired this bu	usiness during	2018, check here			► Tes V No
I Did you	make any payments in 2	2018 that wou	ld require you to file Fo	orm(s) 1099? (see instructions) .		· Yes 🗆 No
J If "Yes,"	did you or will you file r	equired Forms	5 1099?			· Ves No
Part I	Income					
1 Gros	s receipts or sales. See ou on Form W-2 and the	instructions fo	or line 1 and check the	box if this income was reported	¬ 1	
2 Retu	rns and allowances	· · · · ·	· · · · · · ·		. 2	0
3 Subt	ract line 2 from line 1				. 3	
4 Cost	of goods sold (from line	2 42)			. 4	0
	ss profit. Subtract line 4				. 5	
6 Othe	r income, including fede	eral and state	gasoline or fuel tax cre	dit or refund (see instructions)	. 6	
	ss income. Add lines 5			 	▶ 7	
Part II		1125	business use of you	r home only on line 30.		
8 Adverti		. 8		18 Office expense (see instructions)	18	
instruc	d truck expenses (see tions)	. 9		19 Pension and profit-sharing plans	19	
	ssions and fees	. 10		 20 Rent or lease (see instructions): a Vehicles, machinery, and equipment 		
11 Contra	ct labor (see instructions	s) 11		b Other business property	20a	
12 Depleti	on	. 12	New York Control of the Control of t		· 20b	
STREET STREET, STREET,	iation and section 179			21 Repairs and maintenance	. 21	
expens	e deduction (not			22 Supplies (not included in Part III) 23 Taxes and licenses	22	202
include	d in Part III) (see tions)	12		24 Travel and meals:	. 23	382
	ree benefit programs	13		a Travel	. 24a	
	than on line 19) .	. 14		b Deductible meals (see instruction	,	
15 Insurar	nce (other than health)	15			240	-
16 Interes	t (see instructions):			25 Utilities	. 25	
a Mortga	age (paid to banks, etc.)	16a		60 600 4000 4000 5000 500 500 500 500 500 50	26	
b Other		. 16b		27a Other expenses (from line 48) b Reserved for future use	. 27a	
17 Legal a	nd professional services	17	1,000	b Reserved for future use	. 2/6	
28 Tota	l expenses before expe	enses for busir	ess use of home. Add	lines 8 through 27a	▶ 28	1,382
29 Tenta	ative profit or (loss). Sul	btract line 28 f	from line 7 .	* * * * * * * * * * * * * *	. 29	-1,382
				enses elsewhere. Attach Form 8829 unle	SS	
Sim	the simplified method (olified method filers o	(see instruction nlv: enter the	ns). total square footage o	f: (a) your home: and (b) the	
part	of your home used for b	usiness:	Use the Si	mplified Method Worksheet in the instruc	tions	
_	ure the amount to enter				30	
31 Net If a p	profit or (loss). Subtrac profit, enter on both For	ct line 30 from m 1040, line	12. (or Form 1040NI	R, line 13) and on Schedule SE, line	1	
2. (If	you checked the box or	n line 1, see in	structions). Estates an	nd trusts, enter on Form 1041, line 3.	}	_
25			- 100 × 100	verence and the second	J 31	-1,382
	oss, you must go to line u have a loss, check the		ribes vour investment	in this activity (see instructions).		1,302
 If you 	u checked 32a, enter the	e loss on both	Form 1040, line 12,	(or Form 1040NR, line 13) and on	32a 🗸 🗸	All investment is at risk.
Sche	dule SE, line 2. (If you on Form 1041, line 3.	checked the	box on line 1, see the l	ine 31 instructions). Estates and trusts,		AND CO 1900 OF THE PROPERTY OF
	u checked 32b, you mus		n 6198. Your loss may	be limited.	. 32b 📙 s	Some investment is not at risk.

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

Schedule C (Form 1040) 2018

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

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

DLN: 16221684664919

OMB No. 1545-0074

SCHEDULE D (Form 1040) 5

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

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss froi Form(s) 8949, Pa line 2, column (m irt I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	961				961
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and sho	rt-term gain or (loss) fro	m Forms 4684, 6781, and	8824	4	
5	Net short-term gain or (loss) from partne					
6	Schedule(s) K-1	he amount if any from l	ing 9 of your Capital Los		5	
J	Carryover Worksheet in the instruction	s			6	()
7	Net short-term capital gain or (loss). capital gains or losses, go to Part II below	Combine lines 1a throug	h 6 in column (h). If you	have any long-term		061
	capital gallis of losses, go to raft il below	. Otherwise, go to Part III	on the back	· ·	7	961

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		er on the lines below. Proceeds Cost orm may be easier to complete if you (sales price) (or other basis)		(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			,			
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
11	Gain from Form 4797, Part I; long-term of from Forms 4684, 6781, and 8824. Net long-term gain or (loss) from partner				11	23,609,622 -1,595,460	
13	Capital gain distributions. See the instruc				13	1,555,100	
14 15	Long-term capital loss carryover. Enter the Worksheet in the instructions	ne amount, if any, from li			14	()	
-5	on the back	· · · · · · ·	· · · · · · · ·		. 15	22,014,162	

Part III Summary		
16 Combine lines 7 and 15 and enter the result	. 16	22,015,123
 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line Then go to line 17 below. 	e 14.	
 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complet line 22. 	e	
 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains?		
Yes. Go to line 18.		
No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the am any, from line 7 of that worksheet	nount, if 18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instruct enter the amount, if any, from line 18 of that worksheet	tions),	12,022,472
20 Are lines 18 and 19 both zero or blank?		
Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instruction Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines and 22 below.	ons for s 21	
No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 2 below.	1 and 22	
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of 21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of 21 If line 16 is a loss, enter here and on Form 1040NR, line 16 is a loss of 21 If line 17 is a loss of 21 If line 18 is a loss of 2	of:	
• The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)	21	()
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instruction Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).	ons for	
No. Complete the rest of Form 1040 or Form 1040NR.		
	Sche	dule D (Form 1040) 2018

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

DLN: 16221684664919

Internal Revenue Service

OMB No. 1545-0074 **SCHEDULE E** Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, (Form 1040) trusts, REMICs, etc.) Department of the Treasury Attach to Form 1040, 1040NR, or Form 1041. Sequence No. 13 ▶Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social security number DONALD J & MELANIA < TRUMP Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Α Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) If "Yes," did you or will you file all required Forms 1099? Physical address of each property (street, city, state, and ZIP code) A В C NEW YORK, NY 10022 Type of Property Fair Rental 2 For each rental real estate property listed Personal 1h VLQ (from list below) Days Use Days above, report the number of fair rental and ROYALTIES personal use days. Check the QJV box only if Α you meet the requirements to file as a В ROYALTIES В qualified joint venture. See instructions. C COMMERCIAL C 365 Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** A B C Rents received 3 75,000 4 Royalties received 4 221,753 Expenses: 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 14,425 8 Commissions 8 9 9 10 Legal and other professional fees 10 500 Management fees 11 2,250 11 Mortgage interest paid to banks, 12 12 etc. (see instructions) 13 13 Other interest 14 Repairs 14 15 Supplies 15 16 Taxes 16 20,174 17 Utilities 17 10,976 18 Depreciation expense or depletion · · · 18 17,487 Other (list) 19 64.772 **BOOK WRITER FEE** 20 Total expenses. Add lines 5 through 19 · · 20 64,772 65,812 Subtract line 20 from line 3 (rents) and/or 4 21 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 156,981 9,188 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 23a 75,000 Total of all amounts reported on line 4 for all royalty properties b 23h 221.823 C Total of all amounts reported on line 12 for all properties 230 Total of all amounts reported on line 18 for all properties d 230 17,487 Total of all amounts reported on line 20 for all properties e 236 130.584 24 Income. Add positive amounts shown on line 21. Do not include any losses 166,239 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25 () Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 166,239

Name(s) shown on return. Do not enter name and social security number if shown on other side. Vaur social security number Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations -- Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions) Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. . ✓ Yes __ No (e)Check if basis (f)Check if any (c)Check if (b)Enter P for partnership; S for S corporation (d)Employer 28 computation is (a)Name amount is not identification number partnership required at risk See Additional Data Table В П П С П D Passive Income and Loss Nonpassive Income and Loss (g) Passive loss allowed (h) Passive income (i) Nonpassive loss (j) Section 179 expense (k) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 A See Additional Data Table В С D 29a Totals 67 475 268 7,563,094 **b** Totals 55,490,828 31,705,993 30 Add columns (h) and (k) of line 29a 30 75,038,362 Add columns (g), (i), and (j) of line 29b (87,196,821) 31 Total partnership and S corporation income or (loss). Combine lines 30 and 31 32 -12,158,459 Income or Loss From Estates and Trusts 33 (b) Employeridentification number See Additional Data Table A В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 Schedule K-1 See Additional Data Table A В 34a Totals **b** Totals Add columns (d) and (f) of line 34a 35 Add columns (c) and (e) of line 34b 36 () Total estate and trust income or (loss). Combine lines 35 and 36... Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder 38 (b) Employer (c) Excess inclusion from (d) Taxable income (net loss) (e) Income from (a) Name Schedules Q, line 2c identification number Schedules Q, line 3b from Schedules Q, line 1b (see instructions) Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 -11,992,220 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule 42 K-1 (Form 1041), line 14, code F (see instructions) Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity 43 Schedule E (Form 1040) 2018 Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
Α	THE EAST 61 ST COMPANY	Р		13-3057745	
В	UNREIMBURSED EXPENSES	Р		13-3057745	
С	THE EAST 61 ST COMPANY	Р		13-3057745	
D	PARK BRIAR ASSOCIATES LLC	Р		11-6160410	
E	MAR-A-LAGO CLUB LLC	Р		65-0567671	
F	UNREIMBURSED EXPENSES	Р		65-0567671	
G	40 WALL DEVELOPMENT ASSOC LLC	Р		13-3845249	
н	UNREIMBURSED EXPENSES	Р		13-3845249	-
I	HUDSON WATERFRONT ASSOC I LP	P		13-3796302	
J	HUDSON WATERFRONT ASSOC V LP	Р		13-3796322	-
K	HUDSON WATERFRONT ASSOC II LP	Р		13-3796305	
L	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315	
М	HUDSON WATERFRONT ASSOC IV LP	Р		13-3796319	
N	TRUMP CPS LLC	Р		13-3917414	
o	UNREIMBURSED EXPENSES	Р		13-3917414	
Р	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	Р		27-4162308	
Q	TRUMP PLAZA LLC	Р		13-3972488	ANAMAN I I I I I I I I I I I I I I I I I I I
R	UNREIMBURSED EXPENSES	Р		13-3972488	
s	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	Р		27-416,2308	
Т	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	Р		27-4162308	
U	TRUMP 845 UN LIMITED PARTNERSHIP	Р		13-3958323	
v	UNREIMBURSED EXPENSES	Р		13-3958323	
w	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	Р		27-4162308	
х	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	Р		27-4162308	
Υ	TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	Р		13-4040286	
z	UNREIMBURSED EXPENSES	P		13-4040286	
AA	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-4162308	
ΑВ	REG TRU EQUITIES LTD	S		11-2482098	
AC	TIPPERARY REALTY CORP	S		11-2405629	
AD	PLAZA CONSULTING CORP	S		13-3385468	
ΑE	THE TRUMP CORPORATION	S		13-3038887	
ΑF	UNREIMBURSED EXPENSES	S		13-3038887	
AG	TRUMP PROJECT MANAGEMENT CORP	S		13-3775593	
АН	UNREIMBURSED EXPENSES	S		13-3775593	
ΑI	TRUMP'S CASTLE MANAGEMENT CORP	S		22-3167829	
AJ	TRAVEL ENTERPRISES MANAGEMENT INC	S		13-3345689	

AK THE TRUMP HOTEL CORP	oyer (e) Check if any amount is not at risk
BM HELICOPTER AIR SERVICES INC	478
BN DJT HOLDINGS MM LLC - PARC CONSULTING INC S 27-4162 BO THE TRUMP ORGANIZATION INC S 13-3070 BP TRUMP EMPIRE STATE INC S 13-3766 BQ FIFTY-SEVEN MANAGEMENT CORP S 13-3860 BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC S 27-4162 BS TRUMP VILLAGE CONSTRUCTION CORP S 11-1993 BT TRUMP CPS CORP S 13-3914 BV FIRST MEMBER INC S 27-4162 BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S 27-4162 BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162 BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 13-3494 BY FLIGHTS INC S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP PLAZA MEMBER INC S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 <th>527</th>	527
BO THE TRUMP ORGANIZATION INC	858
BP TRUMP EMPIRE STATE INC S 13-3766 BQ FIFTY-SEVEN MANAGEMENT CORP S 13-3860 BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC S 27-4162 BS TRUMP VILLAGE CONSTRUCTION CORP S 11-1993 BT TRUMP CPS CORP S 13-3917 BU FIRST MEMBER INC S 13-3914 BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S 27-4162 BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162 BX TRUMP PAYROLL CORP S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 BZ TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP B45 UN MGR CORP S 13-4026 B BEACH HAVEN APARMTENTS #1 INC DJT GR TR S 11-16814	256
BQ FIFTY-SEVEN MANAGEMENT CORP S	440
BR DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC S 27-4162 BS TRUMP VILLAGE CONSTRUCTION CORP S 11-1993 BT TRUMP CPS CORP S 13-3917 BU FIRST MEMBER INC S 13-3914 BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC S 27-4162 BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162 BX TRUMP PAYROLL CORP S 13-3494 BY FLIGHTS INC S 13-3929 BZ TRUMP PLAZA MEMBER INC S 13-3979 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993 B TRUMP TOWER MANAGING MEMBER INC S 13-3981 B TRUMP 845 UN MGR CORP S 13-4026 B BEACH HAVEN APARTMENTS #1 INC DJT GR TR S 11-16816	196
BS TRUMP VILLAGE CONSTRUCTION CORP S	845
BT TRUMP CPS CORP S	256
BU FIRST MEMBER INC S	421
BV DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S	416
BW DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162: BX TRUMP PAYROLL CORP S 13-34944 BY FLIGHTS INC S 13-39290 BZ TRUMP PLAZA MEMBER INC S 13-39790 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-19934 B TRUMP TOWER MANAGING MEMBER INC S 13-39812 B TRUMP 845 UN MGR CORP S 13-40262 B BEACH HAVEN APARMTENTS #1 INC DJT GR TR S 11-16814	818
BX TRUMP PAYROLL CORP S 13-34944 BY FLIGHTS INC S 13-39290 BZ TRUMP PLAZA MEMBER INC S 13-39790 B TRUMP VILLAGE CONST CORP-DJT GR TR S 11-19934 B TRUMP TOWER MANAGING MEMBER INC S 13-39812 B TRUMP 845 UN MGR CORP S 13-40262 B BEACH HAVEN APARMTENTS #1 INC DJT GR TR S 11-16814	256
BY FLIGHTS INC S	256
BZ TRUMP PLAZA MEMBER INC S	471
B TRUMP VILLAGE CONST CORP-DJT GR TR S	051
B TRUMP TOWER MANAGING MEMBER INC S 13-39812 B TRUMP 845 UN MGR CORP S 13-40262 B BEACH HAVEN APARMTENTS #1 INC DIT GR TR S 11-16814	038
B TRUMP 845 UN MGR CORP S 13-40262 B BEACH HAVEN APARMTENTS #1 INC DIT GR TR S 11-16814	421
B BEACH HAVEN APARMTENTS #1 INC DIT GR TR S 11-16814	225
D SHODE HAVEN ADADTMENTS #1 INC DIT OF TR	239
B SHORE HAVEN APARTMENTS #1 INC DJT GR TR S 11-15828	481
	802
B TRUMP MANAGEMENT INC S 11-21968	335
B TRUMP PARK AVENUE LLC (DELMONICO) P 01-05802	204
B UNREIMBURSED EXPENSES P 01-05802	204
B TRUMP TORONTO DEVELOPMENT INC S 20-00057	703
B STARRETT CITY ASSOCIATES P 11-61893	342
B TRUMP LAS VEGAS SALES & MARKETING INC S 20-18665	514
B TRUMP PARK AVENUE LLC P 20-19080	009
C UNREIMBURSED EXPENSES P 20-19080	009
C DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP S 27-41622	256
C DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC P 27-41623	
C DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER P 27-41623	308
C TRUMP INTERNATIONAL GOLF CLUB LLC P 65-07504	146
C DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC S 27-41622	256
C DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC P 27-41623	308
C DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING S 27-41622	256

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

	partnership; S for S corporation	foreign partnership	identification number	(e) Check if any amount is not at risk
OT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER ORP				
T HOLDINGS LLC - GOLF PRODUCTIONS LLC	Р		27-4162308	П
OT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB ASHINGTON DC	S		27-4162256	
ELANIA MARKS ACCESSORIES LLC	Р		27-0226891	
T HOLDINGS LLC - TRUMP ACQUISITION LLC	Р		27-4162308	
ELANIA MARKS ACCESSORIES MEMBER CORP	S		27-0226852	
JT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES EMBER CORP	S	·	27-4162256	
IT HOLDINS MM LLC - TRUMP MARKS MENSWEAR MEMBER DRP	S		27-4162256	
C LP SHOPPING CENTER LLC	Р		27-1551456	
T HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	Р		27-4162308	
T HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S		27-4162256	
T HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	Р		27-4162308	
RUMP INTERNATIONAL GOLF CLUB LLC	Р		65-0750446	
NREIMBURSED EXPENSES .	Р	-	65-0750446	
RUMP INTERNATIONAL HOTEL HAWAII LLC	Р		27-0963857	
T HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S		27-4162256	
IT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM EMBER CORP	S		27-4162256	
RUMP FERRY POINT MEMBER CORP	S		27-8202438	
T HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT EMBER CORP	S		27-4162256	
T HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO EMBER CORP	S		27-4162256	П
T HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S	П	27-4162256	
HH MEMBER CORP	S		27-0963803	
T HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER DRP	S		27-4162256	
LUMP TORONTO HOTEL MANAGEMENT CORP	S		26-4450770	
T HOLDINGS LLC - TRUMP FERRY POINT LLC	Р		27-4162308	
T HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	Р		27-4162308	
T HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	Р	О	27-4162308	
T HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	Р		27-4162308	
T HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER C	Р	П	27-4162308	
T HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	Р	П	27-4162308	
T HOLDINGS LLC - TRUMP CAROUSEL LLC	Р	П	27-4162308	
T HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER C	Р	П	27-4162308	
T HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM NAGEMENT LLC	Р		27-4162308	
T HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MBER CORP	S	П	27-4162256	
	SHINGTON DC LANIA MARKS ACCESSORIES LLC THOLDINGS LLC - TRUMP ACQUISITION LLC LANIA MARKS ACCESSORIES MEMBER CORP HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEER CORP HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER RP LP SHOPPING CENTER LLC HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES LLC HOLDINGS MM LLC - TRUMP LAS VEGAS CORP HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC JMP INTERNATIONAL GOLF CLUB LLC REIMBURSED EXPENSES JMP INTERNATIONAL HOTEL HAWAII LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MERE CORP JMP FERRY POINT MEMBER CORP HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEER CORP HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEER CORP HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEER CORP HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEER CORP HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEER CORP HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER RP HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER HOLDINGS LLC - TRUMP PERRY POINT LLC HOLDINGS LLC - TRUMP PERRY POINT LLC HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM LAGEMENT LLC HOLD	THOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB SHINGTON DC LANIA MARKS ACCESSORIES LLC P HOLDINGS LLC - TRUMP ACQUISITION LLC P LANIA MARKS ACCESSORIES MEMBER CORP S HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MBER CORP LP SHOPPING CENTER LLC P HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER RP LP SHOPPING CENTER LLC P HOLDINGS MM LLC - TRUMP LAS VEGAS CORP S HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP S HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP S HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM S HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO S HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO S HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO S HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT S HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO S HOLDINGS MM LLC - TRUMP PANAMA HOTEL MEMBER CORP HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER S HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER S HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER P HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER P HOLDINGS LLC - TRUMP PANAMA CONDOMINUM P VAGGEMENT LLC HOLDINGS LLC - TRUMP PANAMA CONDOMINUM P VAGGEMENT LLC HOLDINGS LLC - TRUMP PANAMA CONDOMINUM P VAGGEMENT LLC HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT S HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER P HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER P HOLDINGS LLC - TRUMP PANAMA CONDOMINUM P VAGGEMENT LLC HOLDINGS MM LLC - TRUMP INTERNAT	THOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB SHINGTON DC LANIA MARKS ACCESSORIES LLC P THOLDINGS LLC - TRUMP ACQUISITION LLC P HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES B HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER RP HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER RP HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC P HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC P HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC P HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES LLC P HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO LLC P REIMBURSED EXPENSES P HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM S HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM S HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER REPROP HOLDINGS MM LLC - TRUMP CHICAGO HOTEL MEMBER HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC P HOLDINGS LLC - TRUMP CHICAGO HOTEL MEMBER HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGEMENT LLC HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM P HOLDINGS LLC -	SHINATON DC

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

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

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

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
	0				
К	DJT HOLDINGS LLC - DT TOWER I LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	Р		27-4162308	
K	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S		27-4162256	
K	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - DT CONNECT II LLC	Р		27-4162308	
К	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S		27-4162256	
К	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S		27-4162256	
K	TRUMP PALACE PARC LLC	Р		13-3913538	
К	UNREIMBURSED EXPENSES	Р		13-3913538	
K	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	Р	. П	27-4162308	
K	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	Р		27-4162308	
К	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	Р		27-4162308	
K	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	Р		27-4162308	***************************************
К	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	Р	- Portion	27-4162308	
L	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP ICE LLC	P		27-4162308	
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	Р	3	27-4162308	
L	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р		27-4162308	-
L	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308	
L	DJT HOLDINGS LLC - DTW VENTURE LLC	Р		27-4162308	
L	TRUMP EQUITABLE FIFTH AVE CO	Р		13-3014138	
L	UNREIMBURSED EXPENSES	Р		13-3014138	
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	Р		27-4162308	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
L	DJT HOLDINGS LLC	Р		27-4162308	
L	TRUMP FERRY POINT LLC	Р		27-2802479	
L	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S		27-4162256	
L	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S		27-4162256	
L	DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP	S		27-4162256	
L	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S		27-4162256	
L	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S		27-4162256	
L	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S		27-4162256	
L	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S		27-4162256	Ο.
М	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	. S		27-4162256	
М	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S		27-4162256	
М	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S	П	27-4162256	
М	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S		27-4162256	П
М	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S		27-4162256	П
М	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S	. П		
М	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S		27-4162256	
М	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S		27-4162256	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
N	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S			
N	DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S	-	27-4162256	
N	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S		27-4162256	
N	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S		27-4162256	
0	DJT HOLDINGS MM LCCLLC - SINGLE FAMILY RESIDENCE - 124	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S		27-4162256	
0,	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S	as you	27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S		27-4162256	1
0	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S		27-4162256	
ı					

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
0	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S		27-4162256	П
0	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER LLC	S	-	27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S		27-4162256	
0	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S	· · · · · · · · · · · · · · · · · · ·	27-4162256	
0	DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC	S		27-4162256	
0	DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	S	П	27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER MANGING MEMBER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC	S	П	27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS NECK	S	П	27-4162256	
Р	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS LLC	S		27-4162256	
Р	DJT HOLDINS MM LLCLLC - THC CENTRL RESERVATIONS LLC	S		27-4162256	П
Р	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S		27-4162256	
Р	RPV DEVELOPMENT LLC - VH PROPERTY CORP	S		76-0718710	
				1	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
Р	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	S		27-4162256	
Р	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MANAGING MEMBER LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S		27-4162256	
Р	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S		27-4162256	
Р	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S		27-4162256	·
Q	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S		27-4162256	
Q	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLCLLC TRUMP FERRY POINT LLC	S		27-4162256	
Q	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S		27-4162256	
Q	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	Р	П	27-4162308	
Q	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	Р		27-4162308	
Q	TMG MEMBER LLC	Р		27-4162308	land.
Q	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - 124 WOODBRIDGE	Р		27-4162308	
Q	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	Р		27-4162308	
Q	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р		27-4162308	
orm	1040 Schedule E, Part II, Line 28 -Passive Income a	nd Loss/Non	passive Inco	me and Loss	

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
Α	2114,861				
В	10,834			•	
С	21,161				
D	2 44,530			,	
E					5,851,791
F		(5	465,720	18	(2)
G		9,745,178		1.5	
Н	2 452,753				
I	% 0				
J		306,962			

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
К	% Jo			Version of Constitution (2010)	
L		574,175			
М		223,045			
N		443,144			
0	99,554				
Р	2 34,315				
Q		1,107,050			
R	5 13,301				
s	₩20				
Т		75,995	-		
U	© 30				
v	\$255,361				
w	© 0				
х	3 0		e e e e e e e e e e e e e e e e e e e		
Υ	% 0				
z	2 66,776				
AA	2 356				
АВ	2 0				
AC		22,807			
AD	5 1,441				
AE			12,142,879		
AF			168,179		
AG	2 0 €		100,173		
AH	5 9,665				
AI	29 ,003				
AJ	95 0				
AK	250		0		
AL	* 20		0		
ВМ	**************************************			-	
BN	220	0.755			
во	<u> </u>	9,755			
вР	<u>~</u> % 0	*			
_	320				-
BQ		106,272			
BR					5,858
BS		7	0		
вт		353			
BU	% 270				
в۷	193 0				
вw	€707				
вх	9 30				
ву	920	154			
BZ		11,182			
В	2326,883				,
В		117,490			

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
В	2 1,808				
В	2 168,829				
В	2 308,539				
В	20,659				
В	9 50				
В	2 5,082				
В	% 0				
В	2 282,408				
В	% 0				
В	9 30				
c	2 5,091				
С	21,509		*		
С	W 1/303		66,696		
С	*		66		
c					1,190,76
c			20,619		1,130,70
С		263,968	20,019		
c					
	66-1	2,693			
С	2 3,333,222				
с -	956				
С	950				
С	€50				
С	255				
С	€ 30				
С	% 30				
С	2 ,067				
С		487,950			
С	% 891				
С	% 542				
С	2,020,906				
С	₩353		*.		
С	119 ₆₂ - C	255,752			
С		2,301			
С	% 29				
С	5 54				
С	2 84				
D	343				
D	2 343				
D	13,616				
D	2 13,616 2 138			· · · · · · · · · · · · · · · · · · ·	
D D	±2138 €50				
_					
D	950				
D	5 31				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	% Jo				
D			1,143,611		
D		11,868		-	
D		4,582			
D	19				
D	21,820	-			
D	2 00				
D	₩30				
D	2 349	w			
D	25 4				
D	8,507				
D	£ 46,312				
D	2 0				
D	2 613				
D	2 55				
D	2 141				
D		8,152			
D	2 0		13		
D		6,825		2	
E		798,990			
E		, 50,550	0		
E	% 2,441				
E	23 /2,441				
E	5 281,278				
E	™281,2/8	2 222 222			
		2,330,233			
E	- 273	317			
E	19 4				
E	25 0				
E	2 23,855				
E	5 25				
E	% 473	8			
E		20,801	4		
E		15,658			
E	% 0				
E	193	13,769			
Е	2,361,679				
E		1,550,163			
E	2 349				9
E	2 40,844				and the second s
E	% 349				
E	au T	31,057			
E		473,786			- The state of the
E	% 349	4/3,/60		-	on and a second
E	12 349				and the second s

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive incom from Schedule K-1
E	994				
F		4,786			
F	2 29				
F	9 30				
F	21,342,957				
F	2 417				
F			6,712,965		
F	200				
F	231,934				
F	2 ,800				
F	2,901,962				
F	2,575				
F		2.0	1,092,373		
F	2 1,376,823				
F	2 833,779				
F	2 2,216,774				
F	518,214		¥		
F	2,800				
F	2 406				
F	2 30				
F	5 598				
F	954			*	
F	2929				
F	2 28				
F	2326				
F	£ 148				
F			97,912		
G	5 1,347,266		37,312		
G	2 1,547,200	· ·			
G	250,090		0		
G	٠.		11,034		*
G	43 6		11,034		
G	© 29,608	•			
G					
G G	2602,943				
_	% 14,725				
G	2 4,669				
G	2 31				
G	950				
G	950			10	141
G	95 4				
G	% Jo				
G	2 704,099				
G	2 369				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
G			9,693,290		
G	2 349				
G	€50				
G	2 4,797,104				
G	2 13,909,080				
G	© 0		=		
G					504,989
G					9,675
G	9 1,733,024				,
Н	2 291,551				
Н		315,553			
Н	2 259,182				
Н	2,310				
Н	2 6,230				
H	349				
Н		27,122			
Н	\$30				
Н	2 00				
Н	2 24				
Н	2 0				
Н	% 4				
Н	15 4				
Н	2 ,975				
Н	9 30				
Н		274			
Н	217,505				
Н	25 0				
Н	₩30				
Н	₩30				
Н		5,311,452			
Н	4	9,936,265			
Н		306,841			
н	1,804,006				
Н	5 10,937				
Н		460,594			
I .		64,058			
[2 88,407	1			
[19 0				
[2 5,115	1		9	
1	% 34				
	920				
[% 188				
1	250				

	(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	2 30			from Form 4562	
I	2 230				
I	950				
I	**************************************				
I				-	
I	3 2,265	44.457			
		14,457			
I	<i>(8</i> 7)	889			
I	950				
I	50,461				
I	2 ,016				
I	% 0				
I	9 50				
I	2 ,954				
I	200				
I	9 3224				
I	2,744				
I	\$0				
I	2 18,448				
J		87,124			
J		14,274			
J	2,245,290				
J	5 506,355				
J	3 4,945,666				
J	22,909				
j	20				
J	₩20				
J	2 0				
J	₩20				
J	20				
j	950				
J					
	9 50		*		
J	2 28				
,	950				
J	9 0				
J	72348,945	× -			
J	% 50				
J	₩36				
J	2 71				
J		1,637			
J	2 239				
J	2 34				
J	,	1,571			
J	9 334		4.4		
J	2 61		l.		

