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 🎜 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 <b>2</b>
Harris of the Control		Tax (see inst.) Check if any from Form(s): 1 8814 2	1972 <b>3</b>	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		1			
	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, ente				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:					
<ul> <li>If you have</li> </ul>	а	Earned income credit (EIC)		18a			
nontaxable combat pay,	b	Additional child tax credit. Attach Schedule 8812		18b			
see	С	American opportunity credit from Form 8863, line 8		18c			
instructions.	d	Schedule 3, line 14		18d	11,010,007	<u>'</u>	
	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			19	11,096,497
Refund	20	If line 19 is more than line 16, subtract line 16 from	line 19. This is	the amount	t you <b>overpaid</b>	20	10,635,520
	21a	Amount of line 20 you want refunded to you. If Fo	rm 8888 is attac	ched, check	chere . ▶□	21a	
Direct deposit? See instructions.	<b>▶</b> b	Routing number	▶ c Type: □	Checking	☐ Savings		
Gee motradione.	<b>▶</b> d	Account number					
	22	Amount of line 20 you want applied to your 2020 estimate	dtax▶	22	10,635,520		
Amount	23	Amount you owe. Subtract line 19 from line 16. Fo	r details on how	v to pay, se	ee instructions 🕨	23	
You Owe	24	Estimated tax penalty (see instructions)					
Third Party	Do you	ı want to allow another person (other than your paid preparer	) to discuss this re	eturn with the	RS? See instruction	s. [	Yes. Complete below.
Designee					D 1.1 1.5	. L	
(Other than paid preparer)	Desig name	M== =	one •		Personal identificat number (PIN) ▶	.1011	
		der penalties of perjury, I declare that I have examined this return and a			, ,	ny knowl	ledge 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	arer 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	(	see inst.	)
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's o	occupation I	f the IRS	sent your spouse an
Keep a copy for		***	10-14-2020	FIRST LAD	I I	-	Protection PIN, enter it here
your records.			10-14-2020	TINOTE	(	see 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		
5	Firr	n's address 🏲 (			Fir	m's EI	N ► 13-1459550
		WOODBURY MY 117073003					
		WOODBURY, NY, 117972003			B1 2 8		
		1010 Control of the left of th					Form <b>1040</b> (2019)
Go to www.irs.g	OV/FO	rm1040 for instructions and the latest information.					101111 1040 (2013)

DLN: 16221688991110

OMB No. 1545-0074

Attachment Sequence No. 01

18a Alimony paid

(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

Department of the Treasury ►Attach to Form 1040 or 1040-SR. ▶Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service

Name(s) shown on Form 1040 or 1040-SR Your social security number DONALD J & MELANIA < TRUMP At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any Yes ✓ No Part I **Additional Income** Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . . . . . . . . . . 1 0 2a 2a Date of original divorce or separation agreement (see instructions) ▶ b 3 3 -225,560 Other gains or (losses). Attach Form 4797 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 👺 5 -16,472,951 6 Farm income or (loss). Attach Schedule F . . . . . . . . . . . . . 6 7 Unemployment compensation 7 Other income. List type and amount ▶ 8 8 9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . . . . . . 9 -16,698,511 Part II **Adjustments to Income** 10 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 12 Health savings account deduction. Attach Form 8889 12 13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 Deductible part of self-employment tax. Attach Schedule SE 🕮 . . . . 14 62,789 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . 15 Self-employed health insurance deduction . . . . . 16 16 17 Penalty on early withdrawal of savings . . . 17

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

Student loan interest deduction . . .

Tuition and fees, Attach Form 8917

. . . . . . . . . . . . . . . . . . .

