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| Form | U4U | U | .S. Individual Incor | ne Tax Return | 2015 | OMB No. 1545-0074 | IRS Use Only - Do n | ot write or | staple in this space. |
|-------------------------|---|----------|--|---|-------------------------------------|----------------------|---|------------------------------|--|
| For the year | r Jan. 1-Dec | . 31, 20 | 15, or other tax year beginning | | | , 2015, ending · | . 20 | | See separate instructions. |
| Your first | name and | l initia | | Last name | | | | Y | our social security number |
| DONALD | J. | | | TRUMP | | - | | | |
| if a joint r | eturn, spo | use's | first name and initial | Last name | | | | S | Spouse's social security number |
| MELANI | | | | TRUMP | | | | | |
| Home add | dress (nur | nber a | nd street). If you have a P.C | . box, see instruction | S. | | Apt. | no. | Make sure the SSN(s) above and on line 6c are correct. |
| City town o | or post office | , state, | and ZIP code. If you have a forei | gn address, also complet | e spaces below. | | | | Presidential Election Campaign |
| NEW YOU | RK, NY | 100 | 22 | | | | | l it | Check here if you, or your spouse f filing jointly, want \$3 to go to |
| Foreign co | ountry nar | me | | Foreign p | province/state/county | | Foreign postal | code v | his fund. Checking a box below will not change your tax or refund X You X Spous |
| Filing S | Status | 1 | Single | | hereo | 4 Head | of household (with | | g person). If the qualifying |
| i ming . | Jiaius | 2 | X Married filing jointly | even if only one had | income) | perso | on is a child but not | your dep | endent, enter this child's |
| Check only | | 3 | Married filing separat | ely. Enter spouse's S | SN above | name | here. > | | |
| one box. | · · | | and full name here. | <u> </u> | | 5 Quali | fying widow(er) with | depende | ent child |
| Exemp | tions | | X Yourself. If someone | can claim you as a c | lependent, <mark>do not</mark> ched | ck box 6a | *************************************** | | Boxes checked 2 on 6a and 6b |
| LACIND | 7(10113 | b_ | X Spouse | | | | ******** | | No. of children |
| | | C | Dependents: | | (2) Dependent's socia | | Dependent's ationship to | (4)√ if chi under age | on 6c who: |
| | | | (1) First name | Last name | security number | | you | qualifying for tax credit | |
| | | - | and the second s | | | SON | | | or separation (see instructions) |
| If more th | | - | | | | | | | |
| dependen Instruction | | | | | | | | | Dependents on 6c not entered above |
| check her | |] . | | | | | | | Add numbers |
| | ALL COMPANY OF THE PARTY | d | Total number of exemptio | ns claimed | | | | | on lines above |
| ncome | е | 7 | Wages, salaries, tips, etc. | Attach Form(s) W-2 | | | STMT 8 | 7 | 14,141 |
| | | 8a | Taxable interest. Attach S | chedule B if required | | | | 8a | 9,393,096 |
| Attach Fo | rm(s) | b | Tax-exempt interest. Do r | | ********************** | | 18,586 | | |
| W-2 here. | | 9a | Ordinary dividends. Attack | Schedule B if requir | ed | | | 9a | 1,729,897 |
| attach Foi | | b | | | | | 718,317 | . 1150 | STMT 7 |
| W-2G and 1099-R if | | 10 | Taxable refunds, credits, o | or offsets of state and | local income taxes | STMT 4 | STMT 5 | 10 | Ü |
| was withh | | 11 | Alimony received | | | | | 11 | |
| | | 12 | Business income or (loss) | . Attach Schedule C | or C-EZ | | | 12 | <599,030. |
| If you did | not | 13 | Capital gain or (loss). Atta | | | | | 13 | 35,835,453 |
| get a W-2, | | 14 | Other gains or (losses). A | ttach Form 4797 | | | | 14 | 6,603,042 |
| see instru | ctions, | 15a | 1D & 11 1 11 11 | 15a | | b Taxable am | | 15b | |
| | | 16a | Pensions and annuities | 16a | | b Taxable am | ount | 16b | 77,808 |
| | | 17 | Rental real estate, royaltie | | porations, trusts, etc. | Attach Schedule E | | 17 | <7,882,011. |
| | | 18 | Farm income or (loss). At | tach Schedule F | | | | 18 | |
| | | 19 | Unemployment compensa | | | | | 19 | |
| | | 20a | Social security benefits | 20a | | b Taxable am | ount | 20b | |
| | | 21 | Other income. List type ar | | STATEMENT 1 | | | 21 | <76,909,237. |
| | | 22 | Combine the amounts in t | he far right column fo | or lines 7 through 21. T | his is your total in | icome | 22 | <31,736,841. |
| | | 23 | Educator expenses | eservists nerforming arti | ets and fee-hasis governm | 23 | | | |
| Adjuste | ed | 24 | Certain business expenses of r officials, Attach Form 2 106 or 2 | *************************************** | | 24 | | | |
| Gross | 200 | 25 | Health savings account de | | 8889 | 25 | | | |
| ncome | 9 | 26 | Moving expenses, Attach | | | | | 18010 | |
| | | 27 | Deductible part of self-em | | | | 19,594 | | |
| | _ 5 | 28 | Self-employed SEP, SIMP | LE, and qualified plar | ns | 28 | | | |
| proces. | Internal Recei | 29 | Self-employed health insu | rance deduction | | 29 | | | |
| 3 | क्षे छ | 30 | Penalty on early withdraw | al of savings | | 30 | | | |
| | Peo Re | 31a | Alimony paid b Recipie | nt's SSN 🕨 | | 31a | | 11.51 | |
| CI | T Ve | 32 | IRA deduction | | | 32 | | | |
| 0 | Revenue ved LB W | 33 | Student loan interest dedu | ************ | | 33 | | | |
| OCT 2 0 2016 | ternal Revenue Servic Received LB WN 437 | 34 | Tuition and fees. Attach Fo | | | | | | |
| CD | Service N 437 | 35 | Domestic production activ | | | | | | |
| 10001 | √ <u>8</u> | 36 | Add lines 23 through 35 | | | | | 36 | 19,594 |
| 510001 | 265 | 37 | Subtract line 36 from line | | | | b | 37 | <31 756 435 |