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive incomfrom Schedule K-1
К	2368				
К	€16				
K	% 6				
K	₩0				
K	€26				
K		1,888,079			
K	€50		12		
K	2 410				
K	€615				
K		1,795,690			
K		18,322		1	
K	95 0	10/322			
K	% 0				
K	2 14,048				
K K	722/14,048				
	05-1				1
K	5 153,763			,	
K	% 45,476				
K		139,310			- 1
K	% 827				
K		6,633			
K	% 56				
K	2 24,618				
K	250				
K	% 490				
K	297		*		
K	1,575				
L		3,275,090			
L	3 194				
L	5 1,476		2		
L	% 633		· · · · · · · · · · · · · · · · · · ·		
L	€ 353	*			
L	2 50°				
L	78,194				
L	5 ,690				
 L	2 613	3			
	22 613				
L -					
L	62,843				
L	314,045				
L	950	0	<u> </u>	*	*
L	₩0				
L		22,784,428			
L	2 190,180				
L	2 50				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	21,103,704				
L	\$50				
L	2 1,037				
L			11,668		
L	% 575				
L	2635				
L	2 3,172		3		
L	₩36				
L	€28	****			
М		67			
м	S 1				
М	% 32				
M	2 699				
м	2 699				
М	% 249				
М	**************************************				
	T22/0				
М	- Arm	33,082			
М	% 32				
М	€ 15				
М	92√6				
М	% 4				
М	1				
М	% 33				
М	2 790				
M	9 20				
М	9 50			**************************************	
М	€323				
М	25 48				
М	2 329				
м	29,313				
М			11,146		
м	5 13,907		11,140		
М	5 8,422				
м	227,00	14,603			
м	9 98,901	14,003			
N	22 98,901				
N					
	2 48,456				
N		75,609			
N		1,502			
N	2 140,496				
N			0		
N	1 50				
N	5 186				
N		144			

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
N	2 22,680				
N		880			
N	% 0				
N	2 49,956				
N	22,618				
N	% 50				
N	% 30			4	
N	2 6,152				
N			67,808		
N	9 357			*	
N	18,222				
N	43 0				
N	% 0				
N	4 25				
N	2 33				
N	% 0				
N	1 1 2 3 4	*			1
0	2 30				
0	2 0	(6)			
0	4 56				
0	1 200		3		
0	% 28				
0	93 1				
0	25 4				3.
0	954				
0	2 18				
0	2 6				
0	2 25				
0		2,666			300000000000000000000000000000000000000
0	954				
0	* 2 5	8			
0	*5 4		8		
0	% 139				
0	228		/4		
0		8,071			
0		15,816			
0	2 413				
0		4,834			
0	954				
0	954				
0		314			
0		1,407			
0	2 347				

(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
24,096			101111111111111111111111111111111111111	
2564				
2 20				
223				
€2				
	3,187			
		27		
	768			
20,413				
	140			
% 2 945				
	18 138			
₩ 11 152	10,136			
₩5,234	277			
000	2//			
2 33,669				
	5,101			
	98			
22,392				
% 0				
	635			
	455			
2 319				
	3,220			
2 9				**************************************
	139			
	81.57			
22/05	10.111			
66Fl	10,111			
	*			
25				
	102,547			
2 0		1		
	(attach Form 8582 if required)	(attach Form 8582 if required) Schedule K-1 \$\frac{1}{2}\text{4}.096} \$\frac{1}{2}\text{5}\text{4}\$ \$\frac{1}{2}\text{2}\text{3}\$ \$\frac{1}{2}\text{2}\text{3}\$ \$\frac{1}{2}\text{2}\text{3}\text{3}\$ \$\frac{1}{2}\text{2}\text{4}\text{6}\$ \$\frac{1}{2}\text{2}\text{4}\text{8}\$ \$\frac{1}{2}\text{4}\text{4}\$ \$\frac{1}{2}\text{2}\text{4}\text{5}\$ \$\frac{1}{2}\text{4}\text{5}\$ \$\frac{1}{2}\text{7}\text{682}\$ \$\frac{1}{2}\text{7}\text{682}\$ \$\frac{1}{2}\text{7}\text{682}\$ \$\frac{1}{2}\text{5}\text{101}\$ \$\frac{1}{2}\text{3}\text{3}\text{69}\$ \$\frac{1}{2}\text{5}\text{5}\$ \$\frac{1}{2}\text{2}\text{392}\$ \$\frac{1}{2}\text{392}\$ \$\frac{1}{2}\text{2}\text{392}\$ \$\frac{1}{2}\text{392}\$ \$\frac{1}{2}\text{2}\text{502}\$ \$\frac{1}{2}\text{2}\text{502}\$ \$\frac{1}{2}\text{2}\text{509}\$ \$\frac{1}{2}\text{50}\$ \$\frac{1}{2}\text{2}\text{509}\$ \$\frac{1}{2}\text{50}\$ \$\frac{1}{2}\text{2}\text{509}\$ \$\frac{1}{2}\text{50}\$ \$\frac{1}{2}\text{2}\text{509}\$ \$\frac{1}{2}\text{50}\$ \$\frac{1}{2}\text{2}\text{502}\$ \$\frac{1}{2}\text{50}\$ \$\frac{1}{2}\text{2}\text{50}\$ \$\frac{1}{2}\text{2}\text{50}\$	Cattach Form \$582 if required) Schedule K-1 from Schedule K-1 \$324,096 1 \$324 1 \$320 1 \$320 2 \$3,187 27 \$468 27 \$320,413 140 \$322,945 140 \$322,945 18,138 \$311,152 27 \$317,682 277 \$317,682 277 \$333,669 3 \$322,392 3 \$319 3 \$319 3 \$319 3 \$319 3 \$319 3 \$319 3 \$329 3 \$329 3 \$319 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 \$329 3 <td> Schedule K-1 From Schedule K-1 Prom Schedule K-1 Schedule</td>	Schedule K-1 From Schedule K-1 Prom Schedule K-1 Schedule

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
For	m 1040 Schedule E, Part III	, Line 33 - Income or Lo	ss From Estates and	Trusts	
		(a) Name			(b)Employer identification number
Α	DONALD J TRUMP TRUST	11-6261971			
В	DONALD J TRUMP ELIZABETH TRU		13-6023440		
С	DONALD J TRUMP 'FRED' TRUST		13-6023441		
D	ELIZABETH TRUMP GRANDCHILDR		13-6814305		
For	m 1040 Schedule E, Part III	, Line 33 - Passive Inco	me and Loss/Nonpas	sive Income and Lo	SS
	(c) Passive deduction or los allowed (attach Form 8582 required)				f) Other income from Schedule K-1
Α				0	
В		2 0			
С	=	2 0			
D		2 0			

Your name	Social security number	T	Business in which expenses	were in	curred
DONALD J. TRUMP		-	TRUMP NATIONA	AL G	OLF CLUB
Part I Business Expenses and Reimburseme	nts				
STEP 1 Enter Your Expenses			Column A	T	Column B
STEF I Litter Tour Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., tha involve overnight travel	t did not	2			
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE		4	2,575.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B,	6	2,575.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	p line 7 and enter the amour	nt from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7			
STEP 3 Figure Expenses Subject to the Limitat	tion				
8 Subtract line 7 from line 6		8	2,575.		
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	t to	9	2,575.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	2 575

Pa	art II Vehicle Expenses							-
Sec	tion A General Information				(a) Vehicle	T	(b) Vehicle	9
11	Enter the date vehicle was placed in service			11		1		
12	Total miles vehicle was driven during 2018			12	miles	3		miles
13	Business miles included on line 12			13	miles	3		miles
14	Percent of business use. Divide line 13 by line 12			14	%			%
15	Average daily roundtrip commuting distance			15	miles			miles
16					miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		miles			miles
18	Was your vehicle available for personal use durin					2.	Yes	L No
40								
19	Do you (or your spouse) have another vehicle ava	allable to	or personal use?			*********	Yes Yes	No
20	Do you have evidence to support your deduction?	?					Yes	□ No
21	If "Yes," is the evidence written?						Yes	□ No
Cool	ion D. Ctondard Mileson Date (Conthairmteath a				0 .: 0)			
Seci	ion B Standard Mileage Rate (See the instruction	ONS TOF I	Part II to find out whether to comp	ete this section	or Section C.)			
22	Multiply line 12 by 54.5a (0.545). Enter the regult	boroon	ed on line 1			00		
Sect	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	nere an	(a) Vehicle			(b) \/ob	iolo	
	Gasoline, oil, repairs, vehicle insurance, etc.	T 00	(a) verificie			(b) Veh	icie	
23		23 24a						CONTRACTOR IN
	Vehicle rentals							
	Inclusion amount	24b		Karabani.		100		
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25							
27	Multiply line 26 by the percentage on line 14	27	建 和公司,1000年1000年1000年					
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	The second						
01	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio	n only i		ompleting Se				***************************************
30	Enter cost or other basis	30	(a) Vehicle		201	(b) Veh	icle	
31	Enter cost or other basis Enter section 179 deduction	30	Record of the second of the se		COLUMN AND AND AND			
δI		0.4						
00	and special allowance	31					NES SINGE	
32	Multiply line 30 by line 14 (see Form 2106		i A le		· 基础			
	instructions if you claimed the section 179					100		
Part 600	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33			1.5	1		
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36		B .		100		医型数
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you	100						
	skipped lines 36 and 37, enter the amount from	9000						
	line 35. Also enter this amount on line 28 above	38				167		

Your name Is		10					
Sur name	ocial security number	IB	usines	ss in which	1 expenses	were in	icurrea
DONALD J. TRUMP	_	Ī	HE	EAST	61 8	т.	COMPANY
Part I Business Expenses and Reimbursemer	nts						
STEP 1 Enter Your Expenses	T		C	olumn A			Column B
OTER 1 Litter Tour Expenses				Than Mea			Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not	2					
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals MENT 1	4		10	,834.		
5 Meals expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	sult. In Column B,	6		10	,834.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amoun	t from I	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 Limitati	on				-		
8 Subtract line 7 from line 6		8		10	,834.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject	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

Pa	art II Vehicle Expenses	***************************************							- maxima
Sec	tion A General Information					(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2018				12	mile	es		miles
13	Business miles included on line 12				13	mile	es		miles
14	Percent of business use. Divide line 13 by line 12	200000			14		%		%
15	Average daily roundtrip commuting distance				15	mile			miles
16					16	mile	s		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	mile		***************************************	miles
18	Was your vehicle available for personal use durin	g off-dı	ıty hours?					Yes	No.
19	Do you (or your spouse) have another vehicle ava								□ No
20	Do you have evidence to support your deduction?							Yes	☐ No
21	If "Yes," is the evidence written?							Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	one for	Part II to find out whether to	nomplete t	hio postion	or Coation (C.)		***************************************	
	ion B. Ottindard Mineage Hate (See the instruction	7113 101	art in to mid out whether to	Complete	IIIS SECTION	or Section ()			
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here ar	nd on line 1				22		
	ion C Actual Expenses		(a) Veh				(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				Par Say Say	(-)		
24 a	Vehicle rentals	24a	A COMMISSION OF SHEELING AN ARREST OF THE SEC.			No. of the last of the selection of	71 C 10 C	医 在 医 电	
	Inclusion amount	24b							
C	Subtract line 24b from line 24a	24c		ATOMESICAL IN			10000		retical steal
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	-			_		100	
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on	20	-			_			
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this sectio		f you owned the vehicle and	d are comp	leting Sect	tion C for the vehicle.)			
			(a) Vehi				(b) Ve	hicle	
30	Enter cost or other basis	30							
31	Enter section 179 deduction						6.48		
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106		64			201031-2-2-2-2010-2-2-2-2-2-2-2-2-2-2-2-2-2-2			
	instructions if you claimed the section 179								
	deduction or special allowance)	32				<u> </u>			and a pilot
33	Enter depreciation method and percentage	33				- T			
34	Multiply line 32 by the percentage on line 33	34		ALC BOOK EVE		7 W MONEY			ON SE TRA
35	Add lines 31 and 34	35						-	
36	Enter the limitation amount	36	Company of the Section of the Sectio		No. 1 44	17th J. J. (1804) 180		PER TOTAL	
37	Multiply line 36 by the percentage on line 14	37					\$ 91/5g.		
38	Enter the smaller of line 35 or line 37. If you					Ten (No Heliothia			
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Your name Social security nu	mber	Business in which expenses	were inc	urred
DONALD J. TRUMP		40 WALL DEVEL	OPMI	ENT ASSOC,
Part I Business Expenses and Reimbursements	-			
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel				
3 Travel expense while away from home overnight, including lodging, airplane, car renta etc. Do not include meals and entertainment	al, 3			5
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 2	4	452,753.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B enter the amount from line 5		452,753.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter t	he amount fror	m line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			2
STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	8	452,753.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	452,753.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	452.753.

Multiply line 36 by the percentage on line 14

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

Your name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP			TRUMP CPS LLC	1	4
Part I Business Expenses and Reimbursem	ents	-			
STEP 1 Enter Your Expenses		1	Column A		Column B
OTEF 1 Enter rour Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	nat did not	2		\$	
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment		3	79.74		
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	ude meals TEMENT 3	4	99,554.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	e result. In Column B,	6	99,554.		
NOTE: If you were not reimbursed for any expenses in Step 1, s	kip line 7 and enter the amo	unt froi	m line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limit	ation				
8 Subtract line 7 from line 6		8	99,554.		
9 In Column A, enter the amount from line 8. In Column B, multiply	the				
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjethe Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	ect to	9	99,554.		
10 Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	re.	9	99,554.	10	99,55

Your name	Social security number	Business in	n which expens	ses were i	ncurred		***************************************
DONALD J. TRUMP		TRUMP	845 U	N GP	LLC	(MGR)	
Part I Business Expenses and Reimburseme	ents		***************************************		***************************************	***************************************	***************************************
STEP 1 Enter Your Expenses		Colu	mn A		(Column B	
		Other Tha and Enter				Meals and ntertainment	1000
1 Vehicle expense from line 22 or line 29	1						
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not 2						
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	ı, airplane, car rental.						
4 Business expenses not included on lines 1 through 3. Do not incluand entertainment SEE STAT	de meals		55,363	L.			1
5 Meals expenses	5						
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,		55,363	L.			
NOTE: If you were not reimbursed for any expenses in Step 1, ski	The second secon	om line 6 on l	ine 8.	·			
STEP 2 Reimbursements for Expenses Listed	In STEP 1	***************************************					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	n W-2 7						
STEP 3 Figure Expenses Subject to the Limita	tion			on the second			
8 Subtract line 7 from line 6	8		55,362	1000 1000 1000 1000 1000 1000 1000 100			
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to		55,361				
10 Add the amounts on line 9 of both columns and enter the total here These are your supplemental business expenses	ı.			10		5.5	361

P	art II Vehicle Expenses								
Sec	tion A General Information					(a) Vehicle		(b) Vehicl	le
11	Enter the date vehicle was placed in service		***************************************	11					
12	Total miles vehicle was driven during 2018			12		mile	S		miles
13	Business miles included on line 12			13		mile	S		miles
14	Percent of business use. Divide line 13 by line 12		***************************************	14		9,	6		%
15	Average daily roundtrip commuting distance			15		mile	s		miles
16	Commuting miles included on line 12					mile	s		miles
17	Other miles. Add lines 13 and 16 and subtract the	total	from line 12	17		mile			miles
18	Was your vehicle available for personal use durin	g off-c	uty hours?					Yes	L No
19	Do you (or your spouse) have another vehicle ava	ailable	for personal use?					Yes	□ No
20	Do you have evidence to support your deduction?	?						Yes	☐ No
21	If "Yes," is the evidence written?							Yes	□ No
Sec	tion B Standard Mileage Rate (See the instruction	one for	Part II to find out whether	to complete this	ootion o	r Coation C \	-		
	uon b Standard Milleage Nate (See the Institution	3115 101	Fait ii to iiiu out wiietiiei	to complete this s	ection o	Section C.)			
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	boro	and on line 1				00		
	tion C Actual Expenses	Here a		/ehicle	**********	<u></u> 1	(b) Ve	hiclo	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(α)	T			(0) (0	THOIC	
				是20K (1955)	1.76.76			ROW CHAP - FOR HELD	entropic scotting
		24a				Š.			
0	Inclusion amount Subtract line 24b from line 24a	24c		LZ POLYTRAL DE		EST PER DE PER DE LA SE	H2480.51	Car. Trial	
25	Value of employer-provided vehicle (applies	240				_			
20	only if 100% of annual lease value was								
		25							
06	included on Form W-2)	26					建计		
26	Add lines 23, 24c, and 25								
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
0	line 1	29	电影影响。 是是主义	3			17 A		
Seci	tion D Depreciation of Vehicles (Use this sectio	n only			ng Section	on C for the vehicle.)			
			(a) V	/ehicle		-1	(b) Ve	hicle	
30	Enter cost or other basis	30				ET.			LE SEC
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			1 1 W				
34	Multiply line 32 by the percentage on line 33	34		9					
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36		10 基本基本				AND NO. 15	
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							

Your name S	ocial security number	Business in which expenses	were inc	urred
DONALD J. TRUMP		TRUMP PALACE/	PAR(LLC
Part I Business Expenses and Reimbursemer	nts			
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental.			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals	45,476.		
5 Meals expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5		45,476.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	m line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7			
STEP 3 Figure Expenses Subject to the Limitat	ion			
8 Subtract line 7 from line 6		45,476.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	45,476.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	45.476.

Pa	art II Vehicle Expenses						Alternation	-
Sec	tion A General Information				(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service			11	· · · · · · · · · · · · · · · · · · ·			
12	Total miles vehicle was driven during 2018			12	mile	s	1	miles
13	Business miles included on line 12			13	mile	s	ı	miles
14	Percent of business use. Divide line 13 by line 12			14		%		%
15	Average daily roundtrip commuting distance			15	mile	s	ſ	miles
16	Commuting miles included on line 12			16	mile	s	1	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fron	n line 12	17	mile	s		miles
18	Was your vehicle available for personal use durin	g off-duty	hours?				Yes	No
19	Do you (or your spouse) have another vehicle av	ailable for	personal use?	••••••			Yes	No
20	Do you have evidence to support your deduction	?					Yes	□ No
21	If "Yes," is the evidence written?						Yes _	□ No
_								
Sec	tion B Standard Mileage Rate (See the instruction	ons for Pa	rt II to find out whether to co	omplete this sec	tion or Section C.)			
00	M W 1 P 401 545 40545 5 4 11	a se						
22	Multiply line 13 by 54.5¢ (0.545). Enter the result tion C Actual Expenses	here and				22		
			(a) Vehic	le .		(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				1 1 N 1	THE THE PART OF THE PART PARTY.	
	Vehicle rentals	24a						
D	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c				7		
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					1		
27	Multiply line 26 by the percentage on line 14	27				25,354		
28	Depreciation. Enter amount from line 38 below	28				6.00		
29	Add lines 27 and 28. Enter total here and on							
	line 1	29				1.14		
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if y	ou owned the vehicle and a	are completing	Section C for the vehicle.)			
			(a) Vehic	le		(b) Ve	hicle	
30	Enter cost or other basis	30		图2015年11日				30
31	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106					1		
	instructions if you claimed the section 179						44 6 3	
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33			73		10000000000000000000000000000000000000	
34	Multiply line 32 by the percentage on line 33	34				5		
35	Add lines 31 and 34	35			100	The state of		
36	Enter the limitation amount	36			9.03			
37	Multiply line 36 by the percentage on line 14	37				1		
38	Enter the smaller of line 35 or line 37. If you					學	18	- 1000 - 1000 - 1 6
	skipped lines 36 and 37, enter the amount from	1000						
	line 35. Also enter this amount on line 28 above	38				6		

	ur name	Social security number		Business in which expenses	were in	Curred
D	ONALD J. TRUMP			TRUMP EQUITAE CO	BLE	FIFTH AVENUE
P	art I Business Expenses and Reimburseme	ents				
S	ΓΕΡ 1 Enter Your Expenses		T	Column A		Column B
_	- Enter rour Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29		1			
2	Parking fees, tolls, and transportation, including train, bus, etc., th involve overnight travel	at did not	2			
3	Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	g, airplane, car rental,	3			
4	Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	ide meals FEMENT 5	4	190,180.		
5	Meals expenses		5			
6	Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		6	190,180.		
	NOTE: If you were not reimbursed for any expenses in Step 1, sk	ip line 7 and enter the amo	unt fror	n line 6 on line 8.		
ST	EP 2 Reimbursements for Expenses Listed	In STEP 1	***************************************		3865 <u>386</u> (6866444444	
7	Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form	n W-2	7			-
ST	EP 3 Figure Expenses Subject to the Limita	tion				The state of the s
8	Subtract line 7 from line 6		8	190,180.		
9	In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjet the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	ct to	9	190,180.		
10	Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	a.			10	190,180.

P	art II Vehicle Expenses								
Sec	ction A General Information					(a) Vehicle		(b) Vehicle	1
11	Enter the date vehicle was placed in service				11	(u) romoto		(b) vomble	
12	Total miles vehicle was driven during 2018				12	miles			miles
13	Business miles included on line 12				13	miles			miles
14	Percent of business use. Divide line 13 by line 12)	********************************		14	%			%
15	Average daily roundtrip commuting distance				15	miles			miles
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	e total fro	m line 12	·····	17	miles			miles
18	Was your vehicle available for personal use durin	a off-dut	v hours?	L				Yes	No.
19	Do you (or your spouse) have another vehicle av							Yes	
								162	NC
20	Do you have evidence to support your deduction	?						Yes	No
21	If "Yes," is the evidence written?							Yes	☐ No
	tion B Standard Mileage Rate (See the instructi								
	don b. Standard Wileage Hate (See the instruction	UIIS IUI F	art ii to iiiu out whether to	complete ti	IIS SECTION	or Section C.)			
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here and	l on line 1						
Sec	tion C Actual Expenses	. Here and	(a) Vel				2) Vehicl	0	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(u) voi	illoid		(D) verner	C	
	Véhicle rentals						186 1880	treate of table	98 7947 15
	Inclusion amount								
C	Subtract line 24b from line 24a	24c	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			EDITOR OF THE PARTY OF THE PART	100 mm		
	Value of employer-provided vehicle (applies	246	. 11						
20	only if 100% of annual lease value was								
		0.5							
0.6	included on Form W-2)	25							
	Add lines 23, 24c, and 25								
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on	0.43 0.43							
0	line 1	29				经 更是基础的			
Seci	tion D Depreciation of Vehicles (Use this sectio	n only if			eting Sect	ion C for the vehicle.)			
			(a) Veh	nicle		(b) Vehicl	е	
30	Enter cost or other basis	30	A.			The state of the s			
31	Enter section 179 deduction						45		
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								it de l
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							
34	Multiply line 32 by the percentage on line 33	34		3					
35	Add lines 31 and 34	35				A Second Property of the			
36	Enter the limitation amount	36				NAME OF THE PARTY			apper or re-
37	Multiply line 36 by the percentage on line 14	37					Date of		W-1/1-786
38	Enter the smaller of line 35 or line 37. If you	1/5							
	skipped lines 36 and 37, enter the amount from	1							
	line 35. Also enter this amount on line 28 above	38							

Your name Substitution 1	Social security number	Busines	s in which expenses	were in	curred
DONALD J. TRUMP		TRUN	MP PLAZA L	LC	
Part I Business Expenses and Reimburseme	nts	·····k			
STEP 1 Enter Your Expenses		Co	olumn A		Column B
STEP 1 Effer Your Expenses			Than Meals tertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel					
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE			13,301.		
5 Meals expenses	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B,		13,301.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amount fr	om line 6 o	on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7				
STEP 3 Figure Expenses Subject to the Limitat	ion				
8 Subtract line 7 from line 6	8		13,301.		
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to		13,301.		·
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			>	10	13,301

Pa	art II Vehicle Expenses					-
Sec	tion A General Information				(a) Vehicle	(b) Vehicle
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 li	ine 12		14	%	%
15	Average daily roundtrip commuting distance	е		15	miles	miles
16			***************************************		miles	miles
17	Other miles. Add lines 13 and 16 and subtra	act the total fr	om line 12	17	miles	miles
18	Was your vehicle available for personal use	during off-du	ty hours?			
19	Do you (or your spouse) have another vehic	cle available f	or personal use?	*************************		Yes N
20	Do you have evidence to support your dedu	iction?				Yes N
21	If "Yes," is the evidence written?					Yes No
Sect	tion B Standard Mileage Rate (See the ins	tructions for	Part II to find out whether to co	omplete this section	or Section C.)	
				•	<u> </u>	
22	Multiply line 13 by 54.5¢ (0.545). Enter the	result here ar	d on line 1		22	
Sect	tion C Actual Expenses		(a) Vehic			Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals					
b	Inclusion amount					
	Subtract line 24b from line 24a			delles en l'acteurs de la		
	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14					
28	Depreciation. Enter amount from line 38 belo					
29	Add lines 27 and 28. Enter total here and on					
23		29				
Sect	line 1 tion D Depreciation of Vehicles (Use this s		f you owned the vehicle and a	are completing Sec	tion C for the vehicle \	
	ton 2. Expression of remotes (ese time of	Total only i				/alaiala
30	Enter cost or other basis	30	(a) Vehicl	le .	(0)	Vehicle
31	Enter section 179 deduction				開放 MIESE で開放を終る。4万円で	
01		31				
32	Multiply line 30 by line 14 (see Form 2106		10 h	NAME OF THE PARTY OF		Button of the vertical residence of
02	instructions if you claimed the section 179					ALC: NO PERSON
		00				150 X 46 6 1
0.0	deduction or special allowance)					
33	Enter depreciation method and percentage	33			PART OF THE PART OF THE	
34	Multiply line 32 by the percentage on line 33					
35	Add lines 31 and 34	35				area and a second second
36	Enter the limitation amount					M. C.
37	Multiply line 36 by the percentage on line 14					
38	Enter the smaller of line 35 or line 37. If you					in the second
	skipped lines 36 and 37, enter the amount fr	1 12				
	line 35. Also enter this amount on line 28 ab	ove 38				

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

Pa	rt II Vehicle Expenses							
	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service							
12	Total miles vehicle was driven during 2018			12	miles	5		miles
13	Business miles included on line 12			13	miles	3		miles
14	Percent of business use. Divide line 13 by line 12			14	%)		%
15	Average daily roundtrip commuting distance			15	miles	5		miles
16	Commuting miles included on line 12				miles	3		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 12	17	miles	3		miles
18	Was your vehicle available for personal use durin	g off-duty h	ours?				Yes	L No
19	Do you (or your spouse) have another vehicle ava	ailable for p	ersonal use?				Yes	☐ No
20	Do you have evidence to support your deduction	?					Yes	No
21	If "Yes," is the evidence written?						Yes	□ No
Secti	ion B Standard Mileage Rate (See the instruction	ons for Part	II to find out whether	to complete this section.	or Section C)			
	ion p. Guardia impago nato (eee ino menee.	3110 101 1 di 1	THE WIND OUT WHICH IN	to complete time couldn	1	Т		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here and o	n line 1			22		
	ion C Actual Expenses			'ehicle		(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			President State Side			**************************************
	Vehicle rentals		A SERVICE SERVICE AND A SERVICE A					
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c		The state of the s				409-44E-30-2-45
	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
	Add lines 23, 24c, and 25	26						
	Multiply line 26 by the percentage on line 14	1000						
	Depreciation. Enter amount from line 38 below	28		-				
	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Secti	ion D Depreciation of Vehicles (Use this section	The second	u owned the vehicle a	and are completing Sect	tion C for the vehicle.)			
		T		/ehicle		(b) Ve	hicle	
30	Enter cost or other basis	30	1-7		1			1.7
	Enter section 179 deduction							
	and special allowance	31						
	Multiply line 30 by line 14 (see Form 2106		STEEL ST			200		
	instructions if you claimed the section 179							
	deduction or special allowance)	32		一种 在 * 1000				ille jas
33	Enter depreciation method and percentage	33			4	-		
	Multiply line 32 by the percentage on line 33		(a) (b) (b) (b) (c) (b) (c) (c)				to the second	
		7 (53/10)			- 11	数量		
			理問題近以養工	A CAMPETER A	J. A. & C. (1985) A.	200		A STATE
			Ten serval a	A CONTRACTOR	ET SATURGULA			
		31				5.4		
		128						
		20						
36 37 38	Add lines 31 and 34 Enter the limitation amount Multiply line 36 by the percentage on line 14 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	35 36 37						1

Your name	Social security number	Social security number			vere inc	curred	
DONALD J. TRUMP			TRUMP	PROJECT	MAI	NAGEMENT	CORP
Part I Business Expenses and Reimbursem	nents	***************************************					
STEP 1 Enter Your Expenses			Colum Other Than and Entert	n Meals		Column B Meals and Entertainmen	t
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel	hat did not	2					
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	ng, airplane, car rental.	3					
4 Business expenses not included on lines 1 through 3. Do not inc and entertainment SEE STE	lude meals	4		9,665.	# + #/		
5 Meals expenses		5			s.	a	
6 Total expenses. In Column A, add lines 1 through 4 and enter th enter the amount from line 5		6		9,665.			
NOTE: If you were not reimbursed for any expenses in Step 1, s	skip line 7 and enter the amo	unt fro	n line 6 on lii	ne 8.			
STEP 2 Reimbursements for Expenses Listed	In STEP 1	***************************************					
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your Fo	-2. rm W-2	7			1		
STEP 3 Figure Expenses Subject to the Limit	ation		•				
8 Subtract line 7 from line 6		8		9,665.			
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	ect to	9	ii	9,665.	A STATE OF THE STA		
10 Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	re.			>	10	9	,665.