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

. . . . . . . . . . . . . .

c Date of original divorce or separation agreement (see instructions) ▶

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019

62,789

18a

19

20

21

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

DLN: 16221688991110

OMB No. 1545-0074

#### SCHEDULE 2 (Form 1040 or 1040-SR)

Department of the Treasury

**Additional Taxes** 

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

Interna	al Revenue Service		Sequence No. 02	
Name(s) shown on Form 1040 or 1040-SR DONALD J & MELANIA <trump< th=""><th>ity number</th></trump<>				ity number
Pa	rt I Tax			
1	Alternative minim	um tax. Attach Form 6251 📆 • • • • • • • • • • • • • • • • • •	1	0
2	Excess advance p	remium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2	. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0
Pai	t II Other Ta	axes		
4	Self-employment	tax. Attach Schedule SE 📆	4	125,578
5	Unreported social	security and Medicare tax from Form: $\mathbf{a} \square 4137  \mathbf{b} \square 8919  \dots  \dots$	5	
6		IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form		
	5329 if required		6	
7a	Household employ	yment taxes. Attach Schedule H 💯 🕠	7a	4,720
b	Repayment of firs	t-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from:	<b>b</b> ✓ Form 8959 <b>b</b> ✓ Form 8960 <b>b</b>		
	c 🗆 Instructions	; enter code(s) <sup>®</sup>	8	197,234
9	Section 965 net to	ax liability installment from Form 965-A 9		
10	Add lines 4 through	gh 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR,		
	line 15		10	327,532
For P	aperwork Reduction	Act Notice, see your tax return instructions. Cat. No. 71478U Schedule	2 (Form	1040 or 1040-SR) 2019

#### **Additional Data**

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA < TRUMP

DLN: 16221688991110 efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production TY 2019 Other Tax Statement

Name: DONALD J & MELANIA<TRUMP

SSN: :

Spouse	CCN
Spouse	2214

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

DLN: 16221688991110

OMB No. 1545-0074

# (Form 1040 or 1040-SR)

**SCHEDULE 3** 

Department of the Treasury Internal Revenue Service

**Additional Credits and Payments** 

►Attach to Form 1040 or 1040-SR. ▶Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 03

Name(s) shown on Form 1040 or 1040-SR DONALD J & MELANIA <trump< th=""><th>r soci</th><th>al security number</th></trump<>			r soci	al security number
	art I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required			1
2	Credit for child and dependent care expenses. Attach Form 2441			2
3	Education credits from Form 8863, line 19			3
4	Retirement savings contributions credit. Attach Form 8880			4
5	Residential energy credits. Attach Form 5695			5
6	Other credits from Form: a 3800 b 8801 c		_	6 425,335
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b			7 425,335
Pa	art II Other Payments and Refundable Credits			
8	2019 estimated tax payments and amount applied from 2018 return			8 10,980,925
9	Net premium tax credit. Attach Form 8962			9
10	Amount paid with request for extension to file (see instructions)			10
11	Excess social security and tier 1 RRTA tax withheld			<b>11</b> 56
12	Credit for federal tax on fuels. Attach Form 4136 💯 🕠			<b>12</b> 29,026
13	Credits from Form: a 2439 b Reserved c 8885 d	_		13
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d			11,010,007
	Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71480G	Sched	lule 3	3 (Form 1040 or 1040-SR) 2019

#### Additional Data

Software ID:

**Software Version:** 

Spouse SSN:

Name: DONALD J & MELANIA < TRUMP

DLN: 16221688991110

## TY 2019 Carry Forward of General Business Credit Computation

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Credit Identification: EMPLOYER SOCIAL SECURITY CR (POST-2006)

The Tax Year the Credit

**Originated:** 01-01-2018

The Amount of the Credit:

260,641

0

The Amount Allowed for that

Year:

DLN: 16221688991110

SCHEDULE A (Form 1040 or 1040-SR)