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| Form 1040 (2015) | DO | DNALD J. & MELANIA TRUMP | | Page 2 |
|---------------------------------------|-------|--|--------|---|
| Tax and | 38 | Amount from line 37 (adjusted gross income) | 38 | <31,756,435.> |
| Credits | 39a | Check X You were born before January 2, 1951, Blind. Total boxes | - 00 | |
| Standard Deduction for - | | if: Spouse was born before January 2, 1951, Blind. checked 39a 1 | | |
| People who | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here | | |
| on line 39a or | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 7,997,882. |
| 39b 0f who can be claimed as a | 41 | | 40 | |
| dependent, see instructions. | 42 | Subtract line 40 from line 38 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst. | 41 | <39,754,317.> |
| | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 42 | 12,000. |
| | 44 | Tax. Check if any from: a Form(s) 8814 b Form 4972 c | 43 | 0. |
| | | THE STATE OF THE S | 44 | 0. |
| All others: | 45 | Alternative minimum tax. Attach Form 6251 | 45 | 2,127,670. |
| Single or | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| Married filing separately, | 47 | Add lines 44, 45, and 46 | 47 | 2,127,670. |
| \$6,300 | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | |
| Married filing jointly or | 49 | Credit for child and dependent care expenses. Attach Form 2441 49 | | a.a.m |
| Qualifying widow(er), | 50 | Education credits from Form 8863, line 19 50 | | 54A 14857 |
| \$12,600 | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | 15917 |
| Head of household, | 52 | Child tax credit. Attach Schedule 8812, if required | | |
| \$9,250 | 53 | Residential energy credits. Attach Form 5695 53 | | |
| | 54 | Other credits from Form: a X 3800 b 8801 c 54 1,485,739. | | |
| | 55 | Add lines 48 through 54. These are your total credits | 55 | 1,485,739. |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 641,931. |
| | 57 | Self-employment tax. Attach Schedule SE | 57 | 39,188. |
| Other | 58 | Unreported social security and Medicare tax from Form; a 4137 b 8919 | 58 | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| | 60a | Household employment taxes from Schedule H | 60a | 48,030. |
| | h | First-time homebuyer credit repayment. Attach Form 5405 if required | | 40,030. |
| | 61 | Health care: Individual responsibility (see instructions) Full-year coverage X | 60b | |
| | 62 | Taxes from: a X Form 8959 b Form 8960 c Inst.; enter code(s) | 61 | C 022 |
| | 62 | Add lines 56 through 63. This is your Add Lines 56 through 64 t | 62 | 6,023. |
| Payments | 03 | Add lines 56 through 62. This is your total tax | 63 | 735,172. |
| ayments | 04 | Federal income tax withheld from Forms W-2 and 1099 64 3,017. | | |
| If you have a | | 2015 estimated tax payments and amount applied from 2014 return 65 10,756. | | |
| qualifying | | Earned income credit (EIC) 66a | | |
| child, attach Schedule EIC. | | Nontaxable combat pay election 66b 66b | | |
| | | Additional child tax credit. Attach Schedule 8812 67 | | |
| | | American opportunity credit from Form 8863, line 8 | 11541 | |
| | | Net premium tax credit, Attach Form 8962 | | |
| | 70 | Amount paid with request for extension to file | | |
| | 71 | Excess social security and tier 1 RRTA tax withheld 71 | | |
| | | Credit for federal tax on fuels. Attach Form 4136 72 14,276. | | |
| | 73 | Credits from Form: a 2439 b Reserved 8885 d 73 | | |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 28,049. |
| Refund | | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | |
| | | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here | 76a | |
| Direct deposit? | | Routing number | , ou | |
| instructions. | | Amount of line 75 you want applied to your 2016 estimated tax | | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 70 | 707,123. |
| You Owe | | Estimated tax penalty (see instructions) 79 | 78 | 707,123. |
| Third Party | | | | |
| Designee | | o you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete bel | | No No Identification |
| Sign | | Independities of erjury, I declare that I hav examined this return and accompanying schedules and statements, and to the best of my known and the second statements of the best of my known and the second statements of the best of the b | number | (PIN) |
| Here | | correct and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| Joint return? | h . | Date Tour occupation | Day | time phone number |
| See instructions. Keep a copy | 2 | 10//J// EXECUTIVE | | |
| for your | | Spouse's occupation | | e IRS sent you an Identity ection PIN, |
| records. | X | 10 1/2 //6 EXECUTIVE | | r it here |
| Deid | Print | The preparer's name Preparel's signature Date Check | if P | TIN |
| Paid | | If he had self-employed | 1 | |
| | DON | ALD BENDER | | |
| Use Only | Firm' | sname WEISERMAZARG T.T.P | 13 | 1459550 |
| | | | 516) | 488-1200 |
| 510002 | Firm | s address WOODRIEV NV 11797-2003 | | |