Your name §	Social security number	Busin	ness in which expenses JMP PARK AV	were inc	urred
DONALD J. TRUMP		1 (10)	ELMONICO)	171401	3 DIC
Part I Business Expenses and Reimbursemen	nts	4			
STEP 1 Enter Your Expenses			Column A		Column B
STEP 1 Enter Your Expenses			er Than Meals Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	t did not	2			
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	le meals EMENT 11	4	5,082.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B,	6	5,082.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amo	ount from line	6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7			
STEP 3 Figure Expenses Subject to the Limitat	ion				
8 Subtract line 7 from line 6		8	5,082.		
		建			
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject					
the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)		9	5,082.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	5 082

Pa	art II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	9
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2018				12	mil	es		miles
13	Business miles included on line 12				13	mil	es		miles
14	Percent of business use. Divide line 13 by line 12				14		%		%
15	Average daily roundtrip commuting distance		***************************************		15	mil	es		miles
16	Commuting miles included on line 12		***************************************		16	mil	es		miles
17	Other miles. Add lines 13 and 16 and subtract the				17	mil	201000		miles
18	Was your vehicle available for personal use during	g off-dut	y hours?					Yes Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?					Yes	No
20	Do you have evidence to support your deduction?							Yes	No
21	If "Yes," is the evidence written?							Yes	□ No
Sect	ion B Standard Mileage Rate (See the instruction	ns for P	art II to find out whether to	complete	this section	or Section C.)			name de la constitución de la co
				001111111111111111111111111111111111111			П		
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here and	d on line 1				22		
Sect	ion C Actual Expenses		(a) Veh				(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
24 a	Vehicle rentals	24a							经基本企
b	Inclusion amount	24b							
	Subtract line 24b from line 24a	24c		V 12 13 12 12 13 1		经 不是4000			
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was	. 8							
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle an	d are com	pleting Se	ction C for the vehicle.)	Tale United		
			(a) Veh	nicle	····		(b) Ve	hicle	
30	Enter cost or other basis	30							
31	Enter section 179 deduction				1				
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106					1.2			12.17
	instructions if you claimed the section 179					M. Comments			
	deduction or special allowance)	32				206			W. Barry
33	Enter depreciation method and percentage	33							p. Tay
34	Multiply line 32 by the percentage on line 33	34				Total State of			
35	Add lines 31 and 34	35				The same of		***************************************	
36	Enter the limitation amount	36				8	nordin i		《集】王 王
37	Multiply line 36 by the percentage on line 14	37		24.62.646202.50		V.T.47			
38	Enter the smaller of line 35 or line 37. If you					- LIV	\$ 11		
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38				4 14			

Your name §	Social security number	Business in which exper					
DONALD J. TRUMP	TRUMP PARK AVE LLC - ACQUISITIONS						
Part I Business Expenses and Reimbursemen	nts						
STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment			Column B Meals and Entertainment			
1 Vehicle expense from line 22 or line 29	1						
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel							
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental.						
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	le meals	5,09	1.	1			
5 Meals expenses	5						
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	esult. In Column B,	5,09	1.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amount fr	om line 6 on line 8.					
STEP 2 Reimbursements for Expenses Listed I	n STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7						
STEP 3 Figure Expenses Subject to the Limitat	ion						
8 Subtract line 7 from line 6	8	5,09	1.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	5,09	1.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	5 001			

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

Your name Social security number	Busi	ness in which expenses	were inc	urred	
DONALD J. TRUMP	TI	HT COMMERCI	AL I	LC	
Part I Business Expenses and Reimbursements					
STEP 1 Enter Your Expenses		Column A ner Than Meals I Entertainment	Column B Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	1				
Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		1 2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3				
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 13	4	891.	÷		
5 Meals expenses	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	891.			
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount from line	6 on line 8.			
STEP 2 Reimbursements for Expenses Listed In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7				
STEP 3 Figure Expenses Subject to the Limitation					
8 Subtract line 7 from line 6	8	891.			
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	891.	And the second		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	891	

Pa	art II Vehicle Expenses							
Sect	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service							
12	Total miles vehicle was driven during 2018		***************************************	12	miles	3		miles
13	Business miles included on line 12		***************************************	13	miles	;		miles
14	Percent of business use. Divide line 13 by line 12		**************************************	14	%	,		%
15	Average daily roundtrip commuting distance		******************************	15	miles	;		miles
16			************************************		miles	;		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles	;		miles
18	Was your vehicle available for personal use during						Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?				Yes	☐ No
20	Do you have evidence to support your deduction?						Yes	☐ No
21	If "Yes," is the evidence written?						Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for l	Part II to find out whether to	complete this sect	ion or Section C.)			
22	Multiply line 13 by 54.5¢ (0.545). Enter the result	here ar				22		
Sect	ion C Actual Expenses		(a) Veh	icle		(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc	23						
	Vehicle rentals							
b	Inclusion amount	24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies						E1	
	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		The state of the s				
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio	n only i	f you owned the vehicle an	d are completing S	Section C for the vehicle.)			
			(a) Veh	icle		(b) Ve	hicle	
30	Enter cost or other basis	30			10 (1) 78, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
31	Enter section 179 deduction							
	and special allowance	31	200			2500		
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						かった
34	Multiply line 32 by the percentage on line 33	34	17-71	3		要		
35	Add lines 31 and 34	35				1		
36	Enter the limitation amount	36	Ž.					
37	Multiply line 36 by the percentage on line 14	37				1		
38	Enter the smaller of line 35 or line 37. If you					- #		
	skipped lines 36 and 37, enter the amount from					-53m		
	line 35. Also enter this amount on line 28 above	38				20		

Your name Social security		ısiness in which expenses wer	e incurred
DONALD J. TRUMP		RUMP INTERNATI JC	IONAL GOLF CLUB
Part I Business Expenses and Reimbursements	-		
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel			
3 Travel expense while away from home overnight, including lodging, airplane, car reletc. Do not include meals and entertainment	ntal,		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 14	4	281,278.	
5 Meals expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column enter the amount from line 5	1 B, 6	281,278.	
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and ente	r the amount from li	ne 6 on line 8.	
STEP 2 Reimbursements for Expenses Listed In STEP 1			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
STEP 3 Figure Expenses Subject to the Limitation			
8 Subtract line 7 from line 6	8	281,278.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	281,278.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			281 278

	art II Vehicle Expenses							
Sec	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2018			12	mi	les		mile
13	Business miles included on line 12			13	mi	les		mile
14	Percent of business use. Divide line 13 by line 12		t	14		%		9
15	Average daily roundtrip commuting distance			15	mi	es		mile
16	Commuting miles included on line 12			16	mi	les		mile
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 12	17	mi			mile
18	Was your vehicle available for personal use durin	g off-duty h	ours?				Yes	N
19	Do you (or your spouse) have another vehicle ava	ilable for p	ersonal use?				Yes	
20	Do you have evidence to support your deduction?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	
21	If "Yes," is the evidence written?						Yes	
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part	II to find out whether t	o complete this se	ection or Section C.)			
00	Multiply line 12 by E4 Ea /O E4E). Fater the regult	have and a	-114					
22 Sect	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	nere and o			······	(5) \/(5	abiala	
		T 00	(a) Ve	enicie		(b) Ve	FILCIE	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		PS constitution assume			DOMESTICATION OF THE PARTY.	
	Vehicle rentals	24a			A COL			
	Inclusion amount	24b	A TOMORNOUS SET STEELE TO			A. P. (1995 - 1971)		
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below \dots	28						
29	Add lines 27 and 28. Enter total here and on line 1	29					15	
Sect	ion D Depreciation of Vehicles (Use this sectio		u owned the vehicle a	nd are completing	g Section C for the vehicle.)			
			(a) Ve	ehicle		(b) Ve	ehicle	
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					l		
	deduction or special allowance)	32			446			
33	Enter depreciation method and percentage	33		10 10 10 10				
34	Multiply line 32 by the percentage on line 33	34	THE PERSON AT					
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36		BEAR WA	4	Dr. Steller		A
37	Multiply line 36 by the percentage on line 14	37		10000000000000000000000000000000000000	A PROPERTY.	DELTA:		e out on the
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						

These are your supplemental business expenses

2018

465,720.

10

Social security number Business in which expenses were incurred DONALD J. TRUMP MAR-A-LAGO CLUB LLC **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 1 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 3 Business expenses not included on lines 1 through 3. Do not include meals 465,720 and entertainment SEE STATEMENT 15 5 Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, 465,720. enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. STEP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 465,720 8 9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%) 465,720 Add the amounts on line 9 of both columns and enter the total here.

Pa	art II Vehicle Expenses								
Sec	tion A General Information	WOODS)				(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2018		*************************************		12	mile	S	20,000 0,000	miles
13	Business miles included on line 12				13	mile	s		miles
14	Percent of business use. Divide line 13 by line 12				14	Q	%		%
15	Average daily roundtrip commuting distance				15	mile	S		miles
16	Commuting miles included on line 12				16	mile	S		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	mile	s		miles
18	Was your vehicle available for personal use durin	g off-du	ıty hours?					Yes	L No
19	Do you (or your spouse) have another vehicle av	ailable f	or personal use?					Yes	□ No
20	Do you have evidence to support your deduction	?		*************				Yes	□ No
21	If "Yes," is the evidence written?							Yes	No
0	See D. Oberland Miller D. J. (O. H. i. i. J. 19		5						
Seci	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to	o complete	this section	n or Section C.)			
00	Multiply lips 12 by E4 E / (0 E4E). Fator the result	h	ad an Una d						
22 Sect	Multiply line 13 by 54.5¢ (0.545). Enter the result ion C Actual Expenses	nere ar	(a) Ve				22	niala	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(a) ve	HICIE			(b) Veh	nicie	
				201	E FEE STREET				CHEST OF S
	Vehicle rentals								
		240 24c			23.5		Sarra Ko	多数数据数据	
	Subtract line 24b from line 24a	24C							
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was	0.5							
00	included on Form W-2)								
26	Add lines 23, 24c, and 25	26					Mica -	***************************************	
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on line 1	29							
Sect	ion D Depreciation of Vehicles (Use this sectio		f you owned the vehicle ar	nd are com	pleting Se	ction C for the vehicle.)	PERSON		
			(a) Ve	hicle			(b) Veh	nicle	
30	Enter cost or other basis	30					5310		
31	Enter section 179 deduction	1000							
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								44.4
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33					100		
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36			1.5		£.		
37	Multiply line 36 by the percentage on line 14	37					L E	CONTRACTOR OF THE PARTY OF THE	
38	Enter the smaller of line 35 or line 37. If you							*****	
	skipped lines 36 and 37, enter the amount from	100							
	line 35. Also enter this amount on line 28 above	38							

Your name	Social security number	Busi	ness in which expenses	were inc	urred
DONALD J. TRUMP		T 1 LL(MANAGEMENT	LLC	(TMG MEMBER
Part I Business Expenses and Reimburser	ments				
STEP 1 Enter Your Expenses			Column A ner Than Meals I Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	, that did not	2			
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ging, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	iclude meals FATEMENT 10	4	66,776.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5	the result. In Column B,	6	66,776.		
NOTE: If you were not reimbursed for any expenses in Step 1,	, skip line 7 and enter the amo	ount from line	6 on line 8.		
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1				144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your F	V-2. Form W-2	7			
STEP 3 Figure Expenses Subject to the Limi	itation			,	
8 Subtract line 7 from line 6		8	66,776.		
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sut the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	bject to :	9	66,776.		
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	nere.		>	10	66,776.

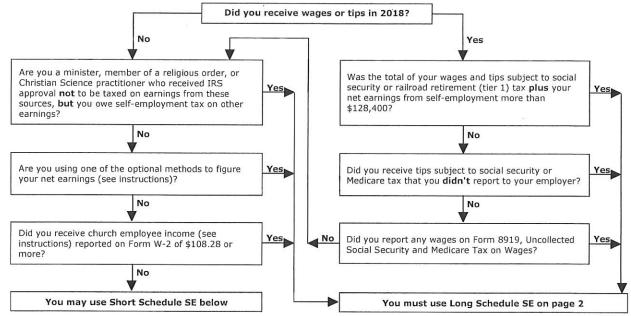
- General Information							
				(a) Vehicle		(b) Vehicle)
the date vehicle was placed in service			11				
miles vehicle was driven during 2018			12	mi	les		miles
ess miles included on line 12			13	mi	les		miles
nt of business use. Divide line 13 by line 12		.,	14		%		%
ge daily roundtrip commuting distance			15	. mi	les		miles
nuting miles included on line 12				mi	les		miles
							miles
rour vehicle available for personal use during	off-duty hours	s?				Yes	L No
u (or your spouse) have another vehicle ava	ilable for perso	nal use?				Yes	No
Do you have evidence to support your deduction?							No
," is the evidence written?						Yes	No
- Standard Mileage Rate (See the instructio	ns for Part II to	find out whether to	complete this sec	tion or Section C.)			
				· · · · · · · · · · · · · · · · · · ·			
ly line 13 by 54.5¢ (0.545). Enter the result	here and on lin	e 1			22		
- Actual Expenses		(a) Ve	hicle		(b) Ve	hicle	
ne, oil, repairs, vehicle insurance, etc.	23						
e rentals	24a						
ion amount	24b						
act line 24b from line 24a	24c						
of employer-provided vehicle (applies							
100% of annual lease value was							
	25						
nes 23, 24c, and 25	26						
	27		> + + + + + + + + + + + + + + + + + + +				
	28					Anna Anna Anna Anna Anna Anna Anna Anna	
nes 27 and 28. Enter total here and on							
	29						
	only if you ov	vned the vehicle ar	nd are completing	Section C for the vehicle.)			
		(a) Ve	hicle		(b) Ve	hicle	
cost or other basis	30						
section 179 deduction							
pecial allowance	31						
ly line 30 by line 14 (see Form 2106							
ctions if you claimed the section 179				le .			
tion or special allowance)	32						
	33						
				CARE MAD	公开 题		
	Miles and the Control of the Control				105 0		
	An experience of the second of the				10000		51.7
		- Aug () () () () () ()		2. <u>2. 1. 1. 1. 1.</u> 2. 1. 3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		注:我则也					
and the second control of the second control				. 4 . 41			
	38						
nergning L L , _ II reitar enlen _ Csolottdintilitie	miles vehicle was driven during 2018 ass miles included on line 12 at of business use. Divide line 13 by line 12 ge daily roundtrip commuting distance muting miles included on line 12 miles. Add lines 13 and 16 and subtract the our vehicle available for personal use during u (or your spouse) have another vehicle ava u have evidence to support your deduction? "is the evidence written? Standard Mileage Rate (See the instruction) ly line 13 by 54.5¢ (0.545). Enter the result Actual Expenses ne, oil, repairs, vehicle insurance, etc. are rentals on amount cut line 24b from line 24a of employer-provided vehicle (applies 100% of annual lease value was ad on Form W-2) nes 23, 24c, and 25 ly line 26 by the percentage on line 14 citation. Enter amount from line 38 below nes 27 and 28. Enter total here and on Depreciation of Vehicles (Use this section cost or other basis section 179 deduction ecial allowance ly line 30 by line 14 (see Form 2106	miles vehicle was driven during 2018 ass miles included on line 12 mt of business use. Divide line 13 by line 12 ge daily roundtrip commuting distance muting miles included on line 12 miles. Add lines 13 and 16 and subtract the total from line our vehicle available for personal use during off-duty hours of (or your spouse) have another vehicle available for personal use during off-duty hours of the evidence to support your deduction? "Is the evidence written? Standard Mileage Rate (See the instructions for Part II to by line 13 by 54.5¢ (0.545). Enter the result here and on line Actual Expenses ne, oil, repairs, vehicle insurance, etc. 23 as rentals on amount ct line 24b from line 24a of employer-provided vehicle (applies 100% of annual lease value was add on Form W-2) 100% of annual lease value 100% of annual lease value 100% of an	miles vehicle was driven during 2018 ass miles included on line 12 nt of business use. Divide line 13 by line 12 ge daily roundtrip commuting distance muting miles included on line 12 miles. Add lines 13 and 16 and subtract the total from line 12 our vehicle available for personal use during off-duty hours? If or your spouse) have another vehicle available for personal use? If a have evidence to support your deduction? If is the evidence written? Standard Mileage Rate (See the instructions for Part II to find out whether to live line 13 by 54.5¢ (0.545). Enter the result here and on line 1 Actual Expenses (a) Vene, oil, repairs, vehicle insurance, etc. 23 generatals and amount 24b or amount 24b of employer-provided vehicle (applies 100% of annual lease value was 25 do n Form W-2) 25 ly line 26 by the percentage on line 14 27 lation. Enter amount from line 38 below 28 also 27 and 28. Enter total here and on 29 Depreciation of Vehicles (Use this section only if you owned the vehicle and 29 line 30 by line 14 (see Form 2106 etions if you claimed the section 179 dion or special allowance) 31 by line 30 by line 14 (see Form 2106 etions if you claimed the section 179 dion or special allowance) 32 leptractation method and percentage 33 by line 30 by the percentage on line 33 by line 32 by the percentage on line 34 be s31 and 34 be s31 and 34 be smaller of line 35 or line 37. If you d lines 36 and 37, enter the amount from line 38.	12 13 14 15 15 15 15 15 15 15	miles vehicle was driven during 2018 ses miles included on line 12 it of business use. Divide line 13 by line 12 ge daily roundtrip commuting distance uting miles included on line 13 by line 12 ge daily roundtrip commuting distance uting miles included on line 12 it of business use. Divide line 13 by line 12 ge daily roundtrip commuting distance uting miles included on line 12 it of miles. Add lines 13 and 16 and subtract the total from line 12 it of miles. Add lines 13 and 16 and subtract the total from line 12 it of up your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle available for personal use? If or your spouse) have another vehicle instructions for Part II to find out whether to complete this section or Section C.) If your self-and Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) If your all by 54.5e (0.545), Enter the result here and on line 1 If or your spouse have a section only if you owned the vehicle and are completing Section C for the vehicle. Jets 25 years 27 and 28. Enter total here and on If your all your and you calmed the section only if you owned the vehicle and are completing Section C for the vehicle. Jets 25 years 27 and 28. Enter total here and on If your all your and you calmed the section only if you owned the vehicle and are completing Section C for the vehicle.	12 miles	12

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

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

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

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



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE. 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z **1**b () Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other Combine lines 1a, 1b, and 2 3 $\hbox{Multiply line 3 by 92.35\% (0.9235). If less than $400, you don't owe self-employment tax; $\textbf{don't}$ file this are the self-employment tax; $\textbf{don't}$ files than $400, you don't own the self-employment tax; $\textbf{don't}$ files than $\textbf{don't}$ files the self-employment tax; $\textbf{don$ 4 Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. Self-employment tax. If the amount on line 4 is: \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55. More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 113587 Schedule SE (Form 1040) 2018

Schedule SE (Form 1040) 2018

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

1b had you not used the optional method.

Software ID: Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

DLN: 16221684664919

Form 1116

Foreign Tax Credit (Individual, Estate, or Trust)

OMB No. 1545-0121

.3		ividual, Estate, or	17.2		1	2018
Dep Inte	partment of the Treasury rmal Revenue Service (99) Go to www.irs.gov/Form	form 1040, 1040NR, n1116 for instruction	[17:12] [17:13] [17:14] [17:14] [17:14] [17:14]	nformation.		Attachment Sequence No. 19
	me NALD J & MELANIA <trump< td=""><td></td><td>Tdentifying nun</td><td>nber as shown on</td><td>page</td><td>1 of your tax return</td></trump<>		Tdentifying nun	nber as shown on	page	1 of your tax return
Us 11	e a separate Form 1116 for each category of income listed l 16. Report all amounts in U.S. dollars except where specifie	pelow. See <i>Categories (</i> d in Part II below.	of Income in the ins	tructions. Check or	nly on	e box on each Form
а	☐ Section 951A income c ☑ Passive category inco	me e \square Section	on 901(j) income	g 🗌 Lump-	sum d	istributions
b	Foreign branch income d General category income	ome f Certa	in income re-source	d by treaty		
_	Resident of (name of country) > US					
No on	te: If you paid taxes to only one foreign country or U.S. po e foreign country or U.S. possession, use a separate columi	n and line for each cou	ntry or possession.			
	Part I Taxable Income or Loss From Sources				ed Al	
i	Enter the name of the foreign country or U.S.	Foreign Co	untry or U.S. Poss	session C	(Ad	Total d cols. A, B, and C.)
	possession #	oc	AJ	PM		
1 a	a Gross income from sources within country shown above and of the type checked above (see instructions):			52		
-		24,644			1a	
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
_	determine its source (see instructions)					
	ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	% 17,554		% 2,385,534		
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
	Other deductions (attach statement)					
С	Add lines 3a and 3b	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)	24,644				
	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00012	0.00000	0.00000		
	Pro rata share of interest expense (see instructions):		-			
	Home mortgage interest (use the Worksheet for Home					
Ь	Mortgage Interest in the instructions) Other interest expense					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	17,555	untry or U.S. Poss	2,385,534	6	Total
i	Enter the name of the foreign country or U.S.	D	E E	F	(Ad	d cols. A, B, and C.)
	possession 🖋	IN	CA	QA		
1 a	Gross income from sources within country shown above and of the type checked above (see instructions):					
		*			1 a	
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
D-	determine its source (see instructions)					
	Expenses definitely related to the income on line 1a (attach statement)			u.		2
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
b	Other deductions (attach statement)					

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

Par	rt III Figuring the Credit			
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	721		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) .			
11	Add lines 9 and 10	721		
12	Reduction in foreign taxes (see instructions)			
13	Taxes reclassified under high tax kickout (see instructions)	-721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit		14	C
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)			
16	Adjustments to line 15 (see instructions)			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	-		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	3		
	$\textbf{Caution:} \ \text{If you figured your tax using the lower rates on qualified dividends or capital gains, see}$	instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		19	
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount 1040NR, line 42	e G, line 1a; or from Form	20	8,436,059
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see insti	ructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)		21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 th enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions		22	C
Par	rt IV Summary of Credits From Separate Parts III (see instructions)			
23	Credit for taxes on section 951A income			
24	Credit for taxes on foreign branch income			
25	Credit for taxes on passive category income			
26	Credit for taxes on general category income	344,084		
27	Credit for taxes on section 901(j) income			
28	Credit for taxes on certain income re-sourced by treaty		28	
29	Credit for taxes on lump-sum distributions		29	
30	Add lines 23 through 29		30	344,084
31	Enter the smaller of line 20 or line 30		31	344,084
32	Reduction of credit for international boycott operations. See instructions for line 12		32	
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	48;	33	344,084

Form **1116** (2018)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Form 1116, Part II - Foreign Taxes Paid or Accrued

>	Credit is claimed for taxes (you must check	xes Foreign taxes paid or accrued								
ntr	one)		In foreign currency			In U.S. dollars				
Country	(i) Paid (k) Accrued (i) Date paid or accrued	Taxes withheld at source on:		(p) Other foreign	Taxes withheld at source on:		(t) Other foreign taxes	(u) Total foreign taxes paid or		
			(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued
A									721	721
В										
C										
D										
Е										
F										
G										
Н						N. S. A. A. C. (1984)			•	

efile GRAPHIC print - DO NOT PROCESS

LATEST DATA - Production

DLN: 16221684664919

Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

► Attach to Form 1040, 1040NR, 1041, or 990-T. Department of the Treasury Attachment ▶ Go to www.irs.gov/Form1116 for instructions and the latest information. Internal Revenue Service (99 Sequence No.19 Indentifying number as shown on page 1 of your tax return DONALD J & MELANIA<TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. a Section 951A income c Passive category income e Section 901(j) income g Lump-sum distributions **b** Foreign branch income d General category income f Certain income re-sourced by treaty h Resident of (name of country) > Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Enter the name of the foreign country or U.S. (Add cols. A, B, and C.) Α possession 🏄 OC KS UK 1a Gross income from sources within country shown above and of the type checked above (see instructions): 5,535,495 23,022,204 1a 44,779,730 **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . Deductions and losses (Caution: See instructions.): 4,637,595 Expenses definitely related to the income on line 1a 956 37,608,469 (attach statement) 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see 7,156 7,156 7,156 **b** Other deductions (attach statement) c Add lines 3a and 3b 7,156 7,156 7,156 d Gross foreign source income (see instructions) . . 5.535.495 23,022,204 e Gross income from all sources (see instructions) . 208,786,952 208,786,95 208,786,952 f Divide line 3d by line 3e (see instructions) . . . 0.0265 0.00000 0.11027 g Multiply line 3c by line 3f 190 789 Pro rata share of interest expense (see instructions): a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense . . . Losses from foreign sources . 6 Add lines 2, 3g, 4a, 4b, and 5 37,609,258 67,235,018 Foreign Country or U.S. Possession Total Enter the name of the foreign country or U.S. (Add cols. A, B, and C.) D possession 🖋 CH DR PM 1a Gross income from sources within country shown above and of the type checked above (see instructions): 1a 44,779,730 b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 5,787,555 353 (attach statement) 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see 7,156 7,156 7.156 **b** Other deductions (attach statement)

•	Add lines 3a and 3b	7,156	7,156	7,156		1
c	d Gross foreign source income (see instructions)					
•	e Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
	Multiply line 3c by line 3f	0.00000	0.00000	0.00000		
	Pro rata share of interest expense (see instructions):					1
ā	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
t	Other interest expense					
	Losses from foreign sources					
0	Add lines 2, 3g, 4a, 4b, and 5	5,787,555	t	353	6	67,235,018
i	Enter the name of the foreign country or U.S.	G Foreign C	Country or U.S. Pos		(A	Total dd cols. A, B, and C.)
	possession	AE	H RQ	I CA		T
1 a	Gross income from sources within country shown above	AL	, NQ	CA		
	and of the type checked above (see instructions):					
L	Chook if line 1s is companyables for several services as	679,900			1a	44,779,730
2 -	o Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
_	determine its source (see instructions)					
	ductions and losses (Caution: See instructions.):	_ 50000				
2	Expenses definitely related to the income on line 1a (attach statement)	% 1,390,884	% 84	% 1,861,346		
3	Pro rata share of other deductions not definitely related:					
a	Certain itemized deductions or standard deduction (see instructions)	7.55	7	4,22		
	mistractions)	7,156	7,156	7,156		
b	Other deductions (attach statement)	}				
	Add lines 3a and 3b	7.456	7.456	7.55		
	Gross foreign source income (see instructions)	7,156	7,156	7,156		
		679,900				
	Gross income from all sources (see instructions)	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00326	0.00000	0.00000		
g	Multiply line 3c by line 3f	23				
4	Pro rata share of interest expense (see instructions):					
а	Home mortgage interest (use the Worksheet for Home					
b	Mortgage Interest in the instructions)					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	1,390,907	84	1,861,346	6	67,235,018
	Enter the name of the foreign country or U.S.		ountry or U.S. Pos	100	(1	Total
	possession A	J	K	L	(AC	id cols. A, B, and C.)
1 a	Gross income from sources within country shown above	RP	GJ	IN		
-	and of the type checked above (see instructions):					
		11,868		1,809,220	1 a	44,779,730
	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
	determine its source (see instructions) >					1
De	ductions and losses (Caution: See instructions.):					1
2	Expenses definitely related to the income on line 1a (attach statement)		95]4	2 3,271		2
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
	Other deductions (attach statement)					
С	Add lines 3a and 3b	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)	11,868		1,809,220		
	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00006	0.00000	0.00867		
g	Multiply line 3c by line 3f			62		
						1
4	Pro rata share of interest expense (see instructions):			1		

	Mortgage Interest in the instructions)					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5		4	3,333	6	67,235,018
		Foreign C	ountry or U.S. Pos	ssession		Total
i	Enter the name of the foreign country or U.S.	М	N	0	(Ad	d cols. A, B, and C.)
	possession 🥖	GG	IS	AJ		
1a	a Gross income from sources within country shown above and of the type checked above (see instructions):	1				
	and of the type thetked 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			120		
	determine its source (see instructions)					
De	ductions and losses (Caution: See instructions.):					
		e851	087	0853		1.5
2	Expenses definitely related to the income on line 1a (attach statement)	1,343,007	% 1,108,983	1,345,997		
3	Pro rata share of other deductions not definitely related:		:	-		
	Contain the size of deductions and size of					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
		7,130	7,130	7,130		
b	Other deductions (attach statement)					
_	Add lines 3a and 3b	7.156	7.156	7.156		
_	That into 30 and 30 i i i i i i i i i i i i i i i i i i	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)					
е	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
	Multiply line 3c by line 3f					
4	Dro rata share of interest evenes (see instructions)					
	Pro rata share of interest expense (see instructions):					
d	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)		1			
	Other interest expense					
5	Losses from foreign sources	1,343,007	1 100 000	4 345 007	_	
	Add lifles 2, 39, 4a, 4b, and 5		1,108,983	1,345,997	6	67,235,018 Total
i	Enter the name of the foreign country or U.S.		ountry or U.S. Pos		(Ad	
i	Enter the name of the foreign country or U.S.	P	Q	- R	(Ad	d cols. A, B, and C.)
	possession 🖋				(Ad	
		P	Q	- R	(Ad	
	possession	P	Q RN	- R		d cols. A, B, and C.)
1 a	possession	P	Q	- R	(Add	
1 a	possession	P	Q RN	- R		d cols. A, B, and C.)
1 a	possession	P	Q RN	- R		d cols. A, B, and C.)
1a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	P	Q RN	- R		d cols. A, B, and C.)
1a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to	P	Q RN	- R		d cols. A, B, and C.)
1a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	P	Q RN	- R MX		d cols. A, B, and C.)
1a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions).	P BR	Q RN 718,067	- R		d cols. A, B, and C.)
b De	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
b De	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
1a b De 2	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Laternative determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
1a b De 2	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related:	P BR	Q RN 718,067	- R MX		d cols. A, B, and C.)
1a b De 2 3	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
1a b De 2 3	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Laternative determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
1a b De 2 3 a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
De 2 3 a b c	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b	P BR 2,449,043	Q RN 718,067 7,156	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a b c d	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions)	P BR 2,449,043 7,156	Q RN 718,067 7,156 7,156 7,156	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a b c d e	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions)	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions)	P BR 2,449,043 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 1,342,982 7,156		d cols. A, B, and C.)
De 2 3 a b c d e f	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions)	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions)	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f 9 4	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
De 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Gross income from all sources (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 7,156 7,156	Q RN 718,067 7,156 7,156 718,067 208,786,952 0.00344	R MX 7,156 7,156 208,786,952		d cols. A, B, and C.)
1a b C d e f g 4 a b 5 6	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 7,156 208,786,952 0.00000	Q RN 718,067 7,156 7,156 7,156 718,067 208,786,952 0.00344 25	R MX 7,156 7,156 208,786,952 0.00000	1a	44,779,730 47,235,018
De 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 7,156 208,786,952 0.00000	Q RN 718,067 7,156 7,156 7,156 718,067 208,786,952 0.00344 25	R MX 7,156 7,156 208,786,952 0.00000	1a	d cols. A, B, and C.) 44,779,730
1a b C d e f g 4 a b 5 6	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 7,156 7,156 208,786,952 0.00000 2,449,043 Foreign Cc	Q RN 718,067 7,156 7,156 7,156 718,067 208,786,952 0.00344 25	R MX 7,156 7,156 208,786,952 0.00000 1,342,982	1a	67,235,018 Total