**Itemized Deductions** 

OMB No. 1545-0074

2019

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

Department of the		Caution: If you are claiming a net qualified disaster loss on Form 4	684,	see the instructions for		Attachment	
	ternal Revenue Service line 16.				Sequence No. 07		
Náme(s) shown	on F	orm 1040 or 1040-SR			Your	social security number	
DONALD J & ME							
Medical		Caution: Do not include expenses reimbursed or paid by others.	1				
and		Medical and dental expenses (see instructions)	H				
Dental	2	2					
Expenses	En:	ter amount from Form 1040 or 1040-SR, line Multiply line 2 by 7.5% (0.075)	3				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<u> </u>		4		
Taxes You	5	State and local taxes					
Paid							
		State and local income 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	7,295,865			
		State and local real estate taxes (see instructions)	5b	1,112,876			
		State and local personal property taxes	5c				
		9 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5	5d	8,408,741			
	е	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000			
	6	Other taxes. List type and amount 🕨					
			6				
	9.00	Add lines 5e and 6	· ·		7	10,000	
Interest You Paid		Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home,					
Caution: Your		see instructions and check this box * * * * * * * * * • • • • • • • • • •					
mortgage interest		Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a				
deduction may be limited (see instructions).		Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address					
		<u> </u>	8b				
	С	Points not reported to you on Form 1098. See instructions for special rules	8c				
	d	Mortgage insurance premiums (see instructions)	8d				
		Add lines 8a through 8d	8e				
		Investment interest. Attach Form 4952 if required. See instructions .	9	883,424			
	10	Add lines 8e and 9			10	883,424	
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see					
Charity		instructions	11	504,700			
Caution: If you made a gift	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12				
and got a benefit for it,	13	Carryover from prior year	13				
see instructions.		Add lines 11 through 13			14	504,700	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other that losses). Attach Form 4684 and enter the amount from line 18 of that for			15		
	16	Other — from list in instructions. List type and amount > 3			13		
Other Itemized	10	Outer Trotti list in instructions, List type and amount 🚩 💯					
Deductions					16	7,417	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, en Form 1040 or 1040-SR, line 9		1874 BENEDING BENEDING BENEDING STANFORM	17	1,405,541	
	18	If you elect to itemize deductions even though they are less than your si				2,100,541	
		deduction, check this box		· · · · · · · · · · · · · · · · · · ·			

Name: DONALD J & MELANIA<TRUMP

SSN: Spouse SSN:

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

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & McLANIA<TRUMP

Amount

# SCHEDULE B

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

**Interest and Ordinary Dividends** 

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

OMB No. 1545-0074

Attachment Sequence No. 08

Name(s) shown on return DONALD J & MELANIA <trump< th=""><th>ur social security number</th></trump<>				ur social security number
Part I Interest		List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address		Amount
(See instructions and the instructions for Form 1040 or 1040-SR. line 2b.)		Show that buyer 5 social security number and address \$\begin{array}{ccc}		
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			1	
form.		Payer See Additional Data Table		Amount
	2	Add the amounts on line 1	2	11,332,436
		Attach Form 8815	3	11 337 436

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

						_
Part II		List name of payer			1	,910
•		FROM K-1 - PARK BRIAR ASSOCIATES LLC				,138
Ordinary		FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR				,864
Dividends		FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR				
(See instructions	- 1	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR				,730
and the		FROM K-1 - DONALD J TRUMP ELIZABETH TRUST				,073
instructions for		FROM K-1 - DONALD J TRUMP 'FRED' TRUST				,724
Form 1040 or 1040-SR,		FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD			9	,743
line 3b.)		FROM K-1 - STARRETT CITY ASSOCIATES	5		32	,456
		FROM K-1 - SC LP SHOPPING CENTER LLC				283
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	-	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.	6		71	.,921
Part III	VOL	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividence	ds: (b	) had a		
Part III	fore	eign account; or $(c)$ received a distribution from, or were a grantor of, or a transferor to, a	foreig	in trust.	Yes	No
Foreign Accounts	7a	At any time during 2019, did you have a financial interest in or signature authority over a (such as a bank account, securities account, or brokerage account) located in a foreign co instructions	finan	cial account	Yes	4
and Trusts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial A to report that financial interest or signature authority? See FinCen Form 114 and its instrurequirements and exceptions to those requirements	ction	s for filing	Yes	
(See instructions.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where account is located VK	the fi	nancial		

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 17146N Schedule B (Form 1040 or 1040-SR) 2019

Software ID: Software Version:

SSN: Spouse SSN:

Name: DONALD J & MELANIA < TRUMP

Form 1040 Schedule B, Part I, Group 2

#	Payer	Amount
1	CAPITAL ONE NA	449,634
2	JP MORGAN CHASE	1,807
3	BANK UNITED	100,273
4	PROFESSIONAL BANK	157,373
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	24,000
8	FIRST REPUBLIC BANK	88
9	SIGNATURE BANK	79,026
10	FROM K-1 - PARK BRIAR ASSOCIATES LLC	673
11	FROM K-1 - MAR-A-LAGO CLUB LLC	14
12	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	162,103
13	FROM K-1 - HUDSON WATERFRONT ASSOC I LP	8,728
14	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	3,293,747
15	FROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,459,004
L6	FROM K-1 - TRUMP CPS LLC	45
L7	FROM K-1 - TRUMP PLAZA LLC	890
18	FROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	7
19	FROM K-1 - DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	33,411
20	FROM K-1 - DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	14,815
21	FROM K-1 - TIPPERARY REALTY CORP	126
22	FROM K-1 - THE TRUMP CORPORATION	32,846
23	FROM K-1 - TRUMP PLAZA MEMBER INC	9
24	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	1,048
25	FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	684
26	FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	416
27	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	900
28	FROM K-1 - TRUMP MANAGEMENT INC	64
29	FROM K-1 - STARRETT CITY ASSOCIATES	530
30	FROM K-1 - HUDSON WATERFRONT ASSOC III LP	5,081,651
31	FROM K-1 - DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	19
32	FROM K-1 - TIHT COMMERCIAL LLC	1,582
33	FROM K-1 - SC LP SHOPPING CENTER LLC	83
34	FROM K-1 - TRUMP FERRY POINT MEMBER CORP	136
35	FROM K-1 - DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	13,299

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

DLN: 16221688991110

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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 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 10022 NEW YUKK, (2) Accrual (3) Unther (specify) G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☐ Yes ☑ No f H If you started or acquired this business during 2019, check here. . . . . . . . . . . . . . I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☑ No Part I Gross receipts or sales. See instructions for line 1 and check the box if this income was reported 1 1 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 4 Cost of goods sold (from line 42) 4 0 Gross profit. Subtract line 4 from line 3 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 94,017 **Gross income.** Add lines 5 and 6 7 94,017 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 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 20h . . . . . . 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 23 included in Part III) (see 94,017 instructions) 24 Travel and meals: 13 14 Employee benefit programs a Travel . . . . . . . . . 24a 14 (other than on line 19) **b** Deductible meals (see instructions) . 24b **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 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 94,017 Tentative profit or (loss). Subtract line 28 from line 7 . . . . . . . . . . . . . . . . 29 0 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless 30 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 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 31 0 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 32a All investment is at risk. 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not at risk.

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

Par	Cost of Goods Sold (see instructions)
33	Method(s) used to value closing inventory:  a  Cost  b  Lower of cost or market  c  Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If "Yes," attach explanation
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
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42 Par	Complete this part <b>only</b> if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.
43	When did you place your vehicle in service for business purposes? (month, day, year) 🕨
44 a	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:  Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours?
46	Do you (or your spouse) have another vehicle available for personal use?
47a	Do you have evidence to support your deduction?
	If "Yes," is the evidence written?
Par	Other Expenses. List below business expenses not included on lines 8-26 or line 30.
48	Total other expenses. Enter here and on line 27a

DLN: 16221688991110

SCHEDULE C (Form 1040 or 1040-SR)

#### **Profit or Loss From Business**

(Sole Proprietorship)