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| <u> 1040</u> | U. | S. Individual inc | Joine Tax Neturn | 10 10 0 | | IRS Use Only - Do not | 1000 | Company of the compan |
|-----------------------------------|----------|--|--|---|--|-----------------------|---|--|
| | _ | 16, or other tax year beginni | ing | , 201 | 6, ending | , 20 | | ee separate instructions. |
| our first name and | initia | | Last name | | | | 1000 | |
| DONALD J. | | | TRUMP | | | | - | ouse's social security number |
| f a joint return, spou | ıse's | first name and initial | Last name | | | | Spo | couse's social security number |
| MELANIA | | | TRUMP | 20 | | Apt. no | | |
| Home address (num | ber a | nd street). If you have a | P.O. box, see instruction | 15. | | Aptino | A | Make sure the SSN(s) above and on line 6c are correct. |
| City, town or post office, | state | and ZIP code. If you have a | foreign address, also comple | te spaces below. | | | Ch | esidential Election Campaign eck here if you, or your spouse |
| | - | 111 | | | | | this | ling jointly, want \$3 to go to s fund. Checking a box below |
| Foreign country nairi | ie | | Foreign | province/state/county | | Foreign postal o | oue | I not change your tax or refund. |
| | | | | | | | X | |
| Filing Status | 1 | Single | | . 1 | | | | person). If the qualifying |
| Filling Status | 2 | X Married filing joi | our deper | ndent, enter this child's | | | | |
| Check only | 3 | Married filing se | parately. Enter spouse's S | SSN above 📗 | | ere. | | 1. 694 |
| one box. | | and full name he | | | The second secon | ing widow(er) with | | T CNIID Boxes checked 2 |
| Exemptions | 6a | | | dependent, do not check b | ox 6a | | | on 6a and 6b No. of children |
| <u> </u> | b | X Spouse | | 7. 16 | | ppendent's | (4)√ if child | on 6c who: |
| | C | Dependents: | | (2) Dependent's social security number | | ionship to q | under age 17 ualifying for c tax credit | |
| | × | (1) First name | Last name | | SON | you | tax creuit | you due to divorce or separation |
| | | 3. | | | BOIN | | | (see instructions) |
| If more than four dependents, see | | | | | + | | | Dependents on 6c not entered above |
| instructions and | - | | | | | | | Add numbers |
| check here | | T.1. | | | | | | on lines above 3 |
| | | | | | | | 7 | 978. |
| Income | 7 | | ach Schedule B if require | d | | | 8a | 8,994,141. |
| | 8a | | | d a | | 2,831, | 1000327405-14 | |
| Attach Form(s) | i o | Ordinant dividends | Attach Schodule B if requ | ired | . [00] | | 9a | 337,938. |
| W-2 here. Also | 98 | | | | | 292,068 | | 1) |
| attach Forms W-2G and | 10 | Tavable refunds cre | dite or offeate of state ar | nd local income taxes | STMT 4 | STMT 5 | 10 | 0. |
| 1099-R if tax | 10.00 | | | | | | 11 | |
| was withheld. | 11 12 | | | or C-EZ | | | 12 | 8,797,393. |
| | 13 | | | quired. If not required, chec | | | 13 | 10,941,053. |
| If you did not | 14 | | | quii ou: | | | 14 | -444,633. |
| get a W-2, see instructions. | 15 | | | | | ount | 15b | |
| 366 man donono. | 16 | | ties 16a | | b Taxable amo | ount | 16b | 77,808. |
| | 17 | Rental real estate, ro | ovalties, partnerships, S c | orporations, trusts, etc. Att | ach Schedule E | | 17 | -15,939,523. |
| | 18 | | | | | | 18 | |
| | 19 | | | | | | 19 | |
| | 20 | | The second secon | | | ount | 20b | |
| | 21 | Other income. List t | ype and amount | E STATEMENT 1 | | | 21 | -44,955,324. |
| | 22 | Combine the amoun | ts in the far right column | for lines 7 through 21. This | s is your total inc | ome | 22 | -32,190,169. |
| | 23 | Educator expenses | and of recognists wasterning | rtiete and fac-basis government | . 23 | | | 9 845 |
| Adjusted | 24 | | | rtists, and fee-basis government | | | | |
| Gross | 25 | | | rm 8889 | | | | |
| Income | 26 | | | | | 210 505 | | |
| | 27 | and the second s | | ch Schedule SE | | 219,505 | | |
| | 28 | Self-employed SEP, | SIMPLE, and qualified p | lans | 28 | | | |
| 1732 REC | H2 | Self-employed healt | th insurance deduction | | 29 | | | |
| A I WAS ARRIVE | 30 | Penalty on early wit | hdrawal of savings | | 30 | | | |
| | | | | | | | | |
| OCT . | | | | | | | | |
| | 33 | The second state of the second | | | 1 | | | (C) |
| TDC_ATIC | T 14 | Tuition and fees. At | tach Form 8917 | | 34 | | | |
| EIM"AUS | T -24 | Doniestic production | n activities deduction. At | tach Form 8903 | 35 | | 36 | 219,505. |
| | 30 | Add littles 25 till odg | ງກ່ວວ | | | | 37 | -32,409,674. |
| 610001 11-30-16 | 37 | Subtract line 36 fro | m line 22. This is your at | flusted gross income | | | 01 | |