	Gross income from sources within country shown above and of the type checked above (see instructions):					
	Chack if line 1s is seemed by the first the seemed by the		1,819,000	10,150,280	1a	44,779,730
	o Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
	determine its source (see instructions) ▶					
De	eductions and losses (Caution: See instructions.):					1
2	Expenses definitely related to the income on line 1a (attach statement)		1 ,343,367	2 3,597,703		
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)		1,819,000	10,150,280		
	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00871	0.04862		
g	Multiply line 3c by line 3f		62	348		
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
5	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5		1,343,429	3,598,051	6	67,235,018
		Foreign (Country or U.S. Pos	session	200	Total
i	Enter the name of the foreign country or U.S.	V	w	X	(Ad	d cols. A, B, and C.)
1a	possession	TU	VC	UY		34000
	and of the type checked above (see instructions):					
		9,177		3,479	1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
n-	determine its source (see instructions)					4
	ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	% 54		%] ₂₅		(a)
,						
	Pro rata share of other deductions not definitely related:					
d	Certain itemized deductions or standard deduction (see instructions)	7,156	7,156	7,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	7,156	7,156	7,156		
d	Gross foreign source income (see instructions)	9,177		3,479		
	Gross income from all sources (see instructions) .	208,786,952	208,786,952	208,786,952		
	Divide line 3d by line 3e (see instructions)	0.00004	0.00000	0.00002		
g	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5	54		25	6	67,235,018
		Foreign C	ountry or U.S. Pos			Total
	Enter the name of the foreign country or U.S. possession	Y	Z	СС	(Add	d cols. A, B, and C.)
	Gross income from sources within country shown above					
	and of the type checked above (see instructions):	2				
2		1,021,040			1a	44,779,730
	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
	determine its source (see instructions)					
Dec	ductions and losses (Caution: See instructions.):			-		

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

Pai	t III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I \dots	9	343,363		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) .	10			
11	Add lines 9 and 10	11	343,363		
12	Reduction in foreign taxes (see instructions)	12			
13	Taxes reclassified under high tax kickout (see instructions)	13	721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for cred	it .	,	14	344,084
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	-22,455,288		
16	Adjustments to line 15 (see instructions)	16	2 48,754,476		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	26,299,188		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	30,143,088		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.87248
		35 51	100 D 100 D 100	19	0.67240
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alie Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the 1040NR, line 42	Sched amou	ule G, line 1a; or nt from Form	20	8,436,059
	Caution: If you are completing line 20 for separate category g (lump-sum distributions)	, see in	structions.		
21	Multiply line 20 by line 19 (maximum amount of credit)			21	7,360,293
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip I enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line in Part IV (see instance) in the smaller of line 31. Otherwise, complete the appropriate line 31. Otherwise, complete the appropriate line 31. Otherwise line 3			22	344,084
Par	t IV Summary of Credits From Separate Parts III (see instructions)				
23	Credit for taxes on section 951A income	23			
24	Credit for taxes on foreign branch income	24			
25	Credit for taxes on passive category income	25			
26	Credit for taxes on general category income	26			
27	Credit for taxes on section 901(j) income	27			
28	Credit for taxes on certain income re-sourced by treaty			28	
29	Credit for taxes on lump-sum distributions			29	
30	Add lines 23 through 29			30	
31 32	Enter the smaller of line 20 or line 30			31	
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1			32	
55	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a			33	

Form **1116** (2018)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Form 1116, Part II - Foreign Taxes Paid or Accrued

>	Credit is claimed for taxes (you must check				Foreig	n taxes paid or a	ccrued			
ntr	one)		In foreign cu	ırrency				In U.S. dollars		*
Country	(j) Paid (k) Accrued	Taxe	s withheld at source	e on:	(p) Other foreign	Taxes v	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	accrued (add cols. (q) through (t))
A									341,594	341.59
В										
C										
D										
E										
F										
G									0	
H										
I	-									
J										
K										
L									1,340	1,34
M										
N										
0										
P										
Q										
R										
S										
T						1				
V										
_										
W						1				
X) 						429	42

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

DLN: 16221684664919

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

Department of the Treasu Internal Revenue Service	Ty Co to www.ing.gov/Forms	orm 1040, 1040NR, : 11116 for instruction	1.50	ormation.		Attachment Sequence No. 19
Name DONALD J & MELANIA<	TRUMP		*ifving numb	er as shown on	page 1	of your tax return
	n 1116 for each category of income listed b punts in U.S. dollars except where specified		of Income in the instr	uctions. Check or	nly one	box on each Form
a Section 951A i	income c Passive category incor	ne e \square Sectio	n 901(j) income	g 🗌 Lump-	sum dis	tributions
b Foreign branch	n income d General category inco	me f Certai	n income re-sourced	by treaty		
h Resident of (name	e of country) > US					
	xes to only one foreign country or U.S. pos			n Part II. If you p	aid taxe	es to more than
	or U.S. possession, use a separate column ble Income or Loss From Sources			togory Chocke	d Abo	we)
raiti iaxa	ible Income of Loss From Sources		untry or U.S. Posse		u ADC	Total
i Enter the name	e of the foreign country or U.S.	A	В	С	(Add	cols. A, B, and C.)
possession 🦨	f	OC	AJ	PM		
and of the type	om sources within country shown above checked above (see instructions):					
		24,644			1a	
an employee, yo \$250,000 or mo	is compensation for personal services as our total compensation from all sources is re, and you used an alternative basis to					
	urce (see instructions)					
2 Expenses defini	itely related to the income on line 1a nt)	. 2517,554		2,385,534		
3 Pro rata share of	f other deductions not definitely related:	10				
	deductions or standard deduction (see	17,156	17,156	17,156		
b Other deductions	s (attach statement)					
	і 3b	17,156	17,156	17,156		
d Gross foreign so	urce income (see instructions)	24,644				
e Gross income fro	om all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
and the second of the second of	/ line 3e (see instructions)	0.00012	0.00000	0.00000		
g Multiply line 3c t	by line 3f	2			- 1	
4 Pro rata share o	of interest expense (see instructions):					
Mortgage Intere	interest (use the Worksheet for Home st in the instructions)					
5 Losses from fore	eign sources					
6 Add lines 2, 3g,	4a, 4b, and 5	17,556	untry or U.S. Posse	2,385,534	6	Total
i Enter the name	e of the foreign country or U.S.	D Poreign Co	E E	F	(Add	cols. A, B, and C.)
	≠ ̃ <i>`</i>	IN	CA	QA		
and of the type	om sources within country shown above checked above (see instructions):					
					1a	
an employee, yo	is compensation for personal services as our total compensation from all sources is re, and you used an alternative basis to					
	urce (see instructions) 🕨 🗌					
Deductions and lo	sses (Caution: See instructions.):					
	itely related to the income on line 1a nt)	-		a .		
3 Pro rata share o	f other deductions not definitely related:					
	deductions or standard deduction (see	17,156	17,156	17,156		
b Other deductions	s (attach statement)					

C A	Add lines 3a and 3l	b			17	,156	17,1	56	17,	156	1	
d (Gross foreign sourc	ce income (see	instructions) .	.								
e (Gross income from	all sources (se	e instructions)	. +	208,896	851	208,896,8	51	208,896,	851		
	Divide line 3d by lir			-		0000	0.000	_	0.00		1	
	Aultiply line 3c by	(1995년 - 1985년 - 12일 전 1995년 - 1일 1995년 - 1 - 1995년 - 1995		-					0.00			
4	Pro rata share of in	nterest evnens	e (see instruction	ne).				1				
	lome mortgage int			A THE SECRET		1						
M	lortgage Interest i	n the instruction	ons)									
b (Other interest expe osses from foreigr	ense		• • -				_				
6 A	dd lines 2, 3g, 4a,	, 4b, and 5 .		: : t				_		6		
					Forei	gn Cou	ntry or U.S. F	ossess	sion		7	Γotal
	nter the name o		AND THE PROPERTY OF THE PARTY O	5.	G		Н		I	(A	dd cols.	A, B, and C.)
	ossession 🎜 .			▶	CH							
	Gross income from nd of the type che											
u												
					996,	396	-1,021,04	40		1a		
b C	theck if line 1a is c	ompensation for	or personal serv	vices as								
\$	n employee, your 250,000 or more,	and you used a	an alternative b	asis to								
	etermine its sourc			10101101101111								
	ictions and losse										7	
2 E	xpenses definitel	v related to th	ne income on lir	ne 1a		- 1						
	attach statement)											
3 P	ro rata share of ot	her deductions	not definitely r	related:								
	ertain itemized de			n (see								
11	nstructions)				17,	156		-		-		
b 0	ther deductions (a	ittach statemer	nt)	. 1								
	dd lines 3a and 3b				17,	156						
d G	iross foreign sourc	e income (see	instructions) .		996,	396						
e G	iross income from	all sources (see	e instructions)		208,896,			+		\dashv		
	ivide line 3d by lin	100	15%		0.00	_		+		\dashv		
	lultiply line 3c by li			_	200	82		+		-		
1 0	Pro rata share of in	terest evnens	(see instruction	ne).								
	ome mortgage into	1.5		2000								
M	lortgage Interest in	n the instructio	ns)									
b 0	ther interest expe osses from foreign	nse		L								
6 A	dd lines 2, 3g, 4a,	4b, and 5 .				82	-2,403,17			6		
7 S	ubtract line 6 from	line 1a. Enter	the result here	and on lin						> 7		
			or Accrued									
	Credit is claimed for taxes				Foreig	n taxes p	aid or accrued					
2	(you must check					F						
Ξ	one)		In foreign cu	urrency					In U.S. dollars	3		
Country	(j) Paid	Taye	s withheld at source	ce on:	(p) Other		Taxes withheld a	at source	00:	(t) O	ther	(u) Total foreign
C	(k) Accrued	Taxe			foreign		axes withheld a	at SOUICE	UII.	foreign	taxes	taxes paid or accrued (add
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Intere	taxes paid or accrued	(q) Divi		Rents oyalties	(s) Interest	paid accru		cols. (q) through (t))
A	See Additional Data Table											
В	Data Table											
C		* .										
	dd lines A throug	ih C. column	(u) Enter the	total ber	and on line (naac	,				T	
	aperwork Reduc	No. of Concession, Name of Street, or other Persons, Name of Street, or ot				-			· · · ·	▶ 8		72
UI P	aperwork Reduc	HOT ACT NOTIC	e, see instruc	LIONS.		cat. No.	11440U				Form	1116 (2018

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	
(If your income was section 951A income (box a above Part I), leave line 10 blank.) . 10	
12 Reduction in foreign taxes (see instructions)	
Taxes reclassified under high tax kickout (see instructions)	
Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit 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) Adjustments to line 15 (see instructions) 16	
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)	
outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	16,681
17 Combine the amounts on lines 15 and 16 This is an angle of the state of the stat	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	
18 Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	
20 Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	
21 Multiply line 20 by line 19 (maximum amount of credit)	
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions)	0
Part IV Summary of Credits From Separate Parts III (see instructions)	
23 Credit for taxes on section 951A income 23	
24 Credit for taxes on foreign branch income	
25 Credit for taxes on passive category income	
26 Credit for taxes on general category income	
27 Credit for taxes on section 901(j) income	
28 Credit for taxes on certain income re-sourced by treaty	
29 Credit for taxes on lump-sum distributions	
30 Add lines 23 through 29	1,264,257
31 Enter the smaller of line 20 or line 30	1,264,257
32 Reduction of credit for international boycott operations. See instructions for line 12	
Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	

Form **1116** (2018)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Form 1116, Part II - Foreign Taxes Paid or Accrued

×	Credit is claimed for taxes (you must check				Foreig	n taxes paid or a	ccrued			
ntri	one)		In foreign cu	ırrency				In U.S. dollars		
Country	(j) Paid (k) Accrued	Taxe	s withheld at source	e on:	(p) Other foreign	Taxes w	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))
A									721	721
В										
C							.8			
D										
E										
F										
G										
Н										

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

DLN: 16221684664919

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

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

	emal Revenue Service (99) Go to www.irs.gov/Forn	11116 for instructi	ons and the latest	information.		Attachment Sequence No. 19
	me		Identifying n	mber as shown on	page :	1 of your tax return
DO	NALD J & MELANIA <trump< td=""><td></td><td>Ĩ</td><td></td><td></td><td></td></trump<>		Ĩ			
	e a separate Form 1116 for each category of income listed b 16. Report all amounts in U.S. dollars except where specifie		s of Income in the in	nstructions. Check or	nly one	e box on each Form
a	Section 951A income c Passive category inco	me e \square Sec	ction 901(j) income	g 🗌 Lump-	sum d	istributions
ь	☐ Foreign branch income d ☐ General category inco		tain income re-sour	- PRICES (1991)		
h	Resident of (name of country) > US					
_	te: If you paid taxes to only one foreign country or U.S. pos	ssession, use column	A in Part I and line	A in Part II. If you p	aid ta	xes to more than
on	e foreign country or U.S. possession, use a separate column	and line for each co	ountry or possession			
_	Part I Taxable Income or Loss From Sources				ed Ab	
i	Enter the name of the foreign country or U.S.	A	Country or U.S. Po B	C	(Ad	Total d cols. A, B, and C.)
	possession 🎜	ОС	KS	UK		
18	a Gross income from sources within country shown above and of the type checked above (see instructions):					
		5,535,495		23,022,204	1a	44,779,730
Ŀ	Ocheck if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to	(8)				
De	determine its source (see instructions)					
	Expenses definitely related to the income on line 1a (attach statement)	4,637,595	2 55	3 37,608,469		
3	Pro rata share of other deductions not definitely related:			-		
ā	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
ŀ	Other deductions (attach statement)					
	Add lines 3a and 3b	17.150	17.156	17.156		
	Add lines 3a and 3b	17,156	17,156	17,156		
	Gross foreign source income (see instructions)	5,535,495		23,022,204		
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f	0.02650	0.00000	0.11021 1,891		
		133		1,031		
	Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home					9
	Mortgage Interest in the instructions)					
	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5	4,638,050			6.	67,237,163
i	Enter the name of the foreign country or U.S.	Foreign 0	Country or U.S. Po	ssession F	(Ad	Total d cols. A, B, and C.)
100	possession	СН	DR	PM		
18	Gross income from sources within country shown above and of the type checked above (see instructions):					
					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					
De	determine its source (see instructions)					
	Expenses definitely related to the income on line 1a (attach statement)	2 5,787,555		2353		(4)
3	Pro rata share of other deductions not definitely related:			-		
а	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					

C	Add lines 3a and 3b	17,156	17,156	17,156		
c	d Gross foreign source income (see instructions)					
e	e Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home					
	Mortgage Interest in the instructions)					
5	Other interest expense					
6	Add lines 2, 3g, 4a, 4b, and 5	5,787,555		353	6	67,237,163
		Foreign (Country or U.S. Pos	session		Total
i	Enter the name of the foreign country or U.S.	G	Н	I	(Ac	dd cols. A, B, and C.)
	possession 🦸	AE	RQ	CA		
12	a Gross income from sources within country shown above and of the type checked above (see instructions):					
						1
		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) >			** 1		
De	ductions and losses (Caution: See instructions.):]
2	Expenses definitely related to the income on line 1a	1,390,884	2 84	1,861,346		
	(attach statement)					
3	Pro rata share of other deductions not definitely related:					
_	The rate share of strict deductions not definitely related.					
a	Certain itemized deductions or standard deduction (see					
	instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
c	Add lines 3a and 3b	17,156	17,156	17 156		
		17,130	17,130	17,156		
d	Gross foreign source income (see instructions)	679,900				
е	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		a .
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):					
а	Home mortgage interest (use the Worksheet for Home					
h	Mortgage Interest in the instructions) 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
	Enter the name of the ferrior country and C		Country or U.S. Pos	session	(0-	Total
	Enter the name of the foreign country or U.S. possession	J	K	L	(AC	ld cols. A, B, and C.)
1a	Gross income from sources within country shown above	RP	GJ GJ	IN		
	and of the type checked above (see instructions):					
Ь	Check if line 1a is compensation for personal services as	11,868		1,809,220	1a	44,779,730
	an employee, your total compensation from all sources is					ā
	\$250,000 or more, and you used an alternative basis to					
n -	determine its source (see instructions) ductions and losses (Caution: See instructions.):					
	No.		~~7	00074		
2	Expenses definitely related to the income on line 1a (attach statement)		25/4	3,271		
	(actual) statement)					
3	Pro rata share of other deductions not definitely related:					
_	Cortain itemized deductions or standard deduction (e.e.					
d	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
		2,,230	17,130	17,230		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	17,156	17,156	17,156		z .
	Cross familian course in the second in the s					1
	Gross foreign source income (see instructions)	11,868		1,809,220		191
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions)	0.00006	0.00000	0.00866		
g	Multiply line 3c by line 3f	1		149		
	Dec ests share of interest evenes (see instructions).		1	1		1
4	Pro rata share of interest expense (see instructions):	1	1			1

	Home mortgage interest (use the Worksheet for Home					
5	Mortgage Interest in the instructions) Uther Interest expense Losses from foreign sources					
	Add lines 2, 3g, 4a, 4b, and 5	1	4	3,420	6	67,237,163
		Foreign	Country or U.S. Po	ssession		Total
i	Enter the name of the foreign country or U.S.	М	N	0	(Ad	d cols. A, B, and C.)
	possession 🦸	GG	IS	AJ		
1 a	Gross income from sources within country shown above and of the type checked above (see instructions):					
				0.	1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is					
	\$250,000 or more, and you used an alternative basis to				l j	
	determine its source (see instructions) >					
De	ductions and losses (Caution: See instructions.):	*				
2	Expenses definitely related to the income on line 1a	5 1,343,007	2 1,108,983	1,345,997		() (5)
	(attach statement)					
2	Pro rata share of other deductions not definitely related:					
3	rio tata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see	3				
	instructions)	17,156	17,156	17,156		
h	Other deductions (attach statement)					
	PC 201 11.02 4250 10.00 40 00 00 00 00 00 00 00 00 00 00 00 0					
С	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)					
е	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00000		
	Multiply line 3c by line 3f					
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home					
	Mortgage Interest in the instructions)					
	Other interest expense				*	
	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. Po	ssession		Total
	Enter the name of the foreign country or U.S.	Foreign (Country or U.S. Po Q	ssession R	(Add	Total d cols. A, B, and C.)
i	possession 🏄				(Add	
i	possession	Р	Q	R	(Add	
i	possession 🏄	Р	Q	R	(Add	
i 1a	possession	Р	Q	R	(Add	
i 1a	possession Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as	Р	Q RN	R		d cols. A, B, and C.)
i 1a	possession	Р	Q RN	R		d cols. A, B, and C.)
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to	Р	Q RN	R		d cols. A, B, and C.)
i 1a b	possession	Р	Q RN	R		d cols. A, B, and C.)
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	Р	Q RN	R MX		d cols. A, B, and C.)
i 1a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see	P BR 2,449,043	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related:	P BR 2,449,043	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2 3 a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2 3 a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement)	P BR 2,449,043	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b Dec 2 3 a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions).	P BR	Q RN 718,067	R MX		d cols. A, B, and C.)
i 1a b C	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement)	P BR 2,449,043	Q RN 718,067 17,156	R MX 1,342,982		d cols. A, B, and C.)
i 1a b 2 3 a b c d	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions).	P BR 2,449,043 17,156	Q RN 718,067 17,156 17,156 718,067	R MX 1,342,982 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b	P BR 2,449,043	Q RN 718,067 17,156	R MX 1,342,982		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Gross income from all sources (see instructions).	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b C d d e f g 4	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions):	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g 4 a	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i la b C d e f g 4 a b	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Divide line 3d by line 3e (see instructions). Multiply line 3c by line 3f. Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions). Other interest expense	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources	P BR 2,449,043 17,156 17,156	Q RN 718,067 17,156 17,156 17,156 718,067 208,896,851 0.00344	R MX 1,342,982 17,156 17,156	la	d cols. A, B, and C.) 44,779,730
i 1a b Dec 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b. Gross foreign source income (see instructions). Divide line 3d by line 3e (see instructions). Multiply line 3c by line 3f. Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions). Other interest expense	P BR 22,449,043 17,156 17,156 208,896,851 0.00000	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 17,156 208,896,851 0.00000		d cols. A, B, and C.)
i 1a b Dec 2 3 a b c d e f g 4 a b 5	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 22,449,043 17,156 17,156 208,896,851 0.00000	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 17,156 208,896,851 0.00000	1a	44,779,730
i 1a b 2 3 a b c d e f g 4 a b 5 6	Gross income from sources within country shown above and of the type checked above (see instructions): Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions) Other deductions (attach statement) Add lines 3a and 3b Gross foreign source income (see instructions) Divide line 3d by line 3e (see instructions) Multiply line 3c by line 3f Pro rata share of interest expense (see instructions): Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) Other interest expense Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5	P BR 22,449,043 17,156 17,156 208,896,851 0.00000 2,449,043 Foreign C	Q RN 718,067 17,156 17,156 718,067 208,896,851 0.00344 59	R MX 1,342,982 17,156 208,896,851 0.00000 1,342,982 ssession	1a	44,779,730 44,779,730 67,237,163

	Gross income from sources within country shown above and of the type checked above (see instructions):		1,819,000	10,150,280	1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to		-,,			
	determine its source (see instructions) ▶					
De	ductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)		2 1,343,367	% 3,597,703		
3	Pro rata share of other deductions not definitely related:					
a	Certain itemized deductions or standard deduction (see instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)		1,819,000	10,150,280		
е	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		in the second se
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					
b	Mortgage Interest in the instructions)					
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5		1,343,516	3,598,537	6	67,237,163
	Enter the name of the foreign country or U.S.		Country or U.S. Pos	7/24	(Ad	Total d cols. A, B, and C.)
•	possession	V TU	W VC	X UY	(Au	d cois. A, B, and C.)
1a	Gross income from sources within country shown above	10	VC	UY		
	and of the type checked above (see instructions):					
		9,177		3,479	1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					
De	determine its source (see instructions)					
	Expenses definitely related to the income on line 1a (attach statement)	5 254		2 5		
3	Pro rata share of other deductions not definitely related:					
а	Certain itemized deductions or standard deduction (see					
_	instructions)	17,156	17,156	17,156		
b	Other deductions (attach statement)					
С	Add lines 3a and 3b	17,156	17,156	17,156		
d	Gross foreign source income (see instructions)	9,177		3,479		· ·
	Gross income from all sources (see instructions) .	208,896,851	208,896,851	208,896,851		
	Divide line 3d by line 3e (see instructions)	0.00004	0.00000	0.00002		
4	Pro rata share of interest expense (see instructions):					
	Home mortgage interest (use the Worksheet for Home			ů.		
b	Mortgage Interest in the instructions)	-				
5	Losses from foreign sources					
6	Add lines 2, 3g, 4a, 4b, and 5	55		25	6	67,237,163
i	Enter the name of the foreign country or U.S.	Foreign C Y	Country or U.S. Pos Z	ssession CC	(Ad	Total d cols. A, B, and C.)
	possession 🥖					
1a	Gross income from sources within country shown above and of the type checked above (see instructions):			F		9
		1,021,040			1a	44,779,730
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to					_
	determine its source (see instructions) ▶					
De	ductions and losses (Caution: See instructions.):			102		

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

Par	t III Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I $\dots \dots \dots \dots$.	9	343,363		
10	Carryback or carryover (attach detailed computation) (If your income was section 951A income (box a above Part I), leave line 10 blank.) .	10	8,502,035		
11	Add lines 9 and 10	11	8,845,398		
12	Reduction in foreign taxes (see instructions)	12			500
13	Taxes reclassified under high tax kickout (see instructions)	13	721		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for cred	lit .		14	8,846,119
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	-22,457,433		
16	Adjustments to line 15 (see instructions)	16	25,913,530		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	3,456,097		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	14,453,245		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital g	ains, se	ee instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	0.23912
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alie Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the 1040NR, line 42	ule G, line 1a; or nt from Form	20	- 5,287,122	
	Caution: If you are completing line 20 for separate category g (lump-sum distributions)	, see in	structions.		
21	Multiply line 20 by line 19 (maximum amount of credit)		CONTRACTOR	21	1,264,257
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip l enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instance)	ines 23		22	1,264,257
Par	t IV Summary of Credits From Separate Parts III (see instructions)				
23	Credit for taxes on section 951A income	23			
24	Credit for taxes on foreign branch income	24			
25	Credit for taxes on passive category income	25			
26	Credit for taxes on general category income	26			
27	Credit for taxes on section 901(j) income	27			
28	Credit for taxes on certain income re-sourced by treaty			28	
29	Credit for taxes on lump-sum distributions			29	
30	Add lines 23 through 29			30	
31	Enter the smaller of line 20 or line 30			31	
32	Reduction of credit for international boycott operations. See instructions for line 12 $$.			32	
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1 Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		ne 48;	22	

Form **1116** (2018)

Software ID:

Software Version:

SSN:

Spouse SSN

Name: DONALD J & MELANIA<TRUMP

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

Form 1116, Part II - Foreign Taxes Paid or Accrued

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

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

Cat. No. 12392F

Form 3800 (2018)

For Paperwork Reduction Act Notice, see separate instructions.

