

1040 U.S. Individual Income Tax Return (99) 2015 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20

Your first name and initial DONALD J. Last name TRUMP See separate instructions. Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 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 complete spaces below. NEW YORK, NY 10022 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.

Foreign country name Foreign province/state/county Foreign postal code [X] You [X] Spouse

Filing Status 1 [] Single 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [X] Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit SON 6d Total number of exemptions claimed 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 8 7 14,141. 8a Taxable interest. Attach Schedule B if required 8a 9,393,096. 8b Tax-exempt interest. Do not include on line 8a 8b 18,586. 9a Ordinary dividends. Attach Schedule B if required 9a 1,729,897. 9b Qualified dividends 9b 718,317. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 4 STMT 5 10 0. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 <599,030.> 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 35,835,153. 14 Other gains or (losses). Attach Form 4797 14 6,603,942. 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 77,808. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 <7,882,011.> 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income. List type and amount SEE STATEMENT 1 21 <76,909,237.> 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 <31,736,841.>

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 19,594. 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 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 19,594. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 <31,756,435.>

SPC Kansas City, MO OCT 20 2016 Internal Revenue Service Received LB WVN 437

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Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering Adjusted Gross Income, Deductions, Exemptions, Taxable Income, and Credits.

54A 1485739

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering Self-employment tax, Unreported social security, and Total Tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering Federal income tax withheld, Estimated tax payments, and Total Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering Overpaid amount and Applied to 2016 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes line 78: Amount you owe.

Third Party Designee

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

Sign Here

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

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

Paid Preparer Use Only

Print/Type preparer's name: DONALD BENDER; Preparer's signature; Date: 10/14/16; Firm's name: WEISERMAZARS T.T.P.; Firm's EIN: 13-1459550; Phone no.: (516) 488-1200

C&E
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1040 U.S. Individual Income Tax Return ⁽⁹⁹⁾ **2016** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space. **1822128048000-7**

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20 See separate instructions.

Your first name and initial Last name
DONALD J. TRUMP
Your social security number _____

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ 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 complete spaces below. 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **H**
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. **H**
5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit
SON
d Total number of exemptions claimed **3**

Income	7	8a	9a	10	11	12	13	14	15a	16a	17	18	19	20a	21	22
Wages, salaries, tips, etc. Attach Form(s) W-2	978.															
Taxable interest. Attach Schedule B if required		8,994,141.														
Tax-exempt interest. Do not include on line 8a		2,831.														
Ordinary dividends. Attach Schedule B if required			337,938.													
Qualified dividends			292,068.													
Taxable refunds, credits, or offsets of state and local income taxes				0.												
Alimony received																
Business income or (loss). Attach Schedule C or C-EZ						8,797,393.										
Capital gain or (loss). Attach Schedule D if required. If not required, check here						10,941,053.										
Other gains or (losses). Attach Form 4797						-444,633.										
IRA distributions									15a	b Taxable amount						
Pensions and annuities									16a	b Taxable amount						
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E											-15,939,523.					
Farm income or (loss). Attach Schedule F																
Unemployment compensation																
Social security benefits									20a	b Taxable amount						
Other income. List type and amount																
Combine the amounts in the far right column for lines 7 through 21. This is your total income																-32,190,169.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
Educator expenses															
Health savings account deduction. Attach Form 8889															
Moving expenses. Attach Form 3903															
Deductible part of self-employment tax. Attach Schedule SE					219,505.										
Self-employed SEP, SIMPLE, and qualified plans															
Self-employed health insurance deduction															
Penalty on early withdrawal of savings															
Alimony paid															
Student loan interest deduction															
Tuition and fees. Attach Form 8917															
Domestic production activities deduction. Attach Form 8903															
Add lines 23 through 35														219,505.	
Subtract line 36 from line 22. This is your adjusted gross income															-32,409,674.

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OCT 12 2017

IRS-AUSTIN, TEXAS

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

38 Amount from line 37 (adjusted gross income) 38 -32,409,674. 39a Check [X] You were born before January 2, 1952, [] Blind. Total boxes checked ... 39a 1 if: [] Spouse was born before January 2, 1952, [] Blind. 39b [] b If your spouse itemizes on a separate return or you were a dual-status alien, check here 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 8,158,717. 41 Subtract line 40 from line 38 41 -40,568,391. 42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. 42 12,150. 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0. 44 Tax. Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 0. 45 Alternative minimum tax. Attach Form 6251 45 2,234,725. 46 Excess advance premium tax credit repayment. Attach Form 8962 46 47 Add lines 44, 45, and 46 47 2,234,725. 48 Foreign tax credit. Attach Form 1116 if required 48 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 Child tax credit. Attach Schedule 8812, if required 52 53 Residential energy credits. Attach Form 5695 53 54 Other credits from Form: a [X] 3800 b [] 8801 c [] 54 2,233,975. 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.

54A 2233975

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 439,009. 58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 58 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 60a Household employment taxes from Schedule H 60a 45,060. b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 61 Health care: Individual responsibility (see instructions) Full-year coverage [X] 61 62 Taxes from: a [X] Form 8959 b [] Form 8960 c [] Inst.; enter code(s) 62 129,480. 63 Add lines 56 through 62. This is your total tax 63 614,299.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 168. 65 2016 estimated tax payments and amount applied from 2015 return 65 66a Earned income credit (EIC) 66a 66b Nontaxable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 68 American opportunity credit from Form 8863, line 8 68 69 Net premium tax credit. Attach Form 8962 69 70 Amount paid with request for extension to file 70 1,000,000. 71 Excess social security and tier 1 RRTA tax withheld 71 72 Credit for federal tax on fuels. Attach Form 4136 72 16,849. 73 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d [] 73 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 1,017,017.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 402,718. 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a b Routing number [] c Type: [] Checking [] Savings d Account number [] 77 Amount of line 75 you want applied to your 2017 estimated tax 77 388,441.