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| Form 1040 (2016) | DO | NALD J. & MELANIA TH | | | Page 2 |
|--|-------|--|---------------------------------------|-----------|--|
| Tax and | | Amount from line 37 (adjusted gross income) | | 38 | -32,409,674. |
| Credits | | Check X You were born before January 2, 1952, Blind. Total boxes | | M. | |
| Standard | JJa | | 39a 1 | | |
| Deduction for - People who | | | > 39b | | |
| check any box | | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | - | 40 | 8,158,717. |
| on line 39a or 39b 01 who can | | | | 41 | -40,568,391. |
| be claimed as a dependent, see | | Subtract line 40 from line 38 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, s | 42 | 12,150. | |
| instructions. | | | | 43 | 0. |
| | | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 1 | 44 | 0. |
| | | Tax. Check if any from: a Form(s) 8814 b Form 4972 c Form 4972 c | | 45 | 2,234,725. |
| 0.011 - 44 - 444 | | Alternative minimum tax. Attach Form 6251 | | | 2,234,723, |
| All others: Single or | | Excess advance premium tax credit repayment. Attach Form 8962 | | 46 | 2 234 725 |
| Married filing separately, | | Add lines 44, 45, and 46 | | 47 | 2,234,725. |
| \$6,300 | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | | |
| Married filing jointly or | 49 | Credit for child and dependent care expenses. Attach Form 244149 | | | |
| Qualifying | 50 | Education credits from Form 8863, line 19 | | | |
| widow(er), \$12,600 | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | | 54A 2233975 |
| Head of household, | 52 | Child tax credit. Attach Schedule 8812, if required 52 | | | 154A LL3311 |
| \$9,300 | 53 | Residential energy credits. Attach Form 5695 | | | |
| | 54 | Other credits from Form: a X 3800 b 8801 c 54 | 2,233,975. | Strate. | |
| | 55 | Add lines 48 through 54. These are your total credits | | 55 | 2,233,975. |
| | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | | 56 | 750. |
| | 57 | Self-employment tax. Attach Schedule SE | | 57 | 439,009. |
| Other | 58 | Unreported social security and Medicare tax from Form: a 4137 b 8919 | | 58 | |
| Taxes | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | | 59 | |
| | | Household employment taxes from Schedule H | | 60a | 45,060. |
| | ·h | First-time homebuyer credit repayment. Attach Form 5405 if required | | 60b | |
| | 61 | Health care: Individual responsibility (see instructions) Full-year coverage X | | 61 | |
| | | Taxes from: a X Form 8959 b Form 8960 c Inst.; enter code(s) | | 62 | 129,480. |
| | | Add lines 56 through 62. This is your total tax | | 63 | 614,299. |
| Payments | | Federal income tax withheld from Forms W-2 and 1099 64 | 168. | | |
| aymone | | 2016 estimated tax payments and amount applied from 2015 return 65 | | | |
| If you have a | | Earned income credite(EIC) 66a | | | |
| qualifying | | Nontaxable combat pay election 66b | | | |
| child, attach Schedule EIC. | | Additional child tax credit. Attach Schedule 8812 67 | | | |
| | 20000 | American opportunity credit from Form 8863, line 8 | | | |
| | 68 | Authorited opportunity dream removes, may | | | |
| | 69 | Not promisin tax or other massives and the second s | 1,000,000. | | |
| | 70 | Authorit bala warrednost for extension to the | | | |
| | 71 | Exocos social sociality and tiel 111111 tax 1111111 | 16,849. | | |
| | 72 | Of Other For Forder and State of Forder and St | | | |
| | 73 | | | 74 | 1,017,017. |
| | 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | | 75 | 402,718. |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | | | |
| Direct deposit? | 76 a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing pumber C Type: C Checking Savings d number | | 76a | |
| See | ► b | | 388,441. | | |
| instructions. | 77 | Amount of line 75 you want applied to your 2017 estimated tax | 300,441. | 70 | |
| Amount | 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 14 277 | 78 | A CENTRAL SALES AND AND A |
| You Owe | 79 | Estimated tax penalty (see instructions) 79 | 14,277. | 12.00 | |
| Third Part | | you want to allow dilotion person to diodded this retain than the time to the | Yes. Complete bel | Person | nal identification |
| Designee | na | DONALD BENDER | LZUU Ios and helief, they are true | numbe | er (PIN) |
| Sign | | nne Under penalties of perjury, I declare finat I have examined this return and accompanying schedules and statements, and to the best of my knowled accurately fist all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor | mation of which preparer h | as any kr | nowledge. aytime phone number |
| Here | | Your signature Your occupation | | Da | aytime phone number |
| Joint return? See instructions. | | 10/10/17 EXECUTIVE | 3 | 16.4 | the IDC continues on Identity |
| Keep a copy for your | | Spouse's signature it A joint return, both must sign. Date Spouse's occupation | | Pro | the IRS sent you an Identity otection PIN, |
| records. | | NAMANAN MARRIAN DEXECUTIVE | | | ter it here |
| | Prin | t/Type preparer's name Preparer's s/gnature Date | Check | if | PTIN |
| Paid | | 101111 | self-employed | - 1 | |
| | _ | ALD BENDER | | | |
| Use Only | Firm | n's name ► MAZARS USA LLP | Firm's EIN | 22800 | 1459550 |
| | |) | Phone no. (| 516) | 488-1200 |
| 610002 11-30-16 | Firn | n's address | | | |