Pai	rt II Allowable Credit (Continued)		
Note	e: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25	and e	enter -0- on line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0	20	
21	Subtract line 17 from line 20. If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 21	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	7,092,509
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0	29	7,092,509
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	218,217
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 83,20	0	
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	3,146,515
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	15,279,438
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35	36	18,644,170
37	Enter the smaller of line 29 or line 36	37	7,092,509
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return:		
	Individuals. Form 1040, line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	30	7,002,500
	· · · · · · · · · · · · · · · · · · ·	38	7,092,509 Form 3800 (2018)

	General business credit From a Non-Passive Activity E LI Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sn	nall Bus	siness Credit Carryforward	5
D	☐ General Business Credit Carrybacks H ☐ Reserved			
Ι	If you are filing more than one Part III with box A or B checked, complete and attach tall Parts III with box A or B checked. Check here if this is the consolidated Part III \cdot	first an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
lot	e: On any line where the credit is from more than one source, a separate Pa			Enter the appropriate
s ne	e: On any line where the credit is from more than one source, a separate Pa eeded for each pass-through entity.	art III	from a pass-through entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	citally, enter the LIN	
ь	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g		1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X		1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
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		
ь	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
	Qualified railroad track maintenance (Form 8900)	4f		301,417
g h	Small employer health insurance premiums (Form 8941)	4g		
i	Increasing research activities (Form 6765)	4h		
j	Employer credit for paid family and medical leave (Form 8994)	4i		
J Z	Other	4j		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		
6	Add lines 2 3 and 5 and enter here and on the applicable line of Part II	5		301,417
_	Add lines 2, 3, and 3 and enter here and on the applicable line of Part II	6	and the second s	301,417

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	IALD J & MELANIA <trump< th=""><th></th><th>5)</th><th></th></trump<>		5)	
Pa	rt III General Business Credits or Eligible Small Business Credits ((see ir	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	printy .	all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved		and an early contract	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
31057	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Pa	et III	If claiming the credit from a pass-through	Enter the appropriate amount
	eeded for each pass-through entity.	11 (111	entity, enter the EIN	aniount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		A
t	Enhanced oil recovery credit (Form 8830)	1t		74
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
v	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$. $$.	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	65-0567671	14,415
g	Qualified railroad track maintenance (Form 8900)	4g		- //
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		14,415
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		14,419

_	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Pai	rt III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	☑ General Business Credit From a Non-Passive Activity E ☐ Reserved			
В	☐ General Business Credit From a Passive Activity F ☐ Reserved			
С	☐ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	ς.
D	General Business Credit Carrybacks H Reserved	idii bas	mess create carryrorward	3
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa	rt III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1 a	,,	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance (carryforward only)	1 q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1 s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		9
v	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	Z Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	200,978
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		200,978
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		200,978

FOILI	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< td=""><td></td><td></td><td></td></trump<>			
	t III General Business Credits or Eligible Small Business Credits (s	ee ir	======================================	
Com	plete a separate Part III for each box checked below (see instructions).			
-	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	,	II Buc	iness Credit Carryforward	-
D	General Business Credit Carrybacks H Reserved	iii bus	mess credit carrylorward	5
I	If you are filing more than one Part III with box A or B checked, complete and attach firs	st an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			· · · · · ►
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Part	+ TTT	If claiming the credit from a pass-through	Enter the appropriate
	eded for each pass-through entity.	CIII	entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1 g	_	
h	Orphan drug (Form 8820)	1h	2	
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
200.0	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
,	Low sulfur diesel fuel production (Form 8896)	11		
n	Distilled spirits (Form 8906)	1m	7.	
	Nonconventional source fuel (carryforward only)	1n		
р	Energy efficient home (Form 8908)	10		***************************************
q	Energy efficient appliance (carryforward only)	1p		
r	Alternative motor vehicle (Form 8910)	1q 1r		
5	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		*
а	Employee retention (Form 5884-A)	1aa		
ь	i and a company of the company of th	1bb		
z	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
Ь	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4 e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			11 STATE STA
~	Qualified railroad track maintenance (Form 8900)	4f	65-0750446	2,824
g h	Small employer health insurance premiums (Form 8941)	4g	**	
i		4h		
j	Employer credit for paid family and medical leave (Form 8994)	4i		
J Z	Other	4j		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		2.00
6	Add lines 4. 3, and 5 and enter here and on the applicable line of Part II	5		2,824

	n 3800 (2018)			Page 3	
Nan	ame(s) shown on return Identifying number				
	DONALD J & MELANIA < TRUMP				
-	rt III General Business Credits or Eligible Small Business Credits (see in	structions)		
A	nplete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved				
В					
С	Reserved				
D	General Business Credit Carryboks H Reserved	all Bus	iness Credit Carryforward	S	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combin	ing amounts from	
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□	
	(a) Description of credit		(b)	(c)	
Not	te: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	Enter the appropriate amount	
is n	eeded for each pass-through entity.		entity, enter the EIN		
	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
Ė		1b			
		1c			
		1d			
f	(com colo, (coc metrocations for minication)	1e			
		1f			
H	12 1 2 742 NORTH N	1g 1h			
i	New markets (Form 8874)	1i			
j	Small employer pension plan startup costs (Form 8881) (see instructions for				
	limitation)	1j			
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)				
ı		1k			
n	Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896)	11			
n		1m			
0		1n			
р		10			
q		1p			
r	Alternative motor vehicle (Form 8910)	1q 1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	LW I I I I I I I I I I I I I I I I I I I	1u			
v	Agricultural chemicals security (carryforward only)	1v			
v	Employer differential wage payments (Form 8932)	1w			
х	Carbon dioxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
z	Qualified plug-in electric vehicle (carryforward only)	1z			
а	a Employee retention (Form 5884-A)	1aa			
Ь	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
z	z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)				
2		1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	2		0	
3 4a	Mark Market Marketon (Marketon Marketon (Marketon Marketon (Marketon Marketon (Marketon Marketon (Marketon	3			
4a b		4a			
c	Biofuel producer (Form 6478)	4b			
d		4c 4d			
e		4a 4e			
f	Employer social security and Medicare taxes paid on certain employee tips (Form	46			
	8846)	4f	27-4162308	8,999	
g	Qualified railroad track maintenance (Form 8900)	4g			
h	Small employer health insurance premiums (Form 8941)	4h			
i	Increasing research activities (Form 6765)	4i			
j	Employer credit for paid family and medical leave (Form 8994)	4j			
z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		8,999	
6	Add lines 2 3 and 5 and enter here and on the applicable line of Part II	_ [

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< td=""><td></td><td>r.</td><td></td></trump<>		r.	
Par	t III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	☑ General Business Credit From a Passive Activity F ☐ Reserved			
С	_ 9*****	all Ruc	iness Credit Carryforward	6
D	General Business Credit Carrybacks H Reserved	all Dus	mess credit carryiorward	5
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an :	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit	7	(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	endry, enter the LIN	
ь	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d		1d		
е	Disabled access (Form 8826) (see instructions for limitation)			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
g	Indian employment (Form 8845)	-		
h	Orphan drug (Form 8820)	1g 1h		
i	New markets (Form 8874)	1i		
j		11		
,	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		=
k	Employer-provided child care facilities and services (Form 8882) (see	,	7	
	instructions for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
5	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w	*	
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	iaa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
20	Other. Oil and gas production from marginal wells (Form 8904) and certain other	IDD		
	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		0
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
ċ	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)	4u 4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form	76		
H#G	8846)	4f	27-4162256	E 403
g	Qualified railroad track maintenance (Form 8900)	4g	27 4102230	5,493
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		E 402
6	Add lines 2. 3, and 5 and enter here and on the applicable line of Part II	-		5,493

2,267

Form	3800 (2018)			Page 3
	e(s) shown on return		Identifying number	Page 3
DONA	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
-	t III General Business Credits or Eligible Small Business Credits (see ir	structions)	
Comp	olete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity E Reserved			
В [General Business Credit From a Passive Activity F Reserved			
C [☐ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	S
D [☐ General Business Credit Carrybacks H☐ Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi Ill Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	
	(a) Description of credit			(c) Enter the appropriate
	: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	amount
	eded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	Reserved	1b		
	Increasing research activities (Form 6765)	1c		
	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for			
	limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
2	General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other. Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
22	credits (see instructions)	1zz		N1
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		U 100 A A A A A A A A A A A A A A A A A A
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
~	370	4f	27-4162308	2,267
g h	Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	4g		
i	Increasing research activities (Form 6765)	4h 4i		
i i	Employer credit for paid family and medical leave (Form 8994)	4i 4j		
z	Other	4j 4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,267

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

	(a) above as setum			Page 3
Marri	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Pai	t III General Business Credits or Eligible Small Business Credits (s	ee in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	☑ General Business Credit From a Passive Activity F ☐ Reserved			
С	☐ General Business Credit Carryforwards	II Bus	iness Credit Carryforward	5
D	☐ General Business Credit Carrybacks H☐ Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fire	st an	additional Part III combini	ng amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			· · · · -
	(a) Description of credit		(b)	(c)
Not	e: On any line where the credit is from more than one source, a separate Part	t III	from a pass-through	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a	entity, enter the EIN	
b				
c	Increasing research activities (Form 6765)	1b		
d	100 U	1c		
		1d		
e f	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		·
g	Indian employment (Form 8845)	1g		
h		1h		
i	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
		1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Markon Ma	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
		1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
		1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4d		
е		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		27.4162200	
g	Qualified railroad track maintenance (Form 8900)	4f 4g	27-4162308	7,529
h	Court and a section of the section o	49 4h		
i	Increasing research activities (Form 6765)	4n 4i		-
j	Employer credit for paid family and medical leave (Form 8994)			
z	Oblast	4j		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		3.50
6	Add lines 2.2 and 5 and 5 and anti-the lines at the lines	5		7,529
-	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,529

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA <trump< th=""><th></th><th>122</th><th></th></trump<>		122	
Pai	t III General Business Credits or Eligible Small Business Credits ((see ir	nstructions)	
	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sm	all Bus	siness Credit Carryforward	S
D	General Business Credit Carrybacks			
Ι	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	irst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pa	rt III	If claiming the credit from a pass-through	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
b		1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1h	*	
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
1		1k		
-	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	10 CO	1m		
0	Nonconventional source fuel (carryforward only)	1n		
р	Energy efficient home (Form 8908)	10		
q	Energy efficient appliance (carryforward only)	1p		
r	Alternative motor vehicle (Form 8910)	1q 1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	CONTRACTOR OF THE PROPERTY OF	1u		<u> </u>
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		-
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
Z	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
2		1zz	(4)	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3 4a	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work opportunity (Form 5884)	4a		
c	Biofuel producer (Form 6478)	4b		
d	Low-income housing (Form 8586, Part II)	4c		
e		4d		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e		
g	Qualified railroad track maintenance (Form 8900)	4f	27-4162308	9,305
h	Small employer health insurance premiums (Form 8941)	4g		
i	Increasing research activities (Form 6765)	4h 4i		
j	Employer credit for paid family and medical leave (Form 8994)	4i 4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		9,305
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		9,305

_	3000 (2016)			Page 3
Name	e(s) shown on return		Identifying number	
DON	ALD J & MELANIA < TRUMP			
Par	t III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity E Reserved			
В				
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 fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c) Enter the appropriate
Note	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	
is ne	eded for each pass-through entity.		entity, enter the EIN	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1000		
h	Orphan drug (Form 8820)	1g		
		1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)			
		1j		
K	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
		1k		
1,00	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1000		
	Employer differential wage payments (Form 8932)	1v		
		1w		
	Carbon dioxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$. $$.	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		***
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c	-	
d	Low-income housing (Form 8586, Part II)	4d		
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		20 11222	
		4f	27-4162308	2,119
g	Qualified railroad track maintenance (Form 8900)	4g		[4
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,119
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II $aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	6		2,119

	e(s) shown on return		Identifying number	Page 3
			dentifying number	
	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Pai	t III General Business Credits or Eligible Small Business Credits (see in	Structions)	
	plete a separate Part III for each box checked below (see instructions).			
Α _	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sm	all Bus	iness Credit Carryforward	S
D	☐ General Business Credit Carrybacks H☐ Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c) Enter the appropriate
Not	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	amount
	eeded for each pass-through entity.		entity, enter the EIN	The state of the s
	Investment (Form 3468, Part II only) (attach Form 3468)	1 a		
Ь		1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1 f		
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1 i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)			
	Employer differential wage payments (Form 8932)	1v 1w		
	Carbon dioxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	200		
z	Qualified plug-in electric vehicle (carryforward only)	1y		
	a Employee retention (Form 5884-A)	1z		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa	***************************************	
	tother. Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		27.4462222	202002000
g	Qualified railroad track maintenance (Form 8900)	4f	27-4162308	14,372
h	Small employer health insurance premiums (Form 8941)	4g		*
i	Increasing research activities (Form 6765)	4h		
i i	Employer credit for paid family and medical leave (Form 8994)	4i		
z	Other	4j		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5		14,372
		6		14,372

Form	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA < TRUMP			
	t III General Business Credits or Eligible Small Business Credits (s	see in	structions)	
Com A	plete a separate Part III for each box checked below (see instructions).			
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
С		all Bus	iness Credit Carryforward	S
D	☐ General Business Credit Carrybacks ☐ ☐ Reserved	120	F-100 - 100	
I	If you are filing more than one Part III with box A or B checked, complete and attach fir all Parts III with box A or B checked. Check here if this is the consolidated Part III \cdot .	st an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Par eeded for each pass-through entity.	t III		Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the LIN	
b		1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
m	Low sulfur diesel fuel production (Form 8896)	1l 1m		
n	Distilled spirits (Form 8906)	1m		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		,
w	Employer differential wage payments (Form 8932)	1w		
х		1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
ы	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
z	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С.	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	4e		4
	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

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump< th=""><th></th><th>1</th><th></th></trump<>		1	
	rt III General Business Credits or Eligible Small Business Credits (see in	structions)	
Com	plete a separate Part III for each box checked below (see instructions).			,
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
C D		all Bus	iness Credit Carryforward	S
	General Business Credit Carrybacks H Reserved	2 15	V 2010 - W120 017000 - 1110	
•	If you are filing more than one Part III with box A or B checked, complete and attach finall Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III		Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	rendity, enter the LIN	
b	Reserved	1 b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i	8	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		_
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s	(4)	
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		<u> </u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162200	4 505
g	Qualified railroad track maintenance (Form 8900)	41 4g	27-4162308	4,535
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4 j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		4,535
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		4,535

4j

4z

5

13.987

13,987

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

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

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

	1 3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
_	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
Par	t III General Business Credits or Eligible Small Business Credits (see ir	structions	
	plete a separate Part III for each box checked below (see instructions).			
Α _	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sm	all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combin	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III		Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Tomere Transfer and Eliv	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		*
g	Indian employment (Form 8845)	1 g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	=	
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
ī		1k		
m	Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896)	11		
n	Distilled spirits (Form 8906)	1m		
0	Nonconventional source fuel (carryforward only)	1n		
р	Energy efficient home (Form 8908)	10 1p		
q	Energy efficient appliance (carryforward only)	1q	***************************************	
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	a Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	c Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
2		1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	2		0
4a	Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work opportunity (Form 5884)	4a		
c	Biofuel producer (Form 6478)	4b		
d	Low-income housing (Form 8586, Part II)	4c 4d		
e	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f	27-4162256	92
g	Qualified railroad track maintenance (Form 8900)	4g	2, 1102230	92
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

	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	
	ALD J & MELANIA <trump< th=""><th></th><th></th><th></th></trump<>			
	t III General Business Credits or Eligible Small Business Credits (see ir	structions)	
Com	plete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved			
В				
-		и в		
D	General Business Credit Carrybacks General Business Credit Carrybacks H Reserved	iali Bus	iness Credit Carryforward	S
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit a: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	(c) Enter the appropriate amount
	leded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1 a	entity, enter the EIN	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		¥1
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	2	
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
i	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
m		11 1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
y z	Qualified plug-in electric vehicle (carryforward only)	1y		
	Employee retention (Form 5884-A)	1z		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	100		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		15,068,133
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		15,068,133
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		15,057,604
b	Work opportunity (Form 5884)	4b		13,037,604
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		221,834
g	Qualified railroad track maintenance (Form 8900)	4g	τ.	221,034
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		15,279,438
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		30,347,571

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

DLN: 16221684664919

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:

DLN: 16221684664919

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

0

The Amount Allowed for that

Year:

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: 01-01-2000

The Amount of the Credit:

145,328

The Amount Allowed for that

Year:

DLN: 16221684664919

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:

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: 01-01-1998

The Amount of the Credit:

158,338

The Amount Allowed for that

Year:

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: 01-01-1999

The Amount of the Credit:

162,232

The Amount Allowed for that

Year:

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: 01-01-2001

The Amount of the Credit:

153,814

The Amount Allowed for that

Year:

DLN: 16221684664919

TY 2018 Carry Forward of General Business Credit Computation

Name: DONAIDIR 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:

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: 01-01-2003

The Amount of the Credit:

164,032

The Amount Allowed for that

Year:

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:

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: 01-01-2005

The Amount of the Credit:

166,215

The Amount Allowed for that

Year:

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 (POST-2006)

The Tax Year the Credit

Originated: 01-01-2016

The Amount of the Credit:

113,234

0

The Amount Allowed for that

Year:

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 (POST-2006)

The Tax Year the Credit

Originated: 01-01-2017

The Amount of the Credit:

108,600

The Amount Allowed for that

Year:

DLN: 16221684664919

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

Department of the Treasury Internal Revenue Service

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

Attachment

411

П

Name (as shown on your income tax return)

Sequence No. 23 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 b Use on a farm for farming purposes .183 362 Other nontaxable use (see Caution above line 1) .183 29,618 d Exported .184

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
Ь	Other nontaxable use (see Caution above line 1)		.193			324
С	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	02	\$.243	4033	1	
b	Use on a farm for farming purposes		.243		-∫ \$ 980	360
С	Use in trains		.243			353
d	Use in certain intercity and local buses (see Caution above line 1)		.17			350
е	Exported		.244			413

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	l	
b	Use on a farm for farming purposes		.243		S \$	346
С	Use in certain intercity and local buses (see Caution above line 1)		.17			347
d	Exported		.244			414
е	Nontaxable use taxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

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

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

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. >

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

Exception. If any of the diesel fuel included in this claim did 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
ь	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		l	
b	Sales from a blocked pump	.243		\$	346
С	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
е	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
С	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
е	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		200	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
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f	Liquid fuel derived from biomass	.50			431
g	Liquefied natural gas (LNG)	.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
а	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
С	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 ce	rtain intercity ar	nd local bu	uses (type of use	5) (see instructions)	
		(a) Type of use			(d) Amount of credit	
а	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

7 Total income tax credit claimed. 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.	17 \$	30,598

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

DLN: 16221684664919

Form 4797

Sales of Business Property

OMB No. 1545-0184

	THE SECOND SECOND	()			ns and Recaptur and 280F(b)(2)		2018
	tment of the Treasury al Revenue Service	▶ Go	to www.irs.go	►Attach to your v/Form4797 for inst	tax return. ructions and the lates	st information.	Attachment Sequence No. 27
Nam	e(s) shown on retu	ırn				Identifyin	g number
DON	ALD J & MELANIA<	TRUMP					
1	Enter the gross substitute stater	proceeds from s nent) that you a	ales or exchang re including on	es reported to you for line 2, 10, or 20. See i	2018 on Form(s) 1099- instructions	B or 1099-S (or	1
Pa	rt I Sales or Than Ca	Exchanges of Exchanges	of Property l eft— Most Pr	Jsed in a Trade or operty Held More	Business and Invo	luntary Conversion	ns From Other
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)
F	URNITURE & FIXTURE	S VARIOUS	01-01-2018	68,949	10,046	62,935	6,014
<u>O FOR SOUTH</u>							
3							3
4				orm 6252, line 26 or 3			4
5				inges from Form 8824			5
6				alty or theft		[6
7					propriate line as follows		7 6,014
	K, line 10, or Fo	nd S corporatio rm 1120S, Sche	ons. Report th dule K, line 9. S	e gain or (loss) following kip lines 8, 9, 11, and	ng the instructions for F 12 below.	orm 1065, Schedule	
	from line 7 on lir 1231 losses, or t the Schedule D f	ne 11 below and they were recapt filed with your re	skip lines 8 and cured in an earli cturn and skip li	d 9. If line 7 is a gain a er year, enter the gain nes 8, 9, 11, and 12 be		prior year section	
8				or years. See instructio			8
9	line 9 is more the	an zero, enter th	ne amount from	line 8 on line 12 below	nter the gain from line in and enter the gain from the instructions	m line 9	9
Par		Gains and L					3
10					property held 1 year or	less):	
						, 655),	_
		_					
11	Loss, if any, from	line 7					11 ()
12	Gain, if any, from	line 7 or amour	nt from line 8, if	applicable			12
13	Gain, if any, from	line 31					13
				38a		[14
15	Ordinary gain from	m installment sa	les from Form 6	252, line 25 or 36 .			15
16	Ordinary gain or (loss) from like-k	kind exchanges	from Form 8824			16
17	Combine lines 10					O 40 100 M 100 M 10 U	17
18	a and b below. Fo	r individual retu	rns, complete li	nes a and b below:	appropriate line of your		
	the part of the los property used as	s from income-p an employee car	producing prope nnot be deducte	erty on Schedule A (For ed. Identify as from "Fo	o)(ii), enter that part of rm 1040), line 28. The a rm 4797, line 18a." See	mount from e instructions :	18a
	line 14				ine 18a. Enter here and	on Form 1040,	18b
or P	aperwork Reduc	tion Act Notice	coo conarato	instructions	Cat No. 130861		

Par	t III Gain From Disposition of Property Ui (see instructions)	nder S	ections 1245, 1	250,1	252, 1254,	and 1255		, age 2
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty:	ø		1.5 Car d. 1803 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1804 - 1		(b) Date acquired (mo., day,	(c) Date sold (mo., day, yr.)
Α							yr.)	
В								
С								
D								
			Property A	Dr	operty B	Property C	Prop	erty D
	These columns relate to the properties on lines 19A through 19D.	-	Troperty A		operty B	Property C	гторе	
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						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22 .	25a						
b	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							og.
а	Additional depreciation after 1975. See instructions	26a						
Ь	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	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						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you	Log						
21	didn't dispose of farmland or if this form is being completed for a partnership.		-					
а	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						
28	If section 1254 property:						+	
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
ь	Enter the smaller of line 24 or 28a	28b						
29	If section 1255 property:	200		-			+	
	Applicable percentage of payments excluded from income under section 126. See instructions	29a	9					
b	Enter the smaller of line 24 or 29a. See instructions	29a						
_	mmary of Part III Gains. Complete property		s A through D th	ough	ling 20h h-f	ro going to live	30	
Su	Tilliary of Part III Gallis. Complete property of	LOIUIIII	S A through D thr	ougn	line 290 ber	ore going to line	30.	
30	Total gains for all properties. Add property columns A	throug	h D, line 24			30		0
31	Add property columns A through D, lines 25b, 26g, 2					31		
32	Subtract line 31 from line 30. Enter the portion from portion from other than casualty or theft on Form 479	97, line	6			32		0
Par	t IV Recapture Amounts Under Sections 1 (see instructions)	.79 an	d 280F(b)(2) W	hen E		•	CASE STORM ACCORDING	
					(a) Se		(b) Section 280F(b)(2)	
33	Section 170 expense deduction or description "	able !-	velor vos		17	-	2001 (0)(2)	0)
34	Section 179 expense deduction or depreciation allowa Recomputed depreciation See instructions	in b	mor years	33				
35	Recapture amount. Subtract line 34 from line 33. See to report			34				

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

DLN: 16221684664919

Form **4797**

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

OMB No. 1545-0184

		(/			9 and 280F(b)(2)			2018
	tment of the Treasury al Revenue Service	▶ Go t	to www.irs.go	►Attach to you v/Form4797 for ins	r tax return. tructions and the lates	t information.		Attachment Sequence No. 27
	e(s) shown on return ALD J & MELANIA TRI			×		Identifyi	ng nu	ımber
1	Enter the gross pro substitute stateme	oceeds from s nt) that you a	ales or exchang are including on	es reported to you for line 2, 10, or 20. See	2018 on Form(s) 1099-Einstructions	3 or 1099-S (or	1	
Pa	rt I Sales or E Than Cası	xchanges of the	of Property I eft— Most Pi	Jsed in a Trade or operty Held More	r Business and Invo Than 1 Year (see in	luntary Conversionstructions)	ns F	rom Other
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) btract (f) from the sum of (d) and (e)
S	ee Additional Data Table					oxpanse or sale		
3	Gain if any from I		1 1					T .
4					37		3	
5							4	
6							5	<u> </u>
7							6	
,					ppropriate line as follows		7	23,609,622
	K, line 10, or Form	1120S, Sched	dule K, line 9. S	kip lines 8, 9, 11, and	ing the instructions for Fo 12 below.	orm 1065, Schedule		
	from line 7 on line 1231 losses, or the	11 below and y were recapt	skip lines 8 and tured in an earli	9. If line 7 is a gain a	rs. If line 7 is zero or a lo and you didn't have any p n from line 7 as a long-te selow.	orior year section		
8				or years. See instruction			8	Ì
9	Subtract line 8 from line 9 is more than	n line 7. If zer zero, enter th	ro or less, enter ne amount from	-0 If line 9 is zero, of line 8 on line 12 below	enter the gain from line 7	n line 9	-	
-	as a long-term cap	ital gain on th	e Schedule D fi	led with your return. S	See instructions		9	
			.osses (see in	NEW SOLVENS ASSESSED STANFOLD				
10	Ordinary gains and	losses not incl	luded on lines 1	1 through 16 (include	property held 1 year or l	ess):		
							-	
		(8)						
11	Lang March Committee							
11	Loss, if any, from lin						11	()
12	Gain, if any, from lin						12	
13	Gain, if any, from lir						13	
14	Net gain or (loss) from						14	
15				5252, line 25 or 36 .			15	
16							16	
17							17	
	a and b below. For it	ndividual retu	rns, complete li	nes a and b below:	appropriate line of your r	*		
	the part of the loss f property used as an	rom income-p employee car	producing prope anot be deducte	rty on Schedule A (Fo ed. Identify as from "Fo	b)(ii), enter that part of t rm 1040), line 28. The a orm 4797, line 18a." See	mount from instructions	18a	
ь	Redetermine the gai	n or (loss) on	line 17 excludi	ng the loss, if any, on	line 18a. Enter here and	on Form 1040,	18b	
or P	aperwork Reductio	n Act Notice	, see separate	instructions.	Cat. No. 13086I	and the vertical and the		Form 4797 (2018)

Par	t III Gain From Disposition of Property U (see instructions)	nder	Sections 1245, 1	.250,1	1252, 1254,	and 1255	5		Page 2
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									
С									
D									
		_		1	sand their				
	These columns relate to the properties on lines 19A through 19D.	ja-	Property A	Pi	roperty B	Proper	ty C	Prope	erty 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 \cdot .	23			A.				
24	Total gain. Subtract 23 from 20	24							
25	If section 1245 property:								
а	Depreciation allowed or allowable from line 22 .	25a							
b	Enter the smaller of line 24 or 25a	25b							
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		165						
а	Additional depreciation after 1975. See instructions	26a							
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b							
С	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	77		3				
d	Additional depreciation after 1969 and before 1976	26d							
е	Enter the smaller of line 26c or 26d	26e							
f	Section 291 amount (corporations only)	26f							
g	Add lines 26b, 26e, and 26f	26g							
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.								
a	Soil, water, and land clearing expenses	27a							
b	Line 27a multiplied by applicable percentage. See instructions	27b							
С	Enter the smaller of line 24 or 27b	27c							
28	If section 1254 property:								
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a							
b	Enter the smaller of line 24 or 28a	28b							
29	If section 1255 property:		ž.						
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a							
ь	Enter the smaller of line 24 or 29a. See instructions	29b							
Su	mmary of Part III Gains. Complete property	olumr	ns A through D thr	ough	line 29b befo	re going to	line 3	0.	
	24.5				anyone entrover account				
30	Total gains for all properties. Add property columns A	throug	h D, line 24			30	0		
31	Add property columns A through D, lines 25b, 26g, 27	7c, 28b	, and 29b. Enter her	e and d	on line 13	31	L		
32	Subtract line 31 from line 30. Enter the portion from portion from other than casualty or theft on Form 479 $$	casualt	v or theft on Form 4						
Part	IV Recapture Amounts Under Sections 1 (see instructions)	79 ar	id 280F(b)(2) W	hen E	Business Us	e Drops to	50%	or Less	
					(a) Sec 17) Section BOF(b)(2)	3
33	Section 179 expense deduction or depreciation allows	ble in p	orior years	33					
34 35	Recapture amount. Subtract line 34 from line 33. See	 the ins	structions for where	34					
	to report		x x c x c x	35		1			

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/		×		4		114
DJT HOLDINGS MM LLC/	****					-256
DJT HOLDINGS MM LLC/						-5
DJT HOLDINGS MM LLC/						60
DJT HOLDINGS MM LLC	1.					-10,757

efil	e GRAPHIC pri	nt - DO NOT PROCESS LATEST DATA - Production	DL	N: 16221684664919
Form	6198	At-Risk Limitations		OMB NO. 1545-0712
Depar	November 2009) tment of the Treasury al Revenue Service	Attach to your tax return.See separate instructions.		Attachment
Distance of the last	e(s) shown on retu	Tr.	ntifyin	Sequence No. 31
			antin ym	g number
	ALD J & MELANIA<	ee page 2 of the instructions)		
T INT	ERNATIONAL REAL	TY LLC 90-0883344		
Pa	rt I Current See page	Year Profit (Loss) From the Activity, Including Prior Year Nondeductible 2 of the instructions.	e Amo	unts.
1	10. 100	loss) from the activity (see page 2 of the instructions)	1	-816,855
2		he sale or other disposition of assets used in the activity (or of your interest in the		-010,033
	activity) that you			
а	Schedule D		2a	
Ь	Form 4797		2b	
С	Other form or sch		2c	
3	Other income and	gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form not included on lines 1 through 2c		
4			3	
4	Form 4952, that w	and losses from the activity, including investment interest expense allowed from vere not included on lines 1 through 2c		
5		t (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions	4	(350)
	before completing	the rest of this form	5	-817,205
Pai	t II Simplifi	ed Computation of Amount At Risk. See page 3 of the instructions before co		ig this part.
6		defined in section 1011) in the activity (or in your interest in the activity) on the	T I	ig this part.
		year. Do not enter less than zero	6	0
7	Increases for the t	ax year (see page 3 of the instructions)	7	704,401
8		*****************	8	704,401
9		tax year (see page 4 of the instructions)	9	
		m line 8 · · · · · · · · · · • 10a 704,403		
ь	Otherwise, enter -	e than zero, enter that amount here and go to line 20 (or complete Part III). 0- and see Pub. 925 for information on the recapture rules	10b	704,401
Par	t III Detailed see page	Computation of Amount At Risk. If you completed Part III of Form 6198 for 4 of the instructions.	the pr	ior year,
11	Investment in the	activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	1 × 1 1 × 1 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	11	
12	Increases at effect	1896年1997年8	12	
13	Add lines 11 and 1		13	
14 15		tive date	14	
15		eck box that applies):		
a	At effective dat	e. Subtract line 14 from line 13. Do not enter less than zero.		
Б	your prior year	year Form 6198, line 19b. Do not enter the amount from line 10b of	15	
16	22	neck box that applies):	15	
	☐ Effective date	b The end of your prior year	16	
	Add lines 15 and 1		17	
18	Decreases since (c	heck box that applies):	/	
а	☐ Effective date	b ☐ The end of your prior year	18	
19a	Subtract line 18 fro	The Control of Control		
b	If line 19a is more	than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see		
		mation on the recapture rules	19b	
Par	t IV Deductib	le Loss		
20		nter 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		
		uctions to find out how to report any deductible loss and any carryover.	21	(704,401)
	Form 8810	from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitatic. Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed und the loss is subject to the passive activity loss rules, report only that part on Form 8582 or F	fer the	nassive activity rules If
For P	aperwork Reduct	on Act Notice, see page 8 of the instructions. Cat. No. 50012Y		orm 6198 (Rev. 11-2009)

Software Version:

SSN:

Spouse SSN:

DLN: 16221684664919

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

Sequence No. 32

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

Your social security number

	ALD J & MELANIA < I RUMP		
	rt I Alternative Minimum Taxable Income (See instructions for how to complete each	ch line	2.)
1	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.)	1	22,951,389
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount		
	from Form 1040, line 8	2a	10,000
	Tax refund from Schedule 1 (Form 1040) line 10 or line 21	2b	()
С	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
е	Net operating loss deduction from Schedule 1 (Form 1040), line 21, Enter as a positive amount . $$.	2e	23,422,109
f	Alternative tax net operating loss deduction	2f	()
	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	25
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	-109,899
1	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	21	-87,730
m	Passive activities (difference between AMT and regular tax income or loss)	2m	-225,847
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
0	Circulation costs (difference between regular tax and AMT)	20	
Р	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
S	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	-11,669,698
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and		12/00/050
	line 4 is more than \$718,800, see instructions.)	4	34,290,349
Par			
5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)		- Coding - C
	IF your filing status is AND line 4 is not over THEN enter on line 5		
	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 over the amount shown above for your filing status, see instructions.	5	0
	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	6	24 200 240
7	If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.	6	34,290,349
150	• 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 (Form1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.	7	8,436,059
	• All others: 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.		
8	Alternative minimum tax foreign tax credit (see instructions)	8	344,084
9	Tentative minimum tax. Subtract line 8 from line 7	9	8,091,975
10	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 1 before completing this		
	line (see instructions)	10	4,022,865
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1040),	1	1,022,003
	line 45	11	4,069,110
or Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G		Form 6251 (2018)

_		-	Page Z
Pai	rt 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 Worksh	eet in the i	nstructions.
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	
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary)	13	10,009,288
	(see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14	12,022,472
	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 smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	15	22,031,760
16	Enter the smaller of line 12 or line 15	16	22,031,760
	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		rak wasan kanan
		18	3,428,583
19	Enter: • \$77,200 if married filing jointly or qualifying widow(er), • \$38,600 if single or married filing separately, or • \$51,700 if head of household.	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	12.245.425
21	Subtract line 20 from line 19. If zero or less, enter -0	20	12,942,126
22	Saturate into 20 from the 19. If Zero of less, either -0-	21	0
22	Enter the smaller of line 12 or line 13	22	10,009,288
	Enter the $smaller$ 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:		
	• \$425,800 if single		
	• \$239,500 if married filing separately	25	470.000
	• \$479,000 if married filing jointly or qualifying widow(er)	25	479,000
	• \$452,400 if head of household		
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 filling Form 2555 or Form 2555-EZ, see instructions for the amount to enter	27	919,654
28	Add line 26 and line 27	28	
	Subtract line 28 from line 25. If zero or less, enter -0-		919,654
		29	0
30	Enter the smaller of line 24 or line 29	30	0
	Multiply line 30 by 15% (0.15)	31	
32	Add lines 23 and 30	32	0
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 3	3.	
33	Subtract line 32 from line 22	33	10,009,288
34	Multiply line 33 by 20% (0.20)	_	
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.	34	2,001,858
25			
35	Add lines 17, 32, and 33	35	22,267,877
	Subtract line 35 from line 12	36	12,022,472
	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%		-,, 300
	(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 smaller 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

Software Version:

SSN:

Spouse SSN:

DLN: 16221684664919

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 for instructions and the latest

OMB No. 1545-1971

information. Sequence No. 44 Name of employer Social security number DONALD J TRUMP A Employer identification number 13-3440039 Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018. 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. 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 2 Social security tax. Multiply line 1 by 12.4% (0.124) 4,346 Total cash wages subject to Medicare tax Medicare tax. Multiply line 3 by 2.9% (0.029) . . 4 1,016 Total cash wages subject to Additional Medicare Tax withholding Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) . . . 6 Federal income tax withheld, if any 7 1,988 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 8 7,350 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.