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 79 Estimated tax penalty (see instructions) 79 14,277.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No Designer's name DONALD BENDER Phone no. (516) 488-1200 Personal identification number (PIN) []

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature [Signature] Date 10/10/17 Your occupation EXECUTIVE Daytime phone number Spouse's signature [Signature] Date 11/10/17 Spouse's occupation EXECUTIVE If the IRS sent you an Identity Protection PIN, enter it here []

Paid Preparer Use Only

Print/Type preparer's name DONALD BENDER Preparer's signature [Signature] Date 10/11/17 Check [] if self-employed PTIN Firm's name MAZARS USA LLP Firm's EIN 13 1459550 Phone no. (516) 488-1200

Form **1040** U.S. Individual Income Tax Return ⁽⁹⁹⁾ **2017**

OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial: DONALD J. Last name: TRUMP
 If a joint return, spouse's first name and initial: MELANIA Last name: TRUMP
 Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. NEW YORK, NY 10022
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

See separate instructions.
 Your social security number _____
 Spouse's social security number _____
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. _____
 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. _____
 5 Qualifying widow(er) (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit
			SON	

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **3**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 8	7	373,629.
8a	Taxable interest. Attach Schedule B if required		8a	6,758,494.
b	Tax-exempt interest. Do not include on line 8a	8b 435.		
9a	Ordinary dividends. Attach Schedule B if required		9a	21,984.
b	Qualified dividends	9b 14,305.		
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 4 STMT 5	10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	1,433,030.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	7,528,298.
14	Other gains or (losses). Attach Form 4797		14	33,740.
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b 84,351.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-16,746,815.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b
21	Other income. List type and amount SEE STATEMENT 1		21	-12,306,111.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	-12,819,400.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	97,548.
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	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	97,548.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	-12,916,948.

710001 02-22-18

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering Adjusted Gross Income, Deductions, Exemptions, Taxable Income, and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering Self-employment tax, Unreported social security, and Health care taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering Federal income tax withheld, Earned income credit, and total payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering overpaid amount and amount applied to 2018 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering amount you owe and estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. Designee's name: DONALD BENDER, Phone no: (516) 488-1200, Personal identification number (PIN):

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature: Date: Your occupation: PRESIDENT, Spouse's signature: Date: Spouse's occupation: FIRST LADY, Daytime phone number: If the IRS sent you an Identity Protection PIN, enter it here:

Paid Preparer Use Only: Print/Type preparer's name: DONALD BENDER, Preparer's signature: Date: Check self-employed if: PTIN: Firm's name: MAZARS USA LLP, Firm's EIN: 13 1459550, Phone no. (516) 488-1200

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

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

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

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

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

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

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

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

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

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

Joint return? See instructions. Keep a copy for your records.
 Your signature: ***** Date: 10-11-2019 Your occupation: PRESIDENT If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
 Spouse's signature. If a joint return, both must sign. Date: 10-11-2019 Spouse's occupation: FIRST LADY If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only
 Preparer's name: DONALD BENDER Preparer's signature: Firm's EIN: 13-1459550 Check if: 3rd Party Designee Self-employed
 Firm's name: MAZARS USA LLP Phone no. (516) 488-1200
 Firm's address:

WOODBURY, NY, 117972003

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

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

2019 OMB No. 1545-0074

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

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

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

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

Presidential Election Campaign

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

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

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

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

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

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

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

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

Refund

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

Direct deposit?
See instructions.

Amount You Owe

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

Third Party Designee

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

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

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

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

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

Paid Preparer Use Only

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

Form **1040** U.S. Individual Income Tax Return **2020** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

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

Your first name and middle initial: DONALD J & MELANIA < TRUMP
Last name: _____
If joint return, spouse's first name and middle initial: _____ Last name: _____
If you have a P.O. box, see instructions. Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. PALM BEACH
State: FL ZIP code: 33480
Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	393,229
2a Tax-exempt interest	2a	2,208
3a Qualified dividends	3a	17,694
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8 Other income from Schedule 1, line 9	8	-15,825,345
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	-4,694,058
10 Adjustments to income:		
a From Schedule 1, line 22	10a	101,699
b Charitable contributions if you take the standard deduction. See instructions	10b	
c Add lines 10a and 10b. These are your total adjustments to income	10c	101,699
11 Subtract line 10c from line 9. This is your adjusted gross income	11	-4,795,757
12 Standard deduction or itemized deductions (from Schedule A)	12	915,171
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	915,171
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

16	Tax (see instructions). Check if any from Form(s) 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	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 less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	271,973
24	Add lines 22 and 23. This is your total tax	24	271,973

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

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	83,916
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	1,733
d	Add lines 25a through 25c	25d	85,649
26	2020 estimated tax payments and amount applied from 2019 return	26	13,635,520
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, 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 and refundable credits	32	19,397
33	Add lines 25d, 26, and 32. These are your total payments	33	13,740,566

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13,468,593
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,468,593

Direct deposit? See instructions.

b	Routing number	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	8,000,000

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

Designee's name: TIMOTHY P HORAN Phone no.: (214) 545-3965 Personal identification number (PIN): *****

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
*****	03-25-2022	PRESIDENT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
*****	03-25-2022	FIRST LADY	

Phone no. (212) 715-7231 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if: <input type="checkbox"/> Self-employed
TIMOTHY P HORAN			
Firm's name	Firm's address	Firm's EIN	Phone no. (214) 545-3965
BKM SOWAN HORAN LLP	DALLAS, TX, 75254	27-2602152	