| E 104 | U | J.S. Individual Income | Tax Return | ZUI | OMB No. 1545-00 | IRS Use O | nly - Do no | ot write c | or staple in this space | |
|------------------------------------|-------------|--|--|---|--|------------------------|-------------|---|---|-----------------------------|
| | | 2017, or other tax year beginning | • | | , 2017, ending | 5/4 | . 20 | | 1 | |
| Your first name a | and initia | al | Last name | | | | , 20 | | See separate in Your social security | |
| DONALD J. | | | TRUMP | | | | | | | Harrioci |
| If a joint return, s | spouse's | s first name and initial | Last name | N. | | | | | Spouse's social sec | Lirity number |
| MELANIA | | | TRUMP | | | | | | | anty namber |
| Home address (n | umber : | and street). If you have a P.O. b | ox, see instructions. | • | | | Apt. r | 10. | | |
| | | | | | | | | | Make sure the S and on line 6c a | SSN(s) above re correct. |
| City, town or post off | fice, state | a, and ZIP code. If you have a foreign a | address, also complete: | spaces below. | | | | | Presidential Election | |
| NEW YORK, N | Y 10 | 022 | | | | | | | Check here if you, or | r your spouse |
| Foreign country n | ame | | Foreign province/state/county Foreign postal cod | | | | codo | this fund. Checking will not change your | a box below | |
| - | | | , and a sign part | o vinos, otato, o o ant | y | I or erg | ι μυδιαι | rone | WIE 100- | |
| Filing Status | _ 1 | Single | | | 4 He | ad of househol | d (with a | auglifyii | ng person). If the | Spouse |
| i iling Status | 2 | X Married filing jointly (eve | en if only one had in | come) | | | | | pendent, enter this | |
| Check only | 3 | Married filing separately | | | | me here. | Jul Hot y | our dep | pendent, enter this | s child.s |
| one box. | | and full name here. | | | | alifying widow | or) /coo | inetrue | otiona) | |
| Evenntions | 6a | | n claim vou as a de | pendent do not ch | | | | | 7.5 | ed o |
| Exemptions | b | V 0 | | | ICCN DUX Od | | | • | on 6a and 6b | |
| | C | Dependents: | | (2) Dependent's so | rial (i | 3) Dependent's | T | (4)√ ii cl | No. of children | |
| : | | | Last name | security number | | relationship to you | q | under age Jualifying fo | e 17 for child of did not live | |
| | * * | A CONTRACTOR OF THE CONTRACTOR | | | SON | ,,,, | | fax cred | you due to div | /orce |
| If more than four | | - 1 | | | | | | | (see instruction | ins) |
| dependents, see instructions and _ | | | | 3/10/2004 | | | | | Dependents o | n 6c |
| check here | | | | | | | 3025011 | | not entered ab | |
| | d | Total number of exemptions | claimed | 3 | *************************************** | | | | Add numbers on lines above | 1 1 |
| Income | 7 | Wages, salaries, tips, etc. Atta | ach Form(s) W-2 | *************************************** | ****************************** | STMT | | T 7 | | 3 |
| moomo | 8a | Taxable interest. Attach Sche | dule B if required | | | | | | | 73,629. |
| | b | Tax-exempt interest. Do not | include on line 8a | | l gh l | | 435. | 8a | 6,1 | 58,494. |
| Attach Form(s) W-2 here, Also | 9a | Ordinary dividends. Attach Sc | hedule B if required | | [00] | | | The San San San | | 21 004 |
| attach Forms | b | Qualified dividends | · | ******************* | l oh l | | 4,305. | 9a | STMT 7 | 21,984. |
| W-2G and | 10 | Taxable refunds, credits, or of | ifsets of state and In | cal income taxes | STMT 4 | | ±,303. | Selfanous of | SIMI / | |
| 1099-R if tax was withheld. | 11 | Alimony received | TOOLO OF STATE AND TO | iodi ilicollie taxes . | | DIMI . | | 10 | | 0. |
| was willineiu. | 12 | Alimony received Business income or (loss). At | tach Schedule C or | ∩-F7 | | | | 11 | 1 1 | 22 020 |
| ro . | 13 | Capital gain or (loss) Attach S | Schedule D if require | o-LZ | ohook hara | | | 12 | | 33,030. |
| If you did not get a W-2, | 14 | Capital gain or (loss). Attach Schedule D if required. If not required, check here Other gains or (losses). Attach Form 4797 | | | | | 13 | | 28,298. | |
| see instructions. | 15a | IRA distributions | 15a | | | | | 14 | <u> </u> | 33,740. |
| | 16a | 5 ' ' | 16a | | b Taxable at | | | 15b | | 04.054 |
| | 17 | Rental real estate, royalties, pa | artherships S corps | rationa truata eta | b raxable at | mount | | 16b | | 84,351. |
| | 18 | Farm income or (loss) Attach | Schedule F | ranons, nusis, en | . Attach Schedule i | | | 17 | -16,74 | 46,815. |
| 5 | 19 | Farm income or (loss). Attach Unemployment compensation | | | | | | 18 | | |
| | 20a | Casial assessing to the | 20a | ********************** | l h Tayabla a | | | 19 | | |
| | 21 | Other income. List type and ar | | TATEMENT 1 | b raxable at | mount | | 20b | 10.20 | 75 224 |
| | 22 | Combine the amounts in the fa | | | This is your total | | | 21 | | 06,111. |
| 7,0 | 23 | Educator expenses | | oo i anougn z I. | 23 | income | ▶ | 22 | -12,81 | 19,400. |
| Adjusted | 24 | Educator expenses Certain business expenses of reserv officials. Attach Form 2106 or 2106- | ists, performing artists, | and fee-basis governi | ment 24 | | | | | |
| Gross | 25 | Health savings account deduct | | | 25 | | | | | |
| ncome | 26 | Moving expenses. Attach Form | | | SCHOOLSES BOOKED TO THE RESERVE OF THE PERSON OF THE PERSO | | - | | | |
| | 27 | Deductible part of self-employ | | nedule SE | 27 | 0.7 | ,548. | | | |
| | 28 | Self-employed SEP, SIMPLE, a | and qualified plans | iedule of | 28 | J 1 | ,340. | | | |
| | 29 | Self-employed health insurance | e deduction | | 29 | | | | | ¥ |
| | 30 | Penalty on early withdrawal of | savings | | 20 | | | | | |
| | 31a | Alimony paid b Recipient's | SSN > | | 30 | | | | | |
| | 32 | IRA deduction | | -il | 31a | | | | | |
| | 33 | Student Ioan interest deduction | | | | | | 5 15 15 15 15 15 15 15 15 15 15 15 15 15 | | 2 |
| | 34 | Tuition and fees. Attach Form 8 | | | 33 | | | | | |
| | 35 | Domestic production activities | deduction Attach E | orm 8002 | 34 | | | 1000000 100000000000000000000000000000 | | |
| | 36 | Add lines 23 through 35 | accounting Attabil F | | 35 | | | WERE: | | B |
| 10001 02-22-18 | 37 | Add lines 23 through 35 Subtract line 36 from line 22. T | his is your adjusts | d gross incom- | | | | 36 | 9 | 7,548. |