Total Household Employment Taxes Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-25 25 7.350 Add line 16 (or line 24) and line 25 26 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. 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.

(If you paid state unemployment contributions late or you're in a credit reduction state, see

FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25

Enter the smaller of line 19 or line 22

instructions and check here)

23

24

Part III

Employer's si	gnature		Dat	te	
Paid Preparer Use Only	Print/Type preparer's name DONALD BENDER	Preparer's signature	Date	Check if if self-employed	PTIN
	Firm's name ► MAZARS USA LLP			Firm's EIN ▶ 13-1459550	
	Firm's address	,3		Phone no. (516) 488-1200
	WOODBURY, NY,	117972003			

23

24

Software Version:

SSN:

Spouse SSN:

Name: DUNALL _ & MELANIA<TRUMP

Employer Name Control: TRUM

Form 4952 (2018)

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 OMB No. 1545-0191 Investment Interest Expense Deduction Form 4952 Go to www.irs.gov/Form4952 for the latest information. Department of the Treasury Internal Revenue Service Attach to your tax return. Sequence No. 51 Name(s) shown on return · -- 416/ina number DONALD J & MELANIA<TRUMP **Total Investment Interest Expense** Investment interest expense paid or accrued in 2018 (see instructions) . . . 871,001 Disallowed investment interest expense from 2017 Form 4952, line 7 2 3 Total investment interest expense. 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 4a 9,495,631 b Qualified dividends included on line 4a 4b 17,573 9,478,058 d Net gain from the disposition of property held for investment 4d e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) f Subtract line 4e from line 4d g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) 4g 9,478,058 Investment expenses (see instructions) 5 8,013 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-6 9,470,045 Part III Investment Interest Expense Deduction Disallowed investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0-Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions 8 871,001

For Paperwork Reduction Act Notice, see page 4.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

DLN: 16221684664919

OMB No. 1545-0074

2018

Form 8959

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8959 for instructions and the latest information. Sequence No. 71 Name(s) shown on return Your social security number DONALD J & MELANIA<TRUMP Part I Additional Medicare Tax on Medicare Wages 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 1 393,957 Unreported tips from Form 4137, line 6 2 Wages from Form 8919, line 6 3 Add lines 1 through 3 4 393,957 Enter the following amount for your filing status: Single, Head of household, or Qualifying widow(er) . . \$200,000 250,000 Subtract line 5 from line 4. If zero or less, enter -0- . . . 6 143,957 Additional Medicare tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and 7 1,296 Additional Medicare Tax on Self-Employment Income 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.) . . . 3,820,459 Enter the following amount for your filing status: Married filing jointly
Married filing separately \$250,000 \$125,000 Single, Head of household, or Qualifying widow(er) . . \$200,000 9 250.000 Enter the amount from line 4 393,957 Subtract line 10 from line 9. If zero or less, enter -0- 11 Subtract line 11 from line 8. If zero or less, enter -0-3,820,459 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter 34,384 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation Railroad retirement (RRTA) compensation and tips from Form(s) W-2, Enter the following amount for your filing status: \$125,000 Single, Head of household, or Qualifying widow(er) . . \$200,000 15 250,000 Subtract line 15 from line 14. If zero or less, enter -0- 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 17 Part TV **Total Additional Medicare Tax** Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V 18 35,680 Withholding Reconciliation Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts 19 7,449 20 20 393,957 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 1,737 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 Total Additional Medicare Tax withholding. 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, 24 1,737

Software Version:

SSN:

Spouse SSN:

DLN: 16221684664919

Form **8960**

Net Investment Income Tax—

OMB No.1545-2227

		Individuals, Estates, and Trusts		2018
Depar	tment of the Treasury	Attach to your tax return.		Attachment
	al Revenue Service (99)	Go to www.irs.gov/Form8960 for instructions and the latest information	n.	Attachment Sequence No. 72
	(s) shown on your tax		our social	security number or EIN
DOM	ALD J & MELANIA <	TROMP		
Da	rt I Investm	Scation 6012(a) election (agg instruction)		
ra	Investm	Section 6013(g) election (see instructions)		
		Section 6013(h) election (see instructions)		
1	Tavable interest (Regulations section 1.1411-10(g) election (see instructions)		
2	Taxable interest (ls (see instructions)	1	9,435,377
3	Annuities (see ins		2	60,254
		, royalties, partnerships, S corporations, trusts, etc.	3	
	(see instructions)		20	
b	Adjustment for ne	et income or loss derived in the ordinary course of a non-	7	
	section 1411 trad	e or business (see instructions) 4b 24,142,8.	29	
C	Combine lines 4a	and 4b	4c	12,150,609
5a	Net gain or loss fr	rom disposition of property (see instructions) · · · 5a 22,015,13	23	
b		om disposition of property that is not subject to net		
		e tax (see instructions)	1	
C	Adjustment from (see instructions)	disposition of partnership interest or S corporation stock		
d				
d 6		through 5c	5d	22,533,464
7		ns to investment income (see instructions)	7	
8		income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	44,179,704
Par		ent Expenses Allocable to Investment Income and Modifications	1 0	44,173,704
9a	15 SV 10V 11	st expenses (see instructions) 9a 871,00)1	
b		oreign income tax (see instructions) 9b 10,00	-	
С		estment expenses (see instructions) 9c 907,74	_	
d		and 9c	9d	1,788,741
10		ations (see instructions)	10	1,700,741
11	Total deductions a	and modifications. Add lines 9d and 10	11	1,788,741
Part	III Tax Com	putation		
12	Net investment in	come. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17.		
		complete lines 18a-21. If zero or less, enter -0-	12	42,390,963
	Individuals:	Total I		
13		gross income (see instructions)	1	
14		on filing status (see instructions) 14 250,0	00	
15		rom line 13. If zero or less, enter -0	96	
16 17		of line 12 or line 15	16	24,089,696
1/	Enter here and i	come tax for individuals. Multiply line 16 by 3.8% (.038). nclude on your tax return (see instructions)	17	015 400
	Estates and Trus		1/	915,408
18a	Net investment in	come (line 12 above)	3	
b		tributions of net investment income and deductions		
		(c) (see instructions)		
С		investment income. Subtract line 18b from 18a If zero or less, enter -0-		
10-	10 10 10 10 10 10 10 10 10 10 10 10 10 1		4	
		tome (see instructions)	4	
		et for estates and trusts for the year (see instructions) 19b	4	
		from line 19a. If zero or less, enter -0	-	
		of line 18c or line 19c	20	
~1	Enter here and in	nclude on your tax return (see instructions)	21	
EOF D	anomicant Dodina	ion Act Notice see your tay return instructions	~-	

Software Version:

SSN:

Spouse SSN:

DLN: 16221684664919

Form 8582

Passive Activity Loss Limitations

OMB No. 1545-1008

		► See separate instruct ► Attach to Form 1040 or Fo		44			2018
Interna	ment of the Treasury al Revenue Service (99)	Go to www.irs.gov/Form8582 for instructions	and t	he latest information	1.		Attachment Sequence No. 88
	(s) shown on retum ALD J & MELANIA <tr< td=""><td>UMP</td><td></td><td></td><td>Identif</td><td>ying n</td><td></td></tr<>	UMP			Identif	ying n	
Pa	art I 2017 Pas	sive Activity Loss					
Pont	Caution:	Complete Worksheets 1, 2, and 3 before completing Pan	t 1.				
Spec	ial Allowance for	tivities With Active Participation (For the definition of a Rental Real Estate Activities in the instructions.)	ctive	participation, see			
1a	Activities with ne	t income (enter the amount from Worksheet 1.	1	1		I	1
b	column (a)) .		1a				
IJ	(b))	t loss (enter the amount from Worksheet 1, column					
С	Prior years unalle	owed losses (enter the amount from Worksheet 1.	1b	-			
	column (c)) .		1c		()		
		a, 1b, and 1c		* * * * *	*	1d	()
Com		tion Deductions From Rental Real Estate Activities	Y	ï			
2a	Commercial revit	alization deductions from Worksheet 2, column (a).	2a		()		
b	Prior year unallow Worksheet 2, col	ved commercial revitalization deductions from umn (b)	2b		()		
С	Add lines 2a and	2b · · · ·				2c	()
All O	ther Passive Acti	vities			-		(7
3a	Activities with ne	income (enter the amount from Worksheet 3,	1	F			
	column (a)) .		3a	(92,64	6,305)		
b	Activities with net	loss (enter the amount from Worksheet 3, column	3b	(56,79	8.141)		
С	(b))			(00),0	0,1117		
		· · · · · · · · · · · · · · · · · · ·	3с		()		=
d	Combine lines 3a	3h and 3c			()	3d	(35,848,164)
4	Combine lines 1d	, 2c, and 3d. If this line is zero or more, stop here and inc	dude	this form with you		-	(00,040,104)
	return; all losses	are allowed, including any prior year unallowed losses en	itered	on line 1c, 2b, or	3c.		
						4	35,848,164
	II line 4 is a loss a	and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), s	kin D	art II and go to Do	r4 111		
J0001 3000		Line 3d is a loss (and lines 1d and 2c are zero)	or mo	re) skip Parts II a	nd III a	nd ao	to line 15.
Cauti	on: If your filing sta	atus is married filing separately and you lived with your su	oouse	at any time durin	g the ye	ear, do	not complete
Pai	rt II Special A	III. Instead, go to line 15. Iowance for Rental Real Estate Activities With Active	Darti	icination			
	Note: Ente	er all numbers in Part II as positive amounts. See instructi	ions fo	or an example.			
5	Enter the smaller	of the loss on line 1d or the loss on line 4 · · ·				5	
6	Enter \$150,000. I	f married filing separately, see instructions	6	1	1	-	
7	Enter modified adjust	ed gross income, but not less than zero (see instructions)	7			1	
	Note: If line 7 is g	reater than or equal to line 6, skip lines 8 and 9,	•				
_	enter -0- on	line 10. Otherwise, go to line 8.					
8	Subtract line 7 fro		8				
9	Multiply line 8 by instructions	50% (0.5). Do not enter more than \$25,000. If married fili				9	
10	Enter the smaller	of line 5 or line 9	٠			10	
Dor	If line 2c is a loss.	go to Part III. Otherwise, go to line 15			L		
Par	Note: Ente	lowance for Commercial Revitalization Deductions Fir r all numbers in Part III as positive amounts. See the exa	rom F	Rental Real Estate	Activ	ities	
11	Enter \$25,000 red	luced by the amount, if any, on line 10. If married filing se	narat	elv see instruction	ns Struction	11	
12	Enter the loss from			ory, doe mondono			N
13		the amount on line 10				12	
						13	
14		t of line 2c (treated as a positive amount), line 11, or line	13			14	
Pari		es Allowed					
15		any, on lines 1a and 3a and enter the total	500	NA NA W W		15	-
16	to find out how to	wed from all passive activities for 2017. Add lines 10, report the losses on your tax return	14, ar	nd 15. See instruc	ions	16	

(a) Loss

(b) Ratio

1.00

and line number

to be reported on (see instructions)

Name of activity

Form 8582 (2018)

(c) Unallowed loss

Worksheet 6-Allowed Losses (S	ee instructions.)						
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Lo	oss	(b) U	nallowed loss		(c) Allowed loss
Total		-					
Worksheet 7— Activities With Los	sses Reported on Tw	o or More Forms	or Schedule	s (See in	structions.)		
Name of activity:	(a)	(b)	(c) Ra		(d) Unallowed I	loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):		1					
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 of	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 of	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 o	r less, enter -0-						
Total			1.00)			
							Form 8582 (2018)

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.)

	Current	year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
THE EAST 61 ST. COMP		-125,695			-125,69	
THE EAST 61 ST. COMP		-1,161			-1,16	
PARK BRIAR ASSOCIATE	2,583,663	-44,530		2,539,133		
40 WALL DEVELOPMENT		-551,989		¥),	-551,98	
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			-34,31	
TRUMP PLAZA LLC	1,093,749			1,093,749		
DJT HOLDINGS LLC - C	75,995			75,995		
TRUMP 845 UN LIMITED		-55,361			-55,36	
DJT HOLDINGS LLC - O	22,274			22,274	*	
DJT HOLDINGS LLC - O	11,288			11,288		
TRUMP MODEL MANAGEME		-66,776			-66,77	
DJT HOLDINGS LLC - T		-56			-5	
TIPPERARY REALTY COR	22,807			22,807		
PLAZA CONSULTING COR		-1,441			-1,44	
TRUMP PROJECT MANAGE		-9,665			-9,66	
DJT HOLDINGS MM LLC		-553			-55	
DJT HOLDINGS MM LLC	9,755			9,755	-00	
FIFTY-SEVEN MANAGEME	106,272			106,272		
TRUMP CPS CORP	353			353		
FIRST MEMBER INC		-270		000	-27	
DJT HOLDINGS MM LLC		-707			-70	
TRUMP PLAZA MEMBER I	11,182	707		11,182	-70	
TRUMP VILLAGE CONST	3,203,911			3,203,911		
TRUMP VILLAGE CONST	0,200,011	-326,883		3,203,911	200.000	
TRUMP TOWER MANAGING	- 117,490	-520,005		117,490	-326,883	
TRUMP 845 UN MGR COR	117,450	-1,808		117,490	1.00	
BEACH HAVEN APARMTEN	1,511,836	-1,000		1,511,836	-1,80	
BEACH HAVEN APARMTEN	1,011,000	-168,829		1,311,030	100.000	
SHORE HAVEN APARTMEN	3,023,614	-100,028		3,023,614	-168,829	
SHORE HAVEN APARTMEN	0,020,014	-308,539	-	3,023,014	200 520	
TRUMP MANAGEMENT INC		-20,659			-308,539	
TRUMP DELMONICO LLC		-5,082			-20,659	
STARRETT CITY ASSOCI	14,844,285	-5,002		14.044.005	-5,082	
STARRETT CITY ASSOCI	2 14,044,203	-282,408		14,844,285	202.10	
TRUMP PARK AVENUE LL	-	-5,091			-282,408	
DJT HOLDINGS MM LLC		-1,509			-5,091	
DJT HOLDINGS INIVI EEG	263,968	-1,508		202.000	-1,509	
DJT HOLDINGS MM LLC	2,693			263,968		
DJT HOLDINGS INIVIDED	2,093	-3,333,222		2,693		
DJT HOLDINGS ELC - 1		-3,333,222			-3,333,222	
DJT HOLDINGS IVIM ELC	+				-6	
TIHT MEMBER LLC	+	-55			-55	
TIHT COMMERCIAL LLC	407.050	-2,067			-2,067	
DJT HOLDINGS LLC -TR	487,059	515		487,059		
DJT HOLDINGS LLC - TR	5.004	-542			-542	
	5,894	-2,020,906			-2,015,012	
TRUMP MARKS PHILADEL		-353			-350	
TRUMP MARKS WAIKIKI	255,752			255,752	40	
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	
OJT HOLDINGS LLC -TR		-13,616			-13,616	

M	Current y		Prior years	Overall gain	orloss	
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
DJT HOLDINGS MMC LLC	(into du)	-138	1035 (11116 3C)		-138	
DJT HOLDINGS MM LLC		-1				
DJT HOLDINGS MM LLC	11,868			11,868		
DJT HOLDINGS MM LLC	4,582			4,582		
DJT HOLDINGS MM LLC DJT HOLDINGS LLC - U		-19			-19	
DJT HOLDINGS LLC - T		-1,820 -349			-1,820	
DJT HOLDINGS MM LLC		-349			-349	
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 SC LP SHOPPING CENTE	8,152 554,383			8,152		
SC LP SHOPPING CENTE	6,825			554,383 6,825		
DJT HOLDINGS LLC - T	798,990			798,990		
DJT HOLDINGS LLC - T	7.00,000	-2,441		790,990	-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 DJT HOLDINGS MM LLC		-23,855			-23,855	
DJT HOLDINGS MM LLC		-25			-25	
TIHH MEMBER CORP	20,801	-473		00.004	-473	
DJT HOLDINGS MM LLC/	15,658			20,801 15,658		
DJT HOLDINGS LLC - T	13,769			13,769		
DJT HOLDINGS LLC - T		-2,361,679		10,700	-2,361,679	
DJT HOLDINGS LLC - T	1,550,163			1,550,163	2,001,010	
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 DJT HOLDINGS LLC - T	473,786	240		473,786		
DJT HOLDINGS MM LLC		-349			-349	
DJT HOLDINGS MM LLC		-4			-4	
DJT HOLDINGS MM LLC	4,786	-		4,786	-4	
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 DJT HOLDINGS LLC - T		-2,904,537			-2,904,537	
DJT HOLDINGS LLC - T		-1,376,823 -833,779			-1,376,823	
DJT HOLDINGS LLC - T		-2,216,774			-833,779 -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	te is	-4			-4	
DJT HOLDINGS MM LLC		-29			-29	
DJT HOLDINGS MM LLC		-28			-28	
DJT HOLDINGS MM LLC DJT HOLDINGS MM LLC		-326			-326	
TAG AIR INC	3.9	-48 -1,347,266			-48	
DJT HOLDINGS MM LLC		-1,347,266			-1,347,266	
DJT HOLDINGS MM LLC		-6,090			-6,090 -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	4 404 004	-369			-369	
	1,431,231		N N	1,431,231		
DJT HOLDINGS LLC - T	1,101,201	240				
DJT HOLDINGS - WHITE	11011201	-349 -4 797 104			-349	
	7,101,201	-349 -4,797,104 -13,909,080			-349 -4,797,104 -13,909,080	

Name of activity	Current		Prior years	Overall gain	orloss
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
DJT HOLDINGS LLC - T	(-1,733,024	ioss (inic se)		-1,733,02
DJT HOLDINGS LLC - E		-291,551			-291,55
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	5.044.450	-17,505			-17,505
HUDSON WATERFRONT AS HUDSON WATERFRONT AS	5,311,452			5,311,452	
TRUMP 845 UN GP LLC	9,936,265			9,936,265	
DJT HOLDINGS LLC - T	306,841	1001000		306,841	
DJT HOLDINGS LLC - I		-1,804,006			-1,804,006
DJT HOLDINGS MANAGIN		-4,584			-4,584
845 UN LIMITED PARTN	400.504	-10,937			-10,937
TRUMP PARK AVENUE LL	460,594			460,594	
TRUMP PARK AVENUE LL	64,058	00.100		64,058	
DT CONNECT II MEMBER		-88,407			-88,407
DJT HOLDINGS MM LLC	-	-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
TTTT VENTURE MEMBER		-2			-2
DJT HOLDINGS MM LLC	14.457	-2,265		1115	-2,265
DJT HOLDINGS MM LLC	14,457			14,457	
DJT HOLDINGS MM LLC	009	ED 461		889	
DJT HOLDINGS LLC - T		-50,461 -2,016			-50,461
DJT HOLDINGS-D B PAC	-	-1,054,296			-2,016
DJT HOLDINGS LLC - T		-2,954			-1,054,296
DJT HOLDINGS LLC - T		-2,934			-2,954
DJT HOLDINGS LLC - T		-2,744			-224
DJT HOLDINGS LLC - P		-18,448	-		-2,744
DJT HOLDINGS LLC - T	87,124	-10,440		87,124	-18,448
DJT HOLDINGS LLC (TW	14,274			14,274	
DJT HOLDINGS LLC -TW	11,211	-2,245,290		14,274	-2,245,290
DT CONNECT II LLC		-506,355			-2,245,290
DJT HOLDINGS LLC - T		-4,945,666			-4,945,666
DJT HOLDINGS MM LLC		-22,909			
DJT HOLDINGS MM LLC		-28			-22,909 -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	-71
DJT HOLDINGS MM LLC	1,550	-239		1,037	-239
DJT HOLDINGS MM LLC		-34			-239
DJT HOLDINGS MM LLC	1,571			1,571	-34
DJT HOLDINGS MM LLC	1,5	-34		1,071	-34
DJT HOLDINGS MM LLC		-61			-34 -61
EID VENTURE II MEMBE		-368			-368
DJT HOLDINGS MM LLC		-16			-16
DT TOWER II MEMBER C		-6			-16
DJT HOLDINGS MM LLC		-6			-6
HUDSON WATERFRONT AS	1,888,079			1,888,079	-0
EID VENTURE II LLC		-410		1,000,010	-410
DJT HOLDINGS LLC - D		-615			-615
DJT HOLDINGS LLC - D	1,795,690			1,795,690	-010
OJT HOLDINGS MM LLC	18,322			18,322	
OJT HOLDINGS MM LLC		-14,048		10,022	-14,048
TRUMP PALACE PARC LL		-199,239			-199,239
OJT HOLDINGS LLC - W	139,310	-,		139,310	100,200
OJT HOLDINGS LLC - T		-827		,50,010	-827
DJT HOLDINGS LLC - T	6,633			6,633	-027
OJT HOLDINGS LLC - T	101000	-56		0,000	-56
OJT HOLDINGS LLC - W		-24,618			-24,618
JULI LIOLDINGO LLO - W					

Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	Prior years (c) Unallowed loss (line 3c)	Overall gain o	(e) Loss
DJT HOLDINGS LLC - T		-297	(-29
DJT HOLDINGS LLC - T		-1,575			-1,57
DJT HOLDINGS LLC - T	3,275,090			3,275,090	
DJT HOLDINGS LLC - T		-194			-19
DJT HOLDINGS LLC - C		-1,476			-1,476
DJT HOLDINGS LLC - D		-633			-63
DJT HOLDINGS LLC - T		-353			-350
DJT HOLDINGS LLC - T DJT HOLDINGS LLC - T		-250			-250
DJT HOLDINGS LLC - T		-78,194			-78,194
DJT HOLDINGS LLC - T		-5,690 -613			-5,690
DJT HOLDINGS LLC - T					-613
DJT HOLDINGS LLC - T		-81 -62,843			-81
DJT HOLDINGS LLC - W		-314,045			-62,843
TRUMP EQUITABLE FIFT	22,594,248	-314,043		22,594,248	-314,045
DJT HOLDINGS LLC	22,004,240	-1,103,704		22,394,240	1 102 704
DJT HOLDINGS MM LLC		-1,037			-1,103,704 -1,037
DJT HOLDINGS MM LLC		-575			-1,037
DJT HOLDINGS MM LLC/		-635			-635
DJT HOLDINGS MM LLC/		-3,172			-3,172
DJT HOLDINGS MM LLC/		-6			-3,172
DJT HOLDINGS MM LLC/		-8			3-
DJT HOLDINGS MM LLC/	67	, , , , , , , , , , , , , , , , , , ,		67	-0
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	210
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/	1	-186			-186
DJT HOLDINGS MM LLC/	144			144	
DJT HOLDINGS MM LLC/	200	-22,680			-22,680
DJT HOLDINGS MM LLC/ DJT HOLDINGS MM LLC/	880	10.050		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/	1.7	-18,222			-18,222
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/	225	-3		205	-3
DJT HOLDINGS MM LLC/	223	-4		225	
DJT HOLDINGS MM LLC/		-30			-4
DJT HOLDINGS MM LLC/		-30 -6			-30
DJT HOLDINGS MM LLC/	114	-0			-6
DJT HOLDINGS MM LLC/	114	-28		114	
DJT HOLDINGS MM LLC/		-20			-28
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/	 	-4			-4
SOLUTION INTO THE PROPERTY OF	_1	-4			-4
		10			
DJT HOLDINGS MM LLC/		-18			
DJT HOLDINGS MM LLC/ DJT HOLDINGS MM LLC/		-6			-6
DJT HOLDINGS MM LLC/	2,666			2,666	-18 -6 -25

Name of activity	Current y		Prior years	Overall gain o	or loss
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
DJT HOLDINGS MM LLC/		-4	(-
DJT HOLDINGS MM LLC/		-5			-
DJT HOLDINGS MM LLC/		-4			-
DJT HOLDINGS MM LLC/		-139			-13
DJT HOLDINGS MM LLC/		-28			-2
DJT HOLDINGS MM LLC/	8,071			8,071	
DJT HOLDINGS MM LLC/	15,816			15,816	
DJT HOLDINGS MM LLC/		-413			-41:
DJT HOLDINGS MM LLC	4,834			4,834	
DJT HOLDINGS MM LLC/		-260		112.5	-260
DJT HOLDINGS MM LLC/		-9			-9
DJT HOLDINGS MM LLC/	314			314	
DJT HOLDINGS MM LLC/	1,407			1,407	712-1-1-2
DJT HOLDINGS MM LLC/		-347		1,107	-347
DJT HOLDINGS MM LLC/		-24,096			-24,096
DJT HOLDINGS MM LLC/		-64			-24,090
DJT HOLDINGS MM LLC/		-20			
DJT HOLDINGS MM LLC/		-23			-20
DJT HOLDINGS MM LLC/		-23			-23
DJT HOLDINGS MM LLC/	3,187	-2		2.407	-2
DJT HOLDINGS MM LLC/	768			3,187	
DJT HOLDINGS MM LLC/	60	-20,413		768	20
DJT HOLDINGS MM LLC/	- 00				-20,353
DJT HOLDINGS MM LLC/	140	-468			-468
DJT HOLDINGS MM LLC/	140	2045		140	
DJT HOLDINGS MM LLC/	40.420	-2,945			-2,945
DJT HOLDINGS MM LLC/	18,138	44.00		18,138	
DJT HOLDINGS MM LLC/		-11,152			-11,152
DJT HOLDINGS MM LLC/L		-5,234			-5,234
DJT HOLDINGS MM LLC/	277			277	
DJT HOLDINGS INIVIELE/		-17,682			-17,682
		-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	i e		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		24/20/20 20 2	-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		50,010	-38,764
DJT AEROSPACE LLC		-100,727			-100,727
DJT OPERATIONS I LLC		-15,154			
DT ENDEAVOR I LLC		-274,381			-15,154
DJT OPERATIONS II LL		-1,382			-274,381
BOOK	156,981	-1,302		150.001	-1,382
STORAGE 106 LLC - 10	9,188			156,981	

efile	GRAPHIC print -	DO NOT PROCESS LATEST DATA - Production		7	DLN: 16221684664919
	8582-CR	Passive Activity Credit Limitations			OMB No. 1545-1034
	January 2012)	See separate instructions.			
	ment of the Treasury	➤ Attach to Form 1040 or 1041.			Attachment Sequence No. 89
Name DONA	(s) shown on return ALD J & MELANIA <tr< td=""><td>UMP</td><td>Identifyin</td><td>ng n</td><td>har</td></tr<>	UMP	Identifyin	ng n	har
Pa		Activity Credits If you have credits from a publicly traded partnership, see Publicly Traded Partne	erships ((PTF	Ps)in the instructions.
Cred Cred	its From Rental F	Real Estate Activities With Active Participation (Other Than Rehabilitation me Housing Credits) (See Lines 1a through 1c in the instructions.)	T		
1a	Credits from Wo	rksheet 1, column (a) · · · · · · · · · 1a			
b	Prior year unallo	wed credits from Worksheet 1, column (b) · · · · 1b			
С	Add lines 1a and	1b · · · · · · · · · · · · · · · · · · ·		1c	
Prop	erty Placed in Se	From Rental Real Estate Activities and Low-Income Housing Credits for rvice Before 1990 (or From Pass-Through Interests Acquired Before 1990) 2c in the instructions.)			
2a	Credits from Wor	ksheet 2, column (a) · · · · · · · · 2a			
b	Prior year unallo	wed credits from Worksheet 2, column (b) · · · · 2b			
С	Add lines 2a and			2c	
Low- in the	Income Housing instructions.)	Credits for Property Placed in Service After 1989 (See Lines 3a through 3c			
3a	Credits from Wor	ksheet 3, column (a) · · · · · · ·			
b	Prior year unallow	wed credits from Worksheet 3, column (b) 3b			
С	Add lines 3a and	3b		3c	
AII O	ther Passive Acti	vity Credits (See Lines 4a through 4c in the instructions.)			
4a	Credits from Wor	ksheet 4, column (a)	83,200		
b	Prior year unallow	wed credits from Worksheet 4, column (b) · · · · 4b 3,0	063,315		
С	Add lines 4a and	4b	- ,	4c	3,146,515
5	Add lines 1c, 2c,	3c, and 4c · · · · ·		5	3,146,515
6	Enter the tax attri	butable to net passive income (see instructions)		6	5,287,122
7	Subtract line 6 fro	om 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 omplete Part II, III, or IV. Instead, go to line 37.			
Pa	rt II Special A Note: Con	llowance for Rental Real Estate Activities With Active Participation nplete 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. I	f married filing separately, see instructions · · · · 9			
10	instructions). If lin	djusted gross income, but not less than zero (see le 10 is equal to or more than line 9, skip lines 11 linter -0- on line 16			
11	Subtract line 10 f		-		
12		y 50% (.50). Do not enter more than \$25,000. If arately, see instructions			
13a	Enter the amount of Form 8582	, if any, from line 10			
b	Enter the amount of Form 8582	, if any, from line 14			
С	Add lines 13a and	as name			
14	Subtract line 13c	from line 12 · · · · · · · · · · · 14			
15	Enter the tax attri	butable to the amount on line 14 (see instructions)	- 1	15	
16	Enter the smaller	of line 8 or line 15 · · · · · · · · · · · · · · · · · ·	. 1	16	*