Page 2

| efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - | Production | T T | Y Y | DLN: | 16221684664919 | |
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| 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 | Management with | | | if qualifies for (see inst.): t Credit for other dependents | | |
| (1) First name Last name | | | | Child tax credit | Cre | ait 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 (payer) is based on all information (| 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 | | DCT LADY I | | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) | |
| 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 | За | 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 | |
| | 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 \Box Form 8814 2 \Box Form 4972 | | |
| jointly or Qualifying | | 3 ☐ b Add any amount from Schedule 2 and check here ▶ ☑ | 11 | 9,356,232 |
| widow(er), \$24,000 | 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here | 12 | 8,356,766 |
| ■ Head of | 13 | Subtract line 12 from line 11. If zero or less, enter -0 | 13 | 999,466 |
| Household, | 14 | Other taxes. Attach Schedule 4 | 14 | 1,069,356 |
| \$18,000 If you checked | 15 | Total tax. Add lines 13 and 14 | 15 | 2,068,822 |
| any box under | 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | 87,310 |
| Standard deduction, see instructions. | 17 | Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5 11,962,437 | 17 | 11,962,437 |
| | 18 | Add lines 16 and 17. These are your total payments | 18 | 12,049,747 |
| Refund | 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 19 | 9,980,925 |
| | 20 a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here | 20a | |
| Direct deposit? See instructions. | ► d | Routing number Account number Account file 10 | | |
| Amount | | Amount of line 19 you want applied to your 2019 estimated tax 21 9,980,925 | 1 | |
| Amount | 22 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 22 | |
| You Owe | | Estimated tax penalty (see instructions) | | |
| Go to www.irs.gov/ | /Form | 1040 for instructions and the latest information. | | Form 1040 (2018) |

efile GRAPHIC print - DO NOT PROCESS | LATEST DATA - Production DLN: 16221688991110 Department of the Treasury-Internal Revenue Service OMB No. 1545-0074 U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. Amended Return Single Married filing jointly Married filing separately (MFS) Head of Household (HOH) Qualifying widow(er) (QW) Filing Status If you checked the MFS box, enter the name of spouse. If you check the HOH or QW box, enter the child's name if the qualifying Check only person is a child but not your dependent. > one box Your first name and middle initial Vour social security number Last name DONALD J & MELANIA < TRUMP A If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. Z You Z City, town, or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Spouse PALM BEACH, FL 33480 Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and √ here ▶ □ Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (2) Social security number (3) Relationship to you (4) v if qualifies for (see instructions): Child tax credit Credit for other dependents (1) First name Wages, salaries, tips, etc. Attach Form(s) W-2 1 1 393,928 Standard 9 2a Tax-exempt interest . 2a 2,533 **b** Taxable interest. Attach Sch. B if required 2b 11,332,436 Deduction for 3a Qualified dividends 19,540 b Ordinary dividends. Attach Sch. B if required 1 Single or 3b 71,921 Married filing 4a IRA distributions . . 4a **b** Taxable amount 4b separately, Pensions and annuities 4c C d Taxable amount 4d 86,532 \$12,200 Married filing 5a Social security benefits 5a **b** Taxable amount 5b iointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here 6 9,257,197 Qualifying widow(er), 7a -16,698,511 \$24,400 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b 4,443,503 Head of 8a Adjustments to income from Schedule 1, line 22 8a 62,789 household, \$18,350 **b** Subtract line 8a from line 7b. This is your **adjusted gross income** 8b 4,380,714 If you checked Standard deduction or itemized deductions (from Schedule A) 9 any box under Qualified business income deduction. Attach Form 8995 or Form 8995-A Standard 10 Deduction, see **11a** Add lines 9 and 10 11a 1,405,541 instructions.

11b

Cat. No. 11320B

2,975,173

Form 1040 (2019)

b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

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

| Form 1040 (20: | 19) | | | | | | Page 2 |
|--|---------------|--|-----------------------|------------------|-------------------------------------|-----------|---------------------------------|
| tion of the same o | | Tax (see inst.) Check if any from Form(s): 1 8814 2 | 1972 3 | 12a | 558,780 | | |
| | b | Add Schedule 2, line 3, and line 12a and enter the to | otal | | > | 12b | 558,780 |
| | | Child tax credit or credit for other dependents | | Pinnerson Silver | | | |
| | b | Add Schedule 3, line 7, and line 13a and enter the to | otal | | | 13b | 425,335 |
| | 14 | Subtract line 13b from line 12b. If zero or less, enter | | | | 14 | 133,445 |
| | 15 | Other taxes, including self-employment tax, from Sc | hedule 2, line 1 | 0 | | 15 | 327,532 |
| • If you have a | 16 | Add lines 14 and 15. This is your total tax | | | | 16 | 460,977 |
| qualifying | 17 | Federal income tax withheld from Forms W-2 and 10 | 199 | | | 17 | 86,490 |
| child, attach Sch. EIC. | 18 | Other payments and refundable credits: | | | | | |
| If you have | а | Earned income credit (EIC) | | 18a | | | |
| nontaxable combat pay, | b | Additional child tax credit. Attach Schedule 8812 | | 18b | | | |
| see | c | American opportunity credit from Form 8863, line 8 | | 18c | | | |
| instructions. |) d | Schedule 3, line 14 | | 18d | 11,010,007 | | |
| | е | Add lines 18a through 18d. These are your total oth | er payments | and refund | dable credits 🕨 | 18e | 11,010,007 |
| | 19 | Add lines 17 and 18e. These are your total paymen | its | | <u>.</u> | 19 | 11,096,497 |
| Refund | 20 | If line 19 is more than line 16, subtract line 16 from | line 19. This is | the amount | you overpaid | 20 | 10,635,520 |
| | 21a | Amount of line 20 you want refunded to you. If For | rm 8888 is attac | ched, check | there . ▶□ | 21a | |
| Direct deposit? See instructions. | ▶ b | Routing number | ▶ c Type: □ | Checking | ☐ Savings | | |
| Gee matructions. | ▶ d | Account number | | | | | |
| | 22 | Amount of line 20 you want applied to your 2020 estimate | d tax ▶ | 22 | 10,635,520 | | |
| Amount | 23 | Amount you owe. Subtract line 19 from line 16. Fo | r details on how | v to pay, se | e instructions | 23 | |
| You Owe | 24 | Estimated tax penalty (see instructions) | | 24 | | | |
| Third Party | Do you | ı want to allow another person (other than your paid preparer |) to discuss this re | eturn with the | IRS? See instructions | s. [| Yes. Complete below. |
| Designee | | | | | | . L | ⊒No |
| (Other than paid preparer) | Desig name | M== = : | one • | | Personal identificat number (PIN) ▶ | ion | |
| | | der penalties of perjury, I declare that I have examined this return and a | | | , , | ny knowl | edge and belief, they are true, |
| Sign Here | cor | rect, and complete. Declaration of preparer (other than taxpayer) is bas | ed on all information | of which prepa | rer has any knowledge. | | S sent you an Identity |
| | | ur signature | Date | Your occup | P | | n PIN, enter it here |
| Joint return? | ** | **** | 10-14-2020 | PRESIDEN | 1 (5 | ee inst.) |) |
| See instructions. | Sn | ouse's signature. If a joint return, both must sign. | Date | Spouse's o | occupation If | the IRS | sent your spouse an |
| Keep a copy for | Ψ. | *** | 10-14-2020 | FIRST LAD | v Io | lentity F | Protection PIN, enter it here |
| your records. | | | 10-14-2020 | TINOTER | (5 | ee inst. |) |
| | Ph | one no. | Email address | : | | | |
| - | | parer's riante Preparer's sign | | Date | PTIN | | Check if: |
| Paid | DO | NALD BENDER | | | 1 | | ☑ 3rd Party Designee |
| Preparer | Firr | n's name MAZARS USA LLP | | | Phone no. | | Self-employed |
| Use Only | | | | | (516) 488-1200 | | Con omployed |
| 33 | Firr | n's address 🏲 (| | | Fir | m's EI | N ► 13-1459550 |
| | | | | | | | |
| | | WOODBURY, NY, 117972003 | | | V 2 = | | |
| | | | | | | | 5 4040 (5540) |
| Go to www.irs.g | ov/Fo | rm1040 for instructions and the latest information. | | | | | Form 1040 (2019) |