Form	8582-CR (Rev. 01-2012)		Page 2
Pa	Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-li Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acqu Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.	red B	Housing
47			
17 18	Enter the amount from line 7	17	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to	18	
15	Part V	19	
20	Enter the smaller 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		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more	1	
	than line 21, skip lines 23 through 29 and enter -0- on line 30 22		
23	Subtract line 22 from line 21 · · · · · · · · · · · · · 23	1	
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If	1	
	married filing separately, see instructions		
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	*	
С	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 smaller of line 20 or line 29 · · · · · · · · · · · · · · · · · ·		
	t IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 19	30	
V.1	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.	03	
31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7 · ·		
32	Enter the amount from line 30 · · · · · · · · · · · · · · · · · ·	31	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36 · · · · · · · · · · · · · · · · · ·	32	
34	Enter the smaller of line 3c or line 33 · · · · · · · · · · · · · · · · · ·	33	
35	Tax attributable to the remaining special allowance (see instructions)	34	
36	Enter the smaller of line 34 or line 35 · · · · · · · · · · · · · · · · · ·	35 36	
Par	rt V Passive Activity Credit Allowed	30	
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions	37	3,146,515
Par	t 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 tran elect to increase your basis in credit property used in that activity by the unallowed credit that reduced you	our bas	sis in the
	property, check this box. See instructions		▶ □
39	Name of passive activity disposed of		
40	Description of the credit property for which the election is being made		
41	Amount of unallowed credit that reduced your basis in the property ▶ \$		0500 05 =

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221684664919 Return of U.S. Persons With Respect to Form 8865 OMB No. 1545-1668 Certain Foreign Partnerships 45 Attach to your tax return. ► Go to www.irs.gov/form8865 for instructions and the latest information. Department of the Treasury Information furnished for the foreign partnership's tax year beginning 01-01-2018, and ending 12-31-2018 Attachment Sequence No.118 Internal Revenue Service Name of person filing this return DONALD J TRUMP 1. 13-416-120 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 box(es)): 1 4 2 3 4 PALM BEACH, FL 33480 B Filer's tax year beginning 01-01-2018 , and ending 12-31-2018 Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: EIN Address Check if any excepted specified foreign financial assets are reported on this form (See instructions) Information about certain other partners (see instructions) (4)Check applicable box(es) . (1)Name (2)Address (3) Identifying number Constructive Category 1 Category 2 owner G1 Name and address of foreign partnership TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED 2(a)EIN (if any) 98-0485744 CO TRUMP ORGANIZATION NEW YORK, NY 10022 2(b)Reference ID number (see instructions) 3 Country under whose laws organized 4 Date of 5 Principal place of 6 Principal business 7 Principal business 8a Functional currency 8b Exchange rate organization business activity code number activity (see instructions) 713900 AMUSEMENT & REC 图UK POUNDS .781000000000 Provide the following Information for the foreign partnership's tax year: Name, address, and identifying number of agent (if any) in the United 2 Check if the foreign partnership must file: Form 1042 Form 8804 ☐ Form 1065 Service Center where Form 1065 is filed: Name and address of foreign partnership's agent in country of Name and address of person(s) with custody of the books and organization, if any records of the foreign partnership, and the location of such books and records, If different TRUMP ORGANIZATION CO JEFF INEW TURK, INT 10022 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not Yes ₩ No If "Yes," enter the total amount of the disallowed deductions \$__ Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? . 6 Yes No Enter the number of Forms 8958, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, Yes No How is this partnership classified under the law of the country in which it's organized? . $\ \ .$ ► PRIVATE LIMITED CO 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. If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d) Yes No 11 Does this partnership meet both of the following requirements? Yes No 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. Yes YNo If "Yes," don't complete Schedules L, M-1, and M-2. Sign Here Only if You're Filing
This Form
This This Form Separately and Not With Your Tax Return Signature of general partner or limited liability company member

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
	Firm's name	Firm's EIN			
	Firm's address ▶		385		Phone no.
For Privacy Ac	t and Paperwork Reduction Ac	t Notice, see the separate instruction	ıs.	Cat. No. 25852	Form 8865 (2018)

_		3 (2018)							New York	Page 2
So	hedu	enter the n	ive Ownership of I dame, address, and I ely own. See instruc	Partnership Interest. (U.S. taxpayer identificati	Check the on number	boxes that er (if any) o	apply to the of the person	filer. If yo (s) whose	u ch inter	eck box b , rest you
		3000004	ns a direct interest			b 🗌 Ow	ns a constructi	ve interest		
		Name		Address	Ide		nber (if any)	Check if		Check if direct
						and the second	incer (ii diriy)	foreign per	son	partner
Sc	hedu	ıle A-1 Certain	Partners of Foreig	gn Partnership (see ins	tructions\					
	iicaa	Name	Turthers of Foreig		(decions)					Check if
		Ivairie		Address		Identifyii	ng number (if a	any)	\dashv	foreign person
_				as a direct partner?				▶ □Y	es	✓No
50	neau	le A-2 Foreign	Partners of Section	on 721(c) Partnership	(see insti	ructions) U.S. taxpay	ver Check if			
		N			MAD SARBARA MANNO	identificati	on related to	Perc	entag	ge interest
	for	Name of eign partner	Address	Country of organiz (if any)	ation	number (if any)	U.S. transferor	Capita	al	Profits
-									-	
			ion Schedule. List a	all partnerships (foreign	or domest	tic) in whic	h the foreign	partnersh	ip ov	wns a
		Name			T					Check if
		Name		Address	EIN	(if any)	Total ordinary	income or I	0SS	foreign partnership
Sc	hedu	le B Income St	atement - Trade o	r Business Income						
Cau	tion:			expenses on lines 1a throug	jh 22 below	. See the in	structions for n	nore informa	ition.	
	1a	Gross receipts or sa	iles			1a				
	b		owances			1b		1c		
d)	2							. 2		
псоте	3							3 4		
2	5	Net farm profit (los:	s) (attach Schedule F (Form 1040))				5		
	6	Net gain (loss) from	Form 4797, Part II, lir	ne 17 (attach Form 4797) 🕏	g			6		10,046
	7	Other income (loss)	(attach statement)			X 040 X 20 X		7		3,640,063
	8	Total income (los	s). Combine lines 3 thr	ough 7				. 8		3,650,109
	9	Salaries and wages	(other than to partners	s) (less employment credits)			9		10-5-11-5-5
reations	10 11	Guaranteed paymer	nts to partners					10		
T FM	12	Bad debts	nance					11		
onsta	13							13		
Decluctions (see instructions for fm	14							14		
in in sec	15 16a							15		
SUIC	b	Less depreciation re	ported elsewhere on re	ع (ع		16b	1,091	16c		1,091,733
ctic	17	Depletion (Don't de	educt oil and gas deplet	ion.)				17		
SCI	18 19							18		
ŏ	20								-	4,620,314
			*							4,020,014
	21	Total deductions.	Add the amounts show	n in the far right column fo	r lines 9 thr	rough 20		, 21		5,712,047
09598	22			rade or business activities. completed long-term contr						-2,061,938
Tax and Payment	24	Interest due under l	ook-back - income fore	ecast method (attach Form	acis (attaci 8866) . .)	23		
Ym	25	BBA AAR imputed u	nderpayment (see instr	ructions)						
D	26 27									
and	28			27				27		
ax	29	Amount owed. If I	ine 28 is smaller than li	ine 27, enter amount owed						
-	30	Overpayment If li	ne 28 is larger than 27	enter overnavment				20		

Page 3

Sched	ule K	Partners' Distributive Share Items		Total amount
	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)		
	b	Expenses from other rental activities (attach statement)	1	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	
S	4	Guaranteed payments	4	
Income (Loss)	5	Interest income	5	
	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
£		b Qualified dividends 6b	0a	
0		c Dividend equivalents 6c		
	7			
	8	Royalties	7	
	1000000	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)		
		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	
IIS	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13a	Contributions	13a	
2	b	Investment interest expense	13b	
ed		Section 59(e)(2) expenditures: (1)Type ► (2)Amount ►	13c(2)	
	d	Other deductions (see instructions) Type	13d	
Self- Employ- ment		Net earnings (loss) from self-employment		
# pp		Gross farming or fishing income	14a	
in in the			14b	
0) LL =		Gross nonfarm income	14c	
		Low-income housing credit (section 42(j)(5))	15a	
(r)		Low-income housing credit (other)	15b	
Credits		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
J.	d	Other rental real estate credits (see instructions) Type	15d	
C	е	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	-11-011-01-01-01-01-01-01-01-01-01-01-01
		Name of country or U.S. possession UK		
	b	Gross income from all sources	16b	3,656,123
	С	Gross income sourced at partner level	16c	0,000,120
		Foreign gross income sourced at partnership level		
53	d	Section 951A category ▶ eForeign branch category	16e	
ign Transactions	1000			
9	f	Passive category • Q General category • 3 656 123 h Other (attach statement) •	1.51	
Š		5,000,125 If Other (attach statement)	16h	
ço		Deductions allocated and apportioned at partner level		
F		Interest expense ▶ j Other	16j	
5		Deductions allocated and apportioned at partnership level to foreign source income		
9	k	Section 951A category ▶ IForeign branch category	161	
Fore		at a		
	m	Passive category ► n General category ► 5,643,042 o Other (attach statement) ►	160	
		T.1.16		
4		Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	16p	
		Reduction in taxes available for credit (attach statement).	16q	
		Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) frems		Post-1986 depreciation adjustment	17a	
al L		Adjusted gain or loss	17b	
E	С	Depletion (other than oil and gas)	17c	
声音声		Oil, gas, and geothermal properties—gross income	17d	
A H		Oil, gas, and geothermal properties—deductions	17e	
77	f	Other AMT items (attach statement)	17f	
	200000000000000000000000000000000000000	Tax-exempt interest income	18a	
		Other tax-exempt income	18b	
# E		Nondeductible expenses	18c	22 040
Other		Distributions of cash and marketable securities	19a	23,810
Other		Distributions of other property	19b	90,000
5 5		Investment income	20a	
E		Investment expenses	20a	
		Other items and amounts (attach statement).	200	
	-	and and folder statements.		

Page 4

	nedule L Balance Sheets per Books. (Not required	if Itom HO page	1 is answored "Vo	c ")		Page 4
	Datance Sheets per Books. (Not required		of tax year	End of t	av voar	
	Assets	(a)	(b)	(c)	lax year	(d)
1	Cash		179,576			125,343
2a	Trade notes and accounts receivable					120,010
b	Less allowance for bad debts				1	
3	Inventories		257,211			194,389
4	U.S. government obligations					101,000
5	Tax-exempt securities					
6	Other current assets (attach statement)		89,774		9]	197,613
7a	Loans to partners (or persons related to partners)				-	101/010
7b	Mortgage and real estate loans					
8	Other investments (attach statement)		1			
9a	Buildings and other depreciable assets	22,274,749		21,770,443		
Ь	Less accumulated depreciation	1,019,786	21,254,963		1	19,751,105
10a	Depletable assets					,,
Ь	Less accumulated depletion				1	
11	Land (net of any amortization)	4	12,585,299			11,924,611
12a	Intangible assets (amortizable only)					,
b	Less accumulated amortization				1	
13	Other assets (attach statement)		10,155,014		60	12,010,183
14	Total assets		44,521,837			44,203,244
	Liabilities and Capital					,
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		9	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		2	174,951
21	Partners' capital accounts	İ	43,614,489			43,113,598
22	Total liabilities and capital		44,521,837			44,203,244

Form **8865** (2018)

Sch	nedule M Balance Sheets for Inter	est Allocation					
				(a) Beginning of tax year		(b) End of tax year	
1	Total U.S. assets			ela encere a en ence			
2	Total foreign assets:						
а	Passive category				44,492,2	277	44,199,208
b	General category		S 12				
С	Other (attach statement)						
Sch	nedule M-1 Reconciliation of Inco page 1, is answered "Ye	ome (Loss) per Book	s W	ith Income (Loss) per F	Return (Not req	uired i	f Item H9,
1 2	Net income (loss) per books	-2,079,734	6 a 7	Income recorded on books this tax year not included on lines 1 through 11 (itemize): Tax-exempt interest \$	edule K, lines 1		
3	Guaranteed payments (other than health insurance)			book income this tax year (if			
4	Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		а	Depreciation \$			
а	Depreciation \$		8	Add lines 6 and 7			
	Travel and entertainment \$		9	Income (loss). Subtract line from line 5			-2,079,734
5	Add lines 1 through 4	-2,079,734			1		2,079,734
Sch	edule M-2 Analysis of Partners' C		rea	uired if Item H9, page 1, is	s answered "Yes	(".;	
1	Balance at beginning of tax year	43,614,489	6	Distributions: a Cash		,, ,	90,000
2	Capital contributed:			b Property .			20/000
	a Cash	1,668,843	7	Other decreases (itemize):			
	b Property						
3	Net income (loss) per books	-2,079,734					
4	Other increases (itemize): \$						
			8	Add lines 6 and 7			90,000
5	Add lines 1 through 4	43,203,598	9	Balance at end of tax year. S line 8 from line 5			43,113,598
V						Form	8865 (2018)

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).

			3. (-).		
	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.) Compensation received for technical, managerial, engineering, construction, or like services		28,225		
4	Commissions received				
5	Rents, royalties, and license fees received	18			
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				2.
11	Purchases of tangible property other than inventory				
12 13	Purchases of property rights (patents, trademarks, etc.) 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		ti
20	Amounts borrowed (enter the maximum loan balance during the tax year). see instructions				
	during the tax year). see instructions				

Software Version:

SSN:

Spouse SSN:

DLN: 16221684664919

OMB No. 1545-1668

8865

Return of U.S. Persons With Respect to

Inter	artment of the Treasury nal Revenue Service		► A www.irs.gov/form Information furnis	ttach to 8865 for shed for t	your tax returning a che foreign partn	rn. and the nership's	latest in tax yea	nformation. r		20 Attachmer Sequence		
Nar DO	ne of person filir NALD J TRUMP	ng this return							Filer's	s identifyi	ng num	ber
Filer	's address (if you a	ren't filing this form with yo	ur tax return)	A Categ	ory of filer (see Ca	ategories	of Filers in	n the instructions	T and chec	к аррпсоок	x(es)):	
PAL	M BEACH, FL 33	3480			1 🗹	2 🗆	3	☐ 4				
				B File	r's tax year begi	nning 0	1-01-201	18 , and end	ling 12-	31-2018		
С		Information furnished for the foreign partnership's tax year beginning 01-01-2018, and ending 12-31-2018 A Category of filer (see Categories of Filers in the Instructions and or or partnership's tax year beginning 01-01-2018, and ending 12-31-2018 A Category of filer (see Categories of Filers in the Instructions and or or partnership's tax year beginning 01-01-2018, and ending 1 B Filer's tax year beginning 01-01-2018, and ending 1 B Filer's tax year beginning 01-01-2018, and ending 1 B Filer's tax year beginning 01-01-2018, and ending 1 B Filer's tax year beginning 01-01-2018, and ending 1 Cother of filer is a member of a consolidated group but not the parent, enter the following information about the parent: lame Indicate of the filer is a member of a consolidated group but not the parent, enter the following information about the parent: lame Indicate of the filer is a member of a consolidated group but not the parent, enter the following information about the parent: lame Indicate of the following information about the parent: lame Indicate of the filer (see Categories of Filers in the Instructions and or consolidated group in the lame of the following information about the parent: lame of the following information about the parent: lame of the following information for the foreign partnership's tax year: lame of the following information for the foreign partnership's tax year: lame, address, and identifying number of agent (if any) in the United lates.				Other \$						
D		ember of a consolidated	group but not the p	arent, en	ter the following	g inform	ation abo	out the parent:	1 = 1			
									EI	N		
	Address											
E	Check if any e	excepted specified foreign	n financial assets ar	e reporte	ed on this form (See ins	tructions)			Г-	7
F											L	j
								(4)Ch	eck ann	licable boy	(ec)	-
	(1)N	lame	(2)Address		(3)Identi	fying nu	ımber		1		Constructi	ve
								Category	Categ	JULY 2	owner	
												_
1	RUMP INTERNATIO	ONAL GOLF CLUB										
	IEW YORK, NY 1002						2(b) Re	ference ID nun	nber (se	e instruction	ons)	
								try under whos	e laws o	organized		
4						siness	8a	Functional curr	ency	8b Exchar (see in:	ige rate	 is)
	2005-10-21					T & REC		S UK POUNDS	.	0.7810000	00000	
Н												
1	Name, address States	s, and identifying numbe	r of agent (if any) ir	n the Uni	☐ Form	m 1042	□ F	orm 8804	Form	1065		
3			ip's agent in countr	y of	records and reco	of the fo	oreign pa lifferent	rtnership, and				
					NICCONN	IEV		CO JEFF				
						•						
5	allowed under s	section 267A? See instru	ctions					deduction is no	t Þ	Yes	. ☑ N	D
2	If "Yes," enter t	the total amount of the o	disallowed deduction	ns \$	4							
5 7	Is the partners	hip a section 721(c) part	nership as defined i	in Tempo	rary Regulations	s sectio	n 1.721(c)-1T(b)(14)? .	•		₩ N	
3	Enter the numb	er of Forms 8858, Inform	mation Return of U.	S. Person	s With Respect	To Fore	ian Disre	egarded Entitie	. . 5,	Yes	. ✓ N)
9									ITED CO			
0 a	Does the filer hat's a separat	ave an interest in the force unit under Reg. 1.150	reign partnership, o	r an inte	rest indirectly th	rough t	he foreig	n nartnershin		,		
ь	(II) ! If "No," SKI	p question 10b.							b-	Yes	☑ No	,
-	-1(b)(5)(ii)? .				uai consolidated		uerined	ш кед. 1.1503 	(a) •	<u></u>	г .	
1	Does this partne	ership meet both of the	following requireme	ents?						∟ Yes	L No)
	1. The partners	hip's total receipts for th	e tax year were les	s than \$2	250,000			1				
						n \$1 m	illion.	}	 		V No	
	If "Yes," don't	complete Schedules L, M	-1, and M-2.					1		30000 COO		ř.
You'nis F	orm informatic value	penalties of perjury, I declar ief, it's true, correct, and co tion of which preparer has a	mplete. Declaration of any knowledge.	preparer (other than general	anying sci I partner	hedules ar or limited	nd statements, an liability company	d to the member	best of my k) is based or	nowledge n all	
	eturn	Signature of general partner	or limited liability com	pany men	iber		Date					

DLN: 16221684664919

Earm 8865

Return of U.S. Persons With Respect to

OMB No. 1545-1668

Inte	artment of the Treasury rnal Revenue Service		► A ww.irs.gov/form Information furnis	ttach to 8865 for shed for t	your tax return. instructions and the foreign partnership' 18, and ending 12-31-2	e latest i	nformation. r		20 Attachmen Sequence	
DO	ne of person filin NALD J TRUMP	ng this return						Filer'	s identifyi	ng numbe
Filer	's address (if you a	ren't filing this form with you	r tax return)	A Cate	gory of filer (see Categories	of Filers in	n the instructions	T and the	U ALE	x(es)):
PAL	M BEACH, FL 33	3480		1 🗹 2 🗌 3 🔲 4 🗌						
				B File	r's tax year beginning C	01-01-201	18 , and end	ling 12-	31-2018	
С		liabilities: Nonrecourse \$			d nonrecourse financing \$			Other \$		
D	Name	ember of a consolidated	group but not the p	arent, en	iter the following inform	nation ab	out the parent:			
			-					EI	.N	
	Address									
E	Check if any e	xcepted specified foreign	financial assets ar	e reporte	ed on this form (See ins	structions)			ļ <u>1</u>
F		bout certain other partne			a an ans form (occ ma		·	• • •		<u> Ll</u>
		T		,			(4)Ch	eck ann	olicable box	(05)
	(1)N	ame	(2)Address	i	(3)Identifying n	umber	Category 1			Constructive
							Category 1	Cate	gory 2	owner
5	Name and addres FRUMP INTERNATIO SCOTLAND LIMITED TO TRUMP ORGANIZ					2(a) EI 98-048	N (if any) 5744			
	NEW YORK, NY 1002					2(b) Re	eference ID nun	nber (se	e instructio	ins)
						3 Coun UK	try under whos	e laws (organized	×
4	Date of organization	5 Principal place of business	6 Principal busine activity code n		7 Principal business activity	8a	Functional curr	ency	8b Exchan (see ins	ge rate structions)
	2005-10-21	UK	713900		AMUSEMENT & REC		W UK POUNDS		0.78100000	00000
H		lowing information for th								
1	States	, and identifying number			2 Check if the for Form 1042 Service Center	. □ ғ	orm 8804] Form	1065	
3	Name and addr organization, if	ress of foreign partnersh any	p's agent in countr	y of	4 Name and addr records of the f and-records, if c TRUMP ORGAN	oreign pa different	rtnership, and	stody o	f the books ation of sucl	and n books
					NEW YURK, NY		· · · · · · · · · · · · · · · · ·			
5	During the tax	year, did the foreign par	nership pay or acc	rue any i	nterest or royalty for w	hich the	deduction is no	t »	· □v	☑ No
	allowed under s	section 267A? See instructions are total amount of the d	ctions						1 es	₩.
5	Is the partnersh	nip a section 721(c) part	nership as defined i	in Tempo	rary Regulations section	 n 1 721(c)-1T(h)(14)?		. —	T21
7	Were any specia	al allocations made by th	e foreign partnersh	nip?						✓ No ✓ No
3	Enter the numb	er of Forms 8858, Inform	nation Return of U.	S. Person	s With Respect To Fore	eign Disre	enarded Entities	5,	· Yes	IX. NO
9	How is this part	return (See instructions nership classified under	the law of the coun	terrier colo	iele ikleie 42			Þ		
o Da	Does the filer hat that's a separate	ave an interest in the for e unit under Reg. 1.1503	eign partnership, o	r an inte	rest indirectly through t	the foreign	PRIVATE LIM in partnership, 1.1503(d)-1(b))	
Ь	(II)? If "No," SKI	p question 10b.						b-	Yes	✓ No
b	-1(b)(5)(ii)?	ne separate unit or comb		nave a di	uai consolidated loss as	defined	in Reg. 1.1503	(d)	,	F
1	Does this partne	ership meet both of the	following requireme	ents?	x 8000 8 2 150 M W W W		ගත නියැන් ජී නි මි	•	Yes	∐ No
		nip's total receipts for the					1			
	If "Yes," don't o	the partnership's total as complete Schedules L, M	-1, and M-2.				}	Þ		☑ No
You' is Fo	orm information	penalties of perjury, I declare lef, it's true, correct, and cor tion of which preparer has a	nplete. Declaration of ny knowledge.	preparer (other than general partner	thedules ar or limited	nd statements, an liability company	d to the member	best of my kr) is based on	nowledge all
	eturn	Signature of general partner	or limited liability com	pany mem	iber	Date				

Paid Preparer Use Only	Print/Type preparer's name	Check if	PTIN		
	Firm's name 🕨	Firm's EIN 🌬			
	Firm's address				Phone no.
For Privacy Ac	t and Paperwork Reduction Act	Notice, see the separate instructi	ons.	Cat. No. 25852	Form 8865 (2018)

_		1 1 1 0								Page 2
	chec	enter the n	ive Ownership of ame, address, and ely own. See instri	Partnership Interest. (U.S. taxpayer identificati	Check the	e boxes tha er (if any)	t apply to the of the person	filer. If y (s) whose	ou c	heck hoy h
			ns a direct interest	actions.		h [] Ow	vns a constructi	- ive interest		
_		N				Distortion and	a ware o	Check		Charle if di
_		Name		Address	Ide	entifying nur	mber (if any)	foreign pe		Check if direct partner
<u>S</u>	ched	AND COMPANY OF THE PARTY OF THE	Partners of Fore	ign Partnership (see ins	tructions))				
		Name		Address		Identifyi	ng number (if a	any)		Check if foreign person
_				¥2						
		partnership have any	other foreign person	as a direct partner?				· □,	Yes	✓No
<u>S</u>	ched	ule A-2 Foreign	Partners of Sect	ion 721(c) Partnership	(see inst	1				
						U.S. taxpay		Pero	centa	ge interest
	fo	Name of preign partner	Address	Country of organiza (if any)	ation	number (if any)	U.S. transferor			Profits
_						(" 311)	Cransicion	Саріс	ui	FIGURES
		ule A-3 Affiliation	on Schedule. List	all partnerships (foreign	or domest	tic) in whic	h the foreign	partnersh	nin o	wns a
di	rect i	nterest or indirectly	owns a 10% inter	est.	,					
		Name		Address	EIN ((if any)	Total ordinary	income or	loss	Check if foreign
-				3			115-14-14001	Transmission and the second		partnership
								*		
	hedu	ile B Income Sta	tement - Trade	or Business Income						
Cal	T	Include only trade or	business income and	expenses on lines 1a through	1 22 below	. See the ins	structions for m	nore informa	ation.	
	1a	Gross receipts or sale	es			1a				
	b 2	Less returns and allo	wances			1b		1c		
ne	3	Gross profit. Subtrac	t line 2 from line 1c.					3		
псоте	4	Ordinary income (los	s) from other partner	rships, estates, and trusts (at	tach stater	ment)		4		
-	6	Net farm profit (loss)	(attach Schedule F ((Form 1040))			20 2 X 20 X E	5		
	7	Other income (loss)	rorm 4797, Part II, II (attach statement)	ne 17 (attach Form 4797) 🧏 				7		10,046
										3,640,063
-	8	Total income (loss)). Combine lines 3 th	rough 7				. 8		3,650,109
3,	10	Guaranteed payment	otner tnan-to-partner s to partners	s) (less-employment-credits)				10		
Deductions are naturalizated inteligral	11	Repairs and maintena	ance					11		
for sn	12	Bad debts						12		
udions	13	Taxes and licenses	*** * * * * * * * *					13		
e instri	15	Interest (see instructi	ions)					14		
iii.	16a	Depreciation (if require	red, attach Form 456	2) 20		16a	1,091,			
non	17	Less depreciation repo	orted elsewhere on re	eturn	8 343 W	16b		16c		1,091,733
10	18	Retirement plans, etc.	and gas deple	tion.)			9 K SK 9 V	17		
oec C	19	Employee benefit prog	grams					19	-	
-	20	Other deductions (atta	ach statement) 🖫					20		4,620,314
	21	Total deductions. Ac	dd the amounts show	n in the far right column for I	ines 9 thro	ough 20		. 21		F 712 047
	22									5,712,047
	22	Interest due under the	ncome (loss) from t	rade or business activities. S completed long-term contrac	ubtract line	21 from lin	ne 8	22		-2,061,938
eni	24	Interest due under loc	k-back - income fore	ecast method (attach Form 88	66)			23		
Payment	25	BBA AAR imputed und	erpayment (see instr	ructions)				25		
	26 27	Total balance due A	uctions)			e mere	* * * * * *	26		
and	28	Payment (see instructi	ions)					27	-	
ax	29	Amount owed. If line	28 is smaller than li	ne 27, enter amount owed .				29		
a box	-213	Chrommanna - TE II	20 to 1- 10 02	2 (L2 th 2 th 2 th 3 th 3 th 4 th 4 th 4 th 4 th 4 th 4						

Page 3

Sche	dule			Total amount
	1	, (1655) (page 2, mie 22)	1	-2,061,93
	2		2	
	3.			
	1	Expenses from other rental activities (attach statement)	1	
		C Other net rental income (loss). Subtract line 3b from line 3a	3c	
Income (Loss)	4		4	
Ö	5	Interest income	5	
- CS	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
Ĕ		b Qualified dividends 6b	- Oa	
8		c Dividend equivalents 6c		
2	7	Royalties	-	ī
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	7	
	98	Not long term capital gain (loss) (attach Schedule D (Form 1065))	8	
	B	5 Jan. (1996) (Getter) Schedule & (161111 1005))	9a	
		gan (1005)		
	1.0	gen (attaut statement)		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	6,014
	11	Other income (loss) (see instructions) Type ▶	11	
TIS.	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13a	Contributions	13a	
3	Ь	Investment interest expense	13b	
eq	c	Section 59(e)(2) expenditures: (1)Type ► (2)Amount ►	13c(2)	
		Other deductions (see instructions) Type	13d	
500	1/12			
Self. Employ-	b	Net earnings (loss) from self-employment	14a	
Tie Line			14b	
NIII S		Gross nonfarm income	14c	
	15a		15a	
70	b	Low-income housing credit (other)	15b	
Credits	C		15c	
92	d	Other rental real estate credits (see instructions) Type ▶	15d	
\circ		Other rental credits (see instructions) Type	15e	
		Other credits (see instructions) Type	15f	
	16a	Name of country or U.S. possession ▶ UK	120.	
		Gross income from all sources		
	-	Gross income coursed at partner level	16b	3,656,123
	"	Gross income sourced at partner level	16c	
10		Foreign gross income sourced at partnership level Section 951A category © Foreign branch category		
E	u	Section 951A category • eForeign branch category	16e	
Transactions				
93	f	Passive category ▶ g General category ▶ 3,656,123 h Other (attach statement) ▶	16h	
		Deductions allocated and apportioned at partner level		
10	i	Interest expense ▶ j Other	16j	
Foreign		Deductions allocated and apportioned at partnership level to foreign source income		
0	k	Section 9514 category by Legrand branch enterers	161	
5	523	Troleigh branch category	101	
II.	m	Passive category P		
	III	Passive category n General category 5,643,042 o Other (attach statement)	160	
	р	Total foreign taxes (check one): ▶ □ Paid □ Accrued	160	
4	q	Reduction in taxes available for credit (attach statement).	16p	
	r	Other foreign tax information (attach statement).	104	
.812.	17a			
S SS		Post-1986 depreciation adjustment	17a	
Alternative Minimum Tax (AMT) Items	Ь	Adjusted gain or loss	17b	
E III	С	Depletion (other than oil and gas)	17c	Charles of
E F	d	Oil, gas, and geothermal properties—gross income	17d	
적물절		Oil, gas, and geothermal properties—deductions	17e	
	f	Other AMT items (attach statement)	17f	
		Tax-exempt interest income	18a	
	ь	Other tax-exempt income	18b	
4 5		Nondeductible expenses	000000000000000000000000000000000000000	
	19a	Distributions of cash and marketable securities	18c	23,810
Other Information		Distributions of other property	19a	90,000
5 E			19b	
T C	b	Investment income	20a	
= =	D	Investment expenses	20b	
	C	Other items and amounts (attach statement)		

		Beginning	of tax year	End of ta	x vear
	Assets	(a)	(b)	(c)	(d)
1	Cash		179,576		125,343
2a	The second secon			ŀ	120,040
ь					
3	Inventories		257,211		194,389
4	U.S. government obligations			ŀ	101,000
5	Tax-exempt securities				
6	Other current assets (attach statement)		89,774	9	197,613
7a	Loans to partners (or persons related to partners)			F	
7b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	22,274,749		21,770,443	
Ь	Less accumulated depreciation	1,019,786	21,254,963	2,019,338	19,751,105
10a	Depletable assets				10,101,100
ь	Less accumulated depletion				
11	Land (net of any amortization)		12,585,299		11,924,611
12a	Intangible assets (amortizable only)			l l	
ь	Less accumulated amortization				
13	Other assets (attach statement)		10,155,014	Q.	12,010,183
14	Total assets		44,521,837	F	44,203,244
	Liabilities and Capital			F	7,1200,211
15	Accounts payable		454,866		499,589
16	Mortgages, notes, bonds payable in less than 1 year			-	100,000
17	Other current liabilities (attach statement)		422,546	9	415,106
18	All nonrecourse loans	İ		۲	110,100
19a	Loans from partners (or persons related to partners)			F	
Ь	Mortgages, notes, bonds payable in 1 year or more	İ		-	
	Other liabilities (attach statement)	ŀ	29,936	· ·	174,951
	Partners' capital accounts		43,614,489	F	43,113,598
	Total liabilities and capital	ŀ	44,521,837	F	44,203,244

Form 8865 (2018)

DLN: 16221684664919

Return of U.S. Persons With Respect to

Form 8865 OMB No. 1545-1668 Certain Foreign Partnerships 1 Attach to your tax return. ► Go to www.irs.gov/form8865 for instructions and the latest information. Department of the Treasury Information furnished for the foreign partnership's tax year Internal Revenue Service Attachment beginning 01-01-2018, and ending 12-31-2018 Sequence No.118 Name of person filing this return DONALD J TRUMP rilar'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 bonds) PALM BEACH, FL 33480 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 \$ If filer is a member of a consolidated group but not the parent, enter the following information about the parent: D Other \$ FIN Address Check if any excepted specified foreign financial assets are reported on this form (See instructions) Information about certain other partners (see instructions) (1)Name (4)Check applicable box(es) (2)Address (3) Identifying number Constructive Category 1 Category 2 owner **G1** Name and address of foreign partnership TRUMP INTERNATIONAL GOLF CLUB 2(a)EIN (if any) SCOTLAND LIMITED 98-0485744 CO TRUMP ORGANIZATION NEW YORK, NY 10022 2(b)Reference ID number (see instructions) 3 Country under whose laws organized Date of 5 Principal place of 6 Principal business 7 Principal business organization 8a Functional currency business 8b Exchange rate activity code number activity (see instructions) 2005-10-21 713900 AMUSEMENT & REC Provide the following information for the foreign partnership's tax year: UK POUNDS H 0.781000000000 Name, address, and identifying number of agent (if any) in the United 2 Check if the foreign partnership must file: ☐ Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed: Name and address of foreign partnership's agent in country of 4 Name and address of person(s) with custody of the books and organization, if any records of the foreign partnership, and the location of such books and records, if different TRUMP ORGANIZATION CO JEFF INEW TURK, INT 10022 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not ✓ No If "Yes," enter the total amount of the disallowed deductions \$ Is the partnership a section 721(c) partnership as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? . 6 Yes ✓ No Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, Yes V No How is this partnership classified under the law of the country in which it's organized? . $\,$. Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, ▶ PRIVATE LIMITED CO 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. If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d) Yes V No Does this partnership meet both of the following requirements? Yes No 1. The partnership's total receipts for the tax year were less than \$250,0002. 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. ✓ No 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 Tax Return

Sign Here Only if You're Filing This Form Separately and Not With Your

Signature of general partner or limited liability company member

Date

DLN: 16221684664919

Form	8865		Return o	of U.S. Per	sons With Res	pect to)	DEN	OMB N	the state of the last of the l	CONTRACTOR NAMED IN
6		h Co		► Attach to	your tax return				2	013	8
Intern	ment of the Treasury Il Revenue Service		Information f	urnished for t	instructions and the ne foreign partnership 8, and ending 12-31-2	's tax yea	nformation. Ir		Attachm Sequence		18
	e of person filing ALD J TRUMP	g this return						Ī		. n	umbe
iler's	address (if you ar	en't filing this form wi	th your tax return)	A Categ	ory of filer (see Categories	s of Filers i	n the instructions	\perp and ch	eck applicabl	e box(e	5)):
					1 ☑ 2 □	3	□ 4				
ALM	BEACH, FL 33	480		B Cile			LANCE CO.				
С	Filor's above of 1	abilities: Nonrecourse			's tax year beginning (18 , and end	ling 1.	2-31-2018		
D				Qualified the parent en	d nonrecourse financing \$ ter the following inforr	nation ab	out the parents	Other	\$		
	Name		этог этог от тог о	and purent, en	ter the following infort	nation ab	out the parent.		EIN		
	Address										
	47349124.C0.77898674U.										14
E F			oreign financial asse artners (see instruc		d on this form (See in	structions	5)				
	(4)\						(4)Ch	eck a	oplicable bo	x(es)	
	(1)Na	ime	(2)Add	Iress	(3)Identifying n	umber	Category 1	Cat	egory 2	Constr	
										owi	ier
1 Na	me and address	s of foreign partner	chin			1 26-25	NI ('C				
TR	UMP INTERNATION		SIIIÞ			98-048	N (if any) 5744				
CC	TRUMP ORGANIZ W YORK, NY 10022					2(b)Pc	eference ID nun	abor (soo instru	Hanal V	
INL	W TORK, WI 1002.	2						,		,	
						3 Coun UK	try under whos	e laws	organized		
	Date of organization	5 Principal place of business		usiness de number	7 Principal business	8a	Functional curr	ency	8b Exch		
	2005-10-21	UK	12	ide number	activity		er e			nstruct	51
			713900 for the foreign partn	ershin's tax v	AMUSEMENT & REG		B UK POUNDS		0.781000	00000)
			mber of agent (if ar			reign nart	nershin must fi	le:			
	States		•		Form 1042 Service Center	2	orm 8804] For	m 1065		
3	Name and addre	ess of foreign partr	nership's agent in co	untry of							
_	organization, if	any	icisiip's agent iii co	ditti y di	4 Name and addr records of the f	oreign pa	rson(s) with cu irtnership, and	stody the lo	of the bool cation of su	ks and ich boo	ks
	00000000000000000000000000000000000000				and records, if TRUMP ORGAN	different					
					MCCONNEY	IZATION	COJEN				
					INCOME TO SAN, INT	10022					
]	During the tax y	ear, did the foreign	n partnership pay or	accrue any ir	terest or royalty for w	which the	deduction is no	t	► 	es 🗸	No
I	f "Yes," enter th	ne total amount of	the disallowed dedu	ictions \$							
I	s the partnersh	ip a section 721(c)	partnership as defin	ned in Tempor	ary Regulations section	n 1.721(c)-1T(b)(14)? .		► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s V	No
١	Vere any specia	l allocations made	by the foreign partr	nership?						s V	
ā	ttached to this	return (See instruc	ntormation Return (tions)	of U.S. Person	s With Respect To For	eign Disre	egarded Entities	5,	h		
H	low is this partr	iership classified ui	nder the law of the	country in whi	ch it's organized?	F	PRIVATE LIMI	ITED C	:0		
a C	oes the filer ha	ve an interest in th unit under Reg. 1	e foreign partnersh	in or an inter	est indirectly through bined separate unit u	the foreign	in partnerchin				
I	Yes," does the	e separate unit or o	combined separate	unit have a du	al consolidated loss as	s defined	in Rea 1 1503	(4)	► Ye	s V	No
-	1(0)(5)(11)?		the following requi					(0)	► □ Ye	s 🗆	No
										erd 60000	mittali
			or the tax year were				1				
				d of the tax ye	ar was less than \$1 m	illion.			Ye	s 🗸	No
_		omplete Schedules		- 4 (1.1)			-			SEA STREET	(C C C C C C C C C C C C C C C C C C C
ou're s For arate	m informat	enaities of perjury, I d ef, it's true, correct, ar ion of which preparer	ia complete, Declaratio	ned this return, i on of preparer (c	ncluding accompanying so ther than general partner	chedules ar or limited	nd statements, an liability company	d to th memb	e best of my er) is based	knowled on all	lge
	Your	gnature of general pa	rtner or limited liability	company memi	per	Date					

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
	Firm's name	Firm's EIN ►			
	Firm's address				Phone no.
For Privacy Ac	t and Paperwork Reduction Ac	t Notice, see the separate instructions		Cat. No. 25852A	Form 8865 (2018)

F	orm 8	8865 (2018)						*		
	Sche	dule A Constructive Owr	ership of P	artnership Interest.	Check the	e boxes the	at apply to the	filer. If vo	חוו כ	Page 2
		enter the hame, ad	uress, and U	1.5. taxpaver identificat	tion numb	er (if any)	of the person	(s) whose	inte	rest you
		constructively own.	see mstruci	tions.				-		CONTRACTOR PROVIDENCE
_		a 🗹 Owns a direct	interest			b 🗆 0	wns a constructi	ve interest		
		Name		Address	Id	lentifying nu	ımber (if any)	Check i	if	Check if direct
_				7,007,035	10	rendiging no	iniber (ii any)	foreign per	rson	partner
-										
-	Sche	dule A-1 Certain Partner	s of Foreig	n Partnership (see ins	structions	1				
		Name			Jeruccions	20,075			-	Charles 6
_		Name		Address		Identify	ring number (if a	iny)		Check if foreign person
_										
D	nes th	e partnership have any other for	nian porcon as	. D. dissort 2						
-	chec	dule A-2 Foreign Partner	s of Soction	731(a) Partner?				<u> </u>	'es	✓No
_		To eight Faither	s of Section	n 721(c) Partnership	(see inst	1				
						U.S. taxpa identificat		Perc	enta	ge interest
	f	Name of oreign partner A	idress	Country of organiz	ation	number	U.S.		circa	J Therese
_		oreign partner Ac	101622	(if any)		(if any)	transferor	Capita	al	Profits
						-		-	_	

		ule A-3 Affiliation Sche	dule. List al	l partnerships (foreign	or domes	tic) in which	ch the foreign	partnersh	ip ov	vns a
d	irect i	interest or indirectly owns a	10% interest	t.						
		Name								Check if
		- Turne		Address	FIN	(if any)	Total ordinary	income or l	oss	foreign
									-	partnership
		ule B Income Statement	- Trade or	Business Income						
	T	: Include only trade or business	ncome and ex	penses on lines 1a throug	h 22 below	. See the in	structions for m	ore informa	ition.	
	1a	Gross receipts or sales				1a				
	b					1b		1 _c		
	2	Cost of goods sold						2		
arcome.	3	Gross profit. Subtract line 2 from	om line 1c					3		
3	4	Ordinary income (loss) from of	her partnersh	ips, estates, and trusts (al	ttach state	ment)		4		
-	5	Net farm profit (loss) (attach S	ichedule F (Fo	rm 1040))				5		
	7	Net gain (loss) from Form 479	7, Part II, line	17 (attach Form 4797) 🥸]			6		10,046
	1	Other income (loss) (attach sta	itement) 2.				E 040 A 4 040 A	7		3,640,063
	8	Total income (loss) Combine	a lines 2 throu	ah 7				*1		
-	9	Total income (loss). Combine	to earthers)	gii /				8		3,650,109
Suc	10	Salaries and wages (other than	ers	(less employment credits)	<u></u>			9		
MAID	11	Guaranteed payments to partn Repairs and maintenance	CI3					10		
E PE	12	Bad debts				* * * * *		11		
11.5110	13	Rent				A SECTION A		13		
200	14	Taxes and licenses			U 1941 14 - 10 1941			14		
Li	15	Interest (see instructions)						15		
7	16a	Depreciation (if required, attack	Form 4562)	9		16a	1,091,7			
5	b	Less depreciation reported else	where on retu	rn		16b		16c		1,091,733
2	17 18	Depletion (Don't deduct oil and	gas depletion	i.)				17		
5	19	Retirement plans, etc						18		
ì	20	Employee benefit programs						19		
		Other deductions (attach statem	nent) 📆					20		4,620,314
	21	Total deductions. Add the am	ounts shown in	the far right column for	linos O th	uah 20				
		The state of the s	Janes Stiowil II	r the far right column for	inles 9 thro	ougn 20		21		5,712,047
	22	Ordinary business income (le	oss) from trad	le or business activities. S	uhtract line	21 from lie	10 S	22		5 5000
,	23	Interest due under the look-bac	k method - co	mpleted long-term contra	cts (attach	Form 8697	1	22		-2,061,938
1	24	Interest due under look-back - i	ncome forecas	st method (attach Form 88	366)		2012 2012	23		
-	25	BBA AAR imputed underpaymen	t (see instruct	ions)				25		
1	26	Other taxes (see instructions) .						26		<u>.</u>
5	27	Total balance due. Add lines 2	3 through 27 .					27		
2	28	Payment (see instructions)						28		
5	29 30	Amount owed. If line 28 is small	aller than line	27, enter amount owed .	* * * * *			29		
-	20	OVEL DAVINERL. IT THE JAIR Jarn	er than 27 on	ter averagement						

DLN: 16221684664919

Form 8949

Department of the Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification number

DONALD J & MELANIA < TRUMP

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (See instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate

Form 8949, page 1, for each applica complete as many forms with the sa	ble box. If you me box checked	nave more shor I as you need.	t-term transactions	s than will fit on th	is page for	one or more of th	ne boxes,
(A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions no	ported on Form(s) 1099-B show	ving basis wasn't re		ee Note ab	ove)	
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	If you enter a enter a c	stment, if any, to gain or loss, enter an amount in column (g), enter a code in column (f). E the separate instructions.	
(Example: 100 sh. X12 co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	and combine the result with column (g)
KINDER MORGAN ENERGY PARTNERS	08-15-2018	08-15-2018	961	()			96
							77.5
			*1				

(subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

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

2 Totals. Add the amounts in columns (d), (e), (g), and (h)

Form 8949 (2018) Attachment Sequence No. 12A Page 2 Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpa DONALD J & MELANIA<TRUMP Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (See instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. \square (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss, (h) Gain or (loss). 1 If you enter an amount in column (g), enter a code in column (f). (e) (c) Cost or other basis (a) Description of property (d) Subtract column (b) Date sold or disposed of Proceeds See the **Note** below See the separate instructions. (e) Date acquired (sales price) (Example: 100 sh. XYZ Co.) and see Column (e) from column (d) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate (f) Code(s) from instructions (g) Amount of adjustment and instructions combine the result with column (g)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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

Form 8949 (2018)

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

efile GRAPHIC prin	t - DO NOT PROCESS LAT	TEST DAT	A - Producti	on			DLN:	1622168	4664919
FATA	Information Return of	f U.S. P	ersons W	ith F	Respect To	Cert			
Form 5471			orporation		.55				
4	► Go to www.irs.gov	-			d the latest info	ormatio	n. -	OMB No. 1	545-0704
(Rev. September 2018) Department of the Treasury Internal Revenue Service	Information furnished for the foreig by section 898) (see instruction	n corporati	on's annual acc		g period (tax yea			Attachment Sequence N	
Name of person filing this DONALD J TRUMP	s return			A I	dentifying nun	ber	-		
Number, street, and room or	suite no. (or P.O. box number if mail is	not delivered	to street address)	B C	Category or mer (50	a instruct	ions Chos	dr appliantle t	()).
			10 01/001 000/005/		********			5 	ox(es)):
City or town, state, and 2 PALM BEACH, FL 33480	ZIP code			C Er votin perio	nter the total per g stock you own d	centage ed at the	of the fo e end of	reign corpoi its annual ac	ration's ccounting
Filer's tax year beginning	01-01-2018 , and ending 12-3	1-2018		1					
D Check box if this is a f	inal Form 5471 for the foreign corp	oration							. 🗆
E Check if any excepted F Person(s) on whose be	specified foreign financial assets are thalf this information return is filed	re reported					200	20 J.Mar. 188 43	177
4-0-0-0					(3)	- T	(4) Ch	eck applicab	la hay(as)
(1) N	ame	(2) A	ddress		Identifying n	umber	Sharehol		Director
								_	
NEW YORK, NY 1002					32-0 b(2) Referen)447181 nce ID n	umber (s	see instructio	ons)
					c Country	under w	hose law	vs incorporat	ted
d Date of incorporation	e Principal place of business	f Dringing	I business		BR			F	
2014-04-15	e rinicipal place of busiless		il business code number		g Principal busi	ness act	ivity	h Functio currer	
2 Provide the following in	nformation for the foreign corporat	ion's accour	nting period sta	ted abo	ove.				
a Name, address, and id (if any) in the United S	entifying number of branch office o States	or agent		b If a	a U.S. income ta	x return	was filed	d, enter:	
	*		-5	(i) T	axable income o	r (loss)	(ii) U	.S. income t all cred	ax paid (after its)
	420								
country of incorporation	oreign corporation's statutory or res	sident ageni	t in						
Schedule A Stock	k of the Foreign Corporation	n							
(a) Desc	ription of each class of stock		(i) Beginning	of ann	umber of shares ual accounting	1000		anding	na period
				perioc	2	1.17 2.11			-5 period

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 49958V

Schedule B Shareholders of I	oreia	n Corporation				
Part I — U.S. Shareholders of Foreign Cor						
(a) Name, address, and identifying number of shareholder	(b) De share	escription of each class of stock held by sholder. Note: This description should the corresponding description entered in Schedule A, column (a).	(c) Number of held at begin annual accor period	ning of unting	(d) Number of share held at end of annua accounting period	
						_
8						_
						-
		2				
Part II— Direct Shareholders of Foreign Co	orporati	on (see instructions)				
(a) Name, address, and identifying numbe shareholder. Also include country of incorporat formation, if applicable.	r of ion or	(b) Description of each class of sto shareholder. Note: This description sh corresponding description entered in column (a).	ould match the	at be	imber of shares held eginning of annual counting period	(d) Number of shares held at end of annual accounting period
*						
Accession of the Control of the Cont						

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.

		ete omy the 0.3. Donars column. See instructions for special ru		Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a	Tunctional currency	0.5. Dollars
	ь	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
m.	3	Gross profit (subtract line 2 from line 1c)	3		
Ĕ	4	Dividends	4		
Income	5	Interest	5		
F	6a	Gross rents	6a		
	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
-	ь	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement)	9		
	10	Total income (add lines 3 through 9)	10		
	11	Compensation not deducted elsewhere	11		
	12a	Rents	12a		
	b	Royalties and license fees	12b		
2		Interest	13		
0	14	Depreciation not deducted elsewhere	14		
ರ	15	Depletion	15		
킁	16	Taxes (exclude income tax expense (benefit))	16	•	
Deductions	17	Other deductions (attach statement - exclude income tax expense (benefit)).			
			17		
		Total deductions (add lines 11 through 17)	18		
ω	19	Net income or (loss) before unusual or infrequently occurring items,			
Ę		and income tax expense (benefit) (subtract line 18 from line 10)	19		
ŏ		Unusual or infrequently occurring items	20		
Net Income		Income tax expense (benefit) - current	21a		
9	b	Income tax expense (benefit) - deferred	21b		
Z	22	Current year net income or (loss) per books (combine lines 19 through 21b)	22		
۵	SIN CHINGS	Company of the Company of the State of the S	22		
215	23a	Foreign currency translation adjustments	23a		
hen me	b	Other	23b		
Other npreher Income		Income tax expense (benefit) related to other comprehensive income	23c		
Other Comprehensive Income	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

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.

-	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1		
2a	Trade notes and accounts receivable	2a		
Ь	Less allowance for bad debts	2b	()	()
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement)	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	()	()
	Depletable assets	10a		
b	Less accumulated depletion	10b	()	()
11	Land (net of any amortization)	11		
12	Intangible assets:			,
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
	Less accumulated amortization for lines 12a, b, and c	12d	()	()
13	Other assets (attach statement)	13		
14	Total assets	14		
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
a	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		
23	Less cost of treasury stock	23	()	()
24	Total liabilities and shareholders' equity	24		

Earm	F471 (Day 0 2010)				
_	5471 (Rev. 9-2018) hedule G Other Information		Page		
I)		Yes	No		
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?				
	If "Yes," see the instructions for required statement.				
2	During the tax year, did the foreign corporation own an interest in any trust?				
3	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)?				
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).				
4a	During the tax year, did the foreign corporation receive, or accrue the receipt of, any amounts defined as a base erosion paymen 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)?	t	П		
	If "Yes," complete lines 4b and 4c.	Lumi	Limit		
b	Enter the total amount of the base erosion payments \$				
С	Enter the total amount of the base erosion tax benefit \$				
5a	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under				
	section 267A?				
	If yes, complete line 5b.				
	Enter the total amount of the disallowed deduction (see instructions) \$				
6a	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?				
	If "Yes." complete lines 6b, 6c, and 6d.				
D	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) \$				
c	Enter the amount of gross income derived from a license of property to a foreign person for a foreign use (see instructions)				
	\$				
d	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) \$				
7	During the tax year, was the foreign corporation a participant in a cost sharing arrangement?		П		
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?				
9	If the answer to question 7 is yes, was the foreign corporation a participant in a cost sharing arrangement that was in effect	<u></u>	L		
	before January 5, 2009?	П	П		
10	If the answer to question 7 is yes, did a U.S. taxpayer make any platform contributions as defined under Regulation section	-	<u> </u>		
	1.482-7(c) to that cost sharing arrangement during the taxable year?				
11	If the answer to question 10 is yes, enter the present value of the platform contributions in U.S. dollars \$	bonand	- Baranant		
12	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):				
	☐ Comparable Uncontrolled Transaction ☐ Income Method ☐ Acquisition Price Method				
	Market Capitalization Method Residual Profit Split Method Unspecified Methods				
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign	gn			
	corporation for use in a triangular reorganization (within the meaning of Regulation 1.358-6(b)(2))?				
14a	Did the foreign corporation receive any intangible property (within the meaning of Regulations section 1.367(a)-1(d)(5)) in a prio 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?	r	F		
	If "Yes", go to line 14b.				
ь	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year.				
	\$				
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulation section 1.7874-12T(a)(9)	Yanana N	NORTH CONTRACT		
	(or successor regulation)?				
	If yes, see instructions and attach statement.				
L6	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section	ground."	-		
	1.6011-4?				
17	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011- 4(c)(3)(i)(G)				
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section	p	potenta		
1 0	901(m)?				
18	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?	ļī			
19					
	Did you answer yes to any of the questions in the Instructions for Line 19?				
	If yes, enter the corresponding code(s) from the instructions and attach statement (see instructions)				

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

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production DLN: 16221684664919 Statement of Specified Foreign Financial Assets Form 8938 OMB No. 1545-2195 Go to www.irs.gov/Form8938 for instructions and the latest information. Attach to your tax return. Department of the Treasury For calendar year 2018 or tax year beginning and ending Attachment Internal Revenue Service Sequence No. 175 If you have attached continuation statements, check here Number of continuation statements Name(s) shown on return 2 TIN DONALD J & MELANIA<TRUMP Type of filer a ☑ Specified individual b ☐ Partnership c Corporation d Trust 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.) Part I Foreign Deposit and Custodial Accounts Summary 1. Number of Deposit Accounts (reported in Part V) 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? ☐ No 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? ☐ No Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported Where reported (a) Asset Category (b) Tax item on form or schedule (d) Form and line (e) Schedule and line 1 Foreign Deposit and 1a Interest Custodial Accounts 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 \$ 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 4. Number of Forms 8621 5. Number of Forms 8865

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). Type of account Custodial 2 Account number or other designation Deposit See Additional Data Table Check all that apply a Account opened during tax year 3 b Account closed during tax year c Account jointly owned with spouse 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? . 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from account is maintained convert to U.S. dollars U.S. Treasury Department's Bureau of the Fiscal Service For Paperwork Reduction Act Notice, see the separate instructions. Form 8938 (2018) Cat. No. 37753A Form 8938 (2018) Page 2 Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Part V Summary (see instructions) (continued) Name of financial institution in which account is maintained b Global Intermediary Identification Number (GIIN) (Optional) Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. City or town, state or province, and country (including postal code) 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). Description of asset Identifying number or other designation 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. Date asset acquired during tax year, if applicable . . Date asset disposed of during tax year, if applicable b 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 5100,001 - \$150,000 d S150,001 - \$200,000 е 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? 6 If you answered "Yes" to line 5, complete all that apply. (b) Foreign currency exchange rate used (c) Source of exchange rate used if not from (a) Foreign currency in which to convert to U.S. dollars U.S. Treasury Department's Bureau of the Fiscal asset is denominated Service 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. Name of foreign entity b GIIN (Optional) Type of foreign entity (2) Corporation (1) Partnership (3) Trust (4) Estate Mailing address of foreign entity. Number, street, and room or suite no. City or town, state or province, and country (including postal code) If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, 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). Name of issuer or counterparty Check if information is for Issuer Counterparty

b	Type of issuer or counterparty				
	(1) \square Individual (2) \square Partnership (3) \square Corporation (4) \square Trust (5) \square Estate				
С	Check if issuer or counterparty is a U.S. person Foreign person				
d	Mailing address of issuer or counterparty. Number, street, and room or suite no.				
е	City or town, state or province, and country (including postal code)				
	Form 8938 (2018)				

1

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & IVI⊏LANIA<TRUMP

DLN: 16221684664919

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 SCOTI AND 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 SCOTI AND: IIC (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 IEW 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 IT LLC. (ADDRESS: C/O THE TRUMP ORGANIZATION NEW YORK, NY

10022; EIN 35-2497556).; TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED; DECEMBER 31 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 SCUILAND LLC HAS E-FILED ITS RETURN FOR; THE YEAR ENDED **DECEMBER 31, 2018**

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONAIDJ& MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 17554

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses

Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN: **Explanation:**

PARTNERSHIP/S-CORP LOSSES 2385534

DLN: 16221684664919

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

DLN: 16221684664919

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

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

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 2658 PARTNERSHIP/S-CORP LOSSES 5784897

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

PARTNERSHIP/S-CORP LOSSES 353

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 47927 PARTNERSHIP/S-CORP LOSSES 1342957

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

PARTNERSHIP/S-CORP LOSSES 84

DLN: 16221684664919

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

DLN: 16221684664919

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

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN: **Explanation:**

BUSINESS EXPENSES 2450 PARTNERSHIP/S-CORP LOSSES 1106533

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD 1 & MELANIA < TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1345972

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN

Spouse SS

Explanation:

BUSINESS EXPENSES 2005 PARTNERSHIP/S-CORP LOSSES 2447038

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses

Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 718067 PARTNERSHIP/S-CORP LOSSES 291551

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN.

Explanation:

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1342957

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

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 54

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses

Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 25

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production | DLN: 16221684664919 |
TY 2018 Foreign Income Net |
Adjustment Statement

Name: DONALD J & MELANIA<TRUMP

Spouse SSN:

Explanation

ALLOCATION OF LOSSES FROM OTHER CATEGORIES 22457433

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 3456097

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN

Explanation:

BUSINESS EXPENSES 17554

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

TY 2018 Foreign Income Related Expenses
Statement

Name: DONALD 1 & MELANIA < TRUMP

SSN:

Spouse SSN: Explanation:

PARTNERSHIP/S-CORP LOSSES 2385534

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN **Explanation:**

BUSINESS EXPENSES 4596905 PARTNERSHIP/S-CORP LOSSES 40690

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses **Statement**

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

PARTNERSHIP/S-CORP LOSSES 56

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

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 2658 PARTNERSHIP/S-CORP LOSSES 5784897

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

PARTNERSHIP/S-CORP LOSSES 353

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN: **Explanation:**

BUSINESS EXPENSES 47927 PARTNERSHIP/S-CORP LOSSES 1342957

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN

Explanation:

PARTNERSHIP/S-CORP LOSSES 84

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD 1 & MELANIA < TRUMP

SSN:

Spouse SSN: **Explanation:**

BUSINESS EXPENSES 259207 PARTNERSHIP/S-CORP LOSSES 1602139

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN: **Explanation:**

PARTNERSHIP/S-CORP LOSSES 4

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 3164 PARTNERSHIP/S-CORP LOSSES 107

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 50 PARTNERSHIP/S-CORP LOSSES 1342957

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 2450 PARTNERSHIP/S-CORP LOSSES 1106533

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1345972

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA < TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 2005 PARTNERSHIP/S-CORP LOSSES 2447038

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 718067 PARTNERSHIP/S-CORP LOSSES 291551

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 25 PARTNERSHIP/S-CORP LOSSES 1342957

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

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

Spouse SSN: **Explanation:**

BUSINESS EXPENSES 1329504 PARTNERSHIP/S-CORP LOSSES 2268199

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 54

DLN: 16221684664919

TY 2018 Foreign Income Related Expenses Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Explanation:

BUSINESS EXPENSES 25

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

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