| efile GRAPH | IC print - DO NOT PROCE | SS LATE | ST DATA - F | roductio | n | | | DLN: 7 | 76221484788052 |
|--|--|---|--|---|----------------------------|----------------------|----------------|-----------------------|--|
| £1040 | Department of the Treasury—Internal Re U.S. Individual Inco | | 99) eturn 2 (| 020 | MB No. 1 | 545-0074 | IRS Use space. | Only—Do i | not write or staple in this |
| Amended Reti Filing Status Check only one box | urn Single Married filing jo If you checked the MFS box qualifying person is a child | , enter the nar | ne of spouse. | | | | | , . | |
| | and middle initial ELANIA <trump< td=""><td></td><td>Last name</td><td></td><td></td><td></td><td></td><td></td><td></td></trump<> | | Last name | | | | | | |
| If joint return, | spouse's first name and middle | initial | Last name | | | | | | |
| | u have a P.C | , box, see instru | ctions. | | | Apt | Che | ck here i | l Election Campaign if you, or your ng jointly, want \$3 |
| City, town, or pos PALM BEACH | st office. If you have a foreign address | s, also complete | spaces below. | State FL | | ZIP code 33480 | box | | fund. Checking a vill not change your |
| Foreign country r | name | Foreign province | ce/state/county | Forei | gn postal co | de | LdX | or return | u. 🏻 You 💆 Spouse |
| | | | - Common - | | 6 | | | | - 2 [] V 2 ·- |
| | ing 2020, did you receive, sell, | | | | | ıı ınterest i | n any virtu | ai curren | cy? □ Yes ₩ No |
| Deduction | Someone can claim: You as a | | | | nt | | | | |
| Age/Blindness | You: Were born before January | 2, 1956 DA | re blind Spo | ouse: 🗆 w | as born bef | ore January | 2, 1956 | ls blind . | 4 |
| Dependents | (see instructions): .多.ダ | | | ial security mber | (3) Re | lationship to you | S 53 | - 0 | for (see instructions): |
| If more than four | (1)First name Last nam | | <u>4</u> | - | SON | | | credit Cr | redit for other dependents |
| dependents, see instructions | | | | · · | SON | | 1 0 | | |
| and check here > | | | - | | 1 | | | | |
| nere - C. | | | | | | | | | Ö |
| Attach | 1 Wages, salaries, tips, etc | . Attach Form(| | | | | | | 到 393,22 |
| Sch. B if | 2a Tax-exempt interest . | 2a | 2,208 | - | | ach Sch, B if re | | 2b | 10,626,17 |
| required. | 3a Qualified dividends 4a IRA distributions | 3a 4a | 17,694 | - | ry dividends. ble amour | Attach Sch. Bi | required | 3b 4b | 25,34 |
| Standard | 5a Pensions and annuities | 5a | | - | ble amour | | | 5b | 86,53 |
| Deduction for - Single or | 6a Social security benefits | 6a | | ь Таха | ble amour | nt | | 6b | 3,7,7,2 |
| Married filing | 7 Capital gain or (loss). At | ach Schedule | D if required. | If not requ | red, checl | c here | . > | 7 | |
| separately, \$12,400 | 8 Other income from Sche | lule 1, line 9 | | | | | | . 8 | -15,825,34 |
| | 9 Add lines 1, 2b, 3b, 4b, ! | b, 6b, 7, and | B. This is your | total inco | me | | 1 | 9 | -4,694,05 |
| Married filing | | | | | | | | | |
| Married filing jointly or Qualifying | 10 Adjustments to income: | | | | | | | | I |
| Married filing jointly or Qualifying widow(er), | a From Schedule 1, line 22 | | | | . 10 | | 101,6 | 599 | |
| Married filing jointly or Qualifying widow(er), \$24,800 Head of | a From Schedule 1, line 22 b Charitable contributions if y | ou take the stan | | | tions 10 | ь | 101,6 | | |
| Married filing jointly or Qualifying widow(er), \$24,800 | a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T | ou take the stan hese are your | total adjustr | nents to i | tions 10 | ь | 101,6 | ▶ 10c | 101,69 |
| Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked | a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. 7 11 Subtract line 10c from line | ou take the stan hese are your ne 9. This is yo | total adjustr ur adjusted (| ments to i gross inco | ctions 10 ncome . me | ь | 101,6 | 10c | -4,795,75 |
| Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 | a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. 7 11 Subtract line 10c from lin 12 Standard deduction or | ou take the stan hese are your ne 9. This is yo itemized dec | total adjustr ur adjusted (luctions (fror | nents to i gross inco n Schedule | ctions 10 ncome . me | ь | 101,6 | 10c 11 12 | |
| Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see | a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. 7 11 Subtract line 10c from lii 12 Standard deduction or 13 Qualified business income of | ou take the stan hese are your ne 9. This is yo itemized deo eduction. Attach | total adjustr ur adjusted (luctions (fror | nents to i gross inco n Schedule | ctions 10 ncome . me | ь | 101,6 | 10c 11 12 13 | -4,795,75 915,17 |
| Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard | a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T 11 Subtract line 10c from lit 12 Standard deduction | ou take the stan hese are your ne 9. This is yo itemized dec eduction. Attach | total adjustr ur adjusted g luctions (fror Form 8995 or F | ments to i gross inco m Schedule form 8995-A | ncome . me A) | ь | 101,6 | 10c 11 12 | -4,795,75 |

| rom 1040 (202 | U) | | | | | | Page 2 |
|--|-------|--|------------------|---|-------------------------------------|----------------|--------------------------------|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 | 38814 2 C |) 4972 3 🗍 🔔 | | . 16 | 0 |
| | 17 | Amount from Schedule 2, line 3 | | | | ▶ 17 | |
| | 18 | Add lines 16 and 17 | | | | . 18 | 0 |
| | 19 | Child tax credit or credit for other dependents , | | | | . 19 | |
| | 20 | Amount from Schedule 3, line 7 | | | | ▶ 20 | |
| | 21 | Add lines 19 and 20 | | | | . 21 | |
| | 22 | Subtract line 21 from line 18. If zero or le | ess, enter -C |) | | . 22 | 0 |
| | 23 | Other taxes, including self-employment to | ax, from Sci | hedule 2, line 1 | 0 | . 23 | 271,973 |
| 85 | 24 | Add lines 22 and 23. This is your total to | ж | | | ▶ 24 | 271,973 |
| | 25 | Federal income tax withheld from: | | | | | |
| If you have a qualifying | a | Form(s) W-2 9 | | | 25a 83, | 915 | 1.0 |
| child, attach | ь | | | | 25b | | |
| Sch. EIC. If you have | С | Other forms (see Instructions) 4 9 9 | | | 25c 1, | 733 | |
| nontaxable | d | Add lines 25a through 25c | | | | . 25d | 85,649 |
| combat pay, | 26 | 2020 estimated tax payments and amoun | nt applied fr | om 2019 return | | . 26 | 13,635,520 |
| instructions. | 27 | Earned income credit (EIC) | | | 27 | | |
| | 28 | Additional child tax credit. Attach Schedu | le 8812 | | 28 | | |
| | 29 | American opportunity credit from Form 8 | 863, line 8 | | 29 | | |
| | 30 | Recovery rebate credit. See instructions | | | 30 | | |
| | 31 | Amount from Schedule 3, line 13 | | | 31 19, | 397 | |
| | 32 | Add lines 27 through 31. These are your | total other | payments an | d refundable credits . | ▶ 32 | 19,397 |
| | 33 | Add lines 25d, 26, and 32. These are you | | | | ▶ 33 | 13,740,566 |
| Refund | 34 | If line 33 is more than line 24, subtract li | ne 24 from | | | 34 | 13,468,593 |
| ittiuiiu | | Amount of line 34 you want refunded to | | | | 35a | 5,468,593 |
| see instructions, | ▶b | Routing number | | ► r Type: 🖸 | dents. | | |
| | ▶d | Account number | | vue. Lan | checking C Savings | | |
| | 36 | Amount of line 34 you want applied to your 20 | 121 estimater | dray | 36 8,000 | 000 | |
| Amount | 37 | Subtract line 33 from line 24, This is the | | | | ▶ 37 | |
| You Owe | | Note: Schedule H and Schedule SE filers | | | | - | |
| For details on | | 2020. See Schedule 3, line 12e, and its in | nstructions | for details. | , | " | |
| how to pay, see instructions, | 38 | Estimated tax penalty (see instructions) | | | 38 | | |
| Third Party | | o you want to allow another person to disc | | | | | |
| Designee | | structions | | | Yes. Complet | e below. | □no |
| Designed | D | esignee's | | one | Personal Identil | | |
| | | ame TIMOTHY P HORAN | no. | | | | **** |
| Sign Here | Ur | ider panalties of perjury, I declare that I have examined to rrect, and complete, Declaration of preparer (other than t | his return and a | ccompanying schedu | iles and statements, and to the bes | t of my knowle | dge and belief, they are true, |
| _ | | our signature | expujeij ia oua | Date | Your occupation | If the IRS | sent you an Identity |
| Joint return? | . * | **** | | 03-25-2022 | PRESIDENT | (see inst.) | PIN, enter it here |
| See | 1 | | | | | (see msr.) | |
| instructions. | | pouse's signature. If a joint return, both must sig | n. | Date | Spouse's occupation | If the IRS | sent your spouse an |
| Keep a copy for your records. | 1 * | **** | | 03-25-2022 | FIRST LADY | (see inst.) | rotection PIN, enter it here |
| your records. | | | | | | (acc mac) | |
| | | none no. (212) 715-7231 | | Email address | | | |
| Paid | | | aparer's sign | nature | Date | | Check if: |
| | 111 | OTHY P HORAN | | | | | ☐ Self-employed |
| Preparer | Fir | m's name F BKM SOWAN HORAN LLP | | *************************************** | | Phone no | . (214) 545-3965 |
| Use Only | | | | | | | |
| | Ele | m's address > | - | | | Firm's FI | N ► 27-2602152 |
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| | | DALLAS, TX, 75254 | | | | e e | |
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| Go to www.irs.o | nv/Fi | orm1040 for instructions and the latest info | ormation. | | | | Form 1040 (2020) |