Department of the Treasury

Solution

Mattach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form

OMB No. 1545-0074

Internal Revenue Ser (99)	vice		1	065.			
Name of propriet	or				Socia	l secu	rity number (SSN)
DONALD J TRUMI	<b>&gt;</b>			Ţ			
A Principal busing AVIATION	ess or profession, inclu	ıding produ	uct or service (see instr	ructions)	B Ente	r code i	from instructions 532289
C Business name DJT AEROSPAC	. If no separate busine CE LLC	ess name, l	leave blank.	1	0500	oyer ID )/(see ii	number nstr.)
	ess (including suite or rost office, state, and Z			Y 11797			
F Accounting me	thod: (1) 🗹 Cash	(2) L	Accrual (3)	Other (specify)		_	
<b>G</b> Did you "mater	rially participate" in the	e operation	of this business during	g 2019? If "No," see instructions for limit	t on lo	sses	· Yes V No
							* II
				rm(s) 1099? (see instructions) .			· Ves No
J If "Yes," did yo	u or will you file requir	ed Forms	1099?				· Ves No
	come						Allow See Allows
1 Gross recei	ipts or sales. See instru Form W-2 and the "Sta	uctions for	line 1 and check the b	ox if this income was reported		1	32,095
	d allowances			III was checked	_	2	0.2,033
3 Subtract lir	ne 2 from line 1 .					3	32,095
4 Cost of god	ods sold (from line 42)					4	02,033
	fit. Subtract line 4 fror	m line 3				5	32,095
6 Other incor	me, including federal a	nd state ga	asoline or fuel tax cred	it or refund (see instructions)	. 1	6	02,000
7 Gross inco	me. Add lines 5 and 6				b-	7	32,095
Part II Ex	enses. Enter exper			home <b>only</b> on line 30.			
8 Advertising		8		18 Office expense (see instructions)		18	953
	expenses (see			19 Pension and profit-sharing plans		19	
instructions)		9		20 Rent or lease (see instructions):			
10 Commissions		10		a Vehicles, machinery, and equipment		20a	18,344
11 Contract labo	r (see instructions)	11	1,658	<b>b</b> Other business property		20b	7
12 Depletion		12		21 Repairs and maintenance		21	17,487
13 Depreciation				22 Supplies (not included in Part III)		22	416
expense dedu included in Pa				23 Taxes and licenses		23	52
instructions)		13		24 Travel and meals:			
14 Employee ber	nefit programs			a Travel		24a	1,458
(other than o		14	65	<b>b</b> Deductible meals (see instruction	ıs).		
15 Insurance (ot	her than health)	15	5,701	<b>25</b> Utilities	, .	24b 25	-
16 Interest (see	instructions):			26 Wages (less employment credits)		26	35,367
a Mortgage (pa	aid to banks, etc.)	16a		27a Other expenses (from line 48)		27a	
<b>b</b> Other		16b		b Reserved for future use	•	27b	15,136
17 Legal and pro	fessional services	17	1,115	b Reserved for future use	•	2/0	
28 Total expe	enses before expenses	for busine	ess use of home. Add li	nes 8 through 27a	D-	28	97,752
	rofit or (loss). Subtract					29	-65,657
30 Expenses for	or business use of your	home. Do	not report these expe	enses elsewhere. Attach Form 8829 unle	ss		
using the s	implified method (see i	instruction	s).				
	method filers only: or home used for busine	enter the t ess:	otal square rootage or:	: (a) your home: and (b nplified Method Worksheet in the instruc			
	e amount to enter on l	ine 30.	. 036 the 3111	Heard Worksheet III the Histiat		30	
	or (loss). Subtract lin				7		
If a profit and on 9	t, enter on both Sche	dule 1 (Fo	orm 1040 or 1040-SR	R), line 3 (or Form 1040-NR, line 13) see instructions). Estates and trusts,	ļ		
enter on	Form 1041, line 3.	i you che	area the box on line 1,	see moductions), estates and trusts,			10
<ul> <li>If a loss,</li> </ul>	you must go to line 3	32.			'	31	-58,498
32 If you have	a loss, check the box	that descri	bes your investment in	n this activity (see instructions).	<u> </u>		2 020 202 00 10
1040-N	R, line 13) and on Sci	hedule SE	, line 2. (If you check	1040 or 1040-SR), line 3 (or Form ded the box on line 1, see the line 31	32a	I¥ All	investment is at risk.
instructio	ons). Estates and trust	s, enter or	Form 1041, line 3.	• • • • • • • • • • • • • • • • • • • •	32h		ne investment is not at risk.
<ul> <li>If you ch</li> </ul>	ecked 32b, you must	attach For	m 6198. Your loss ma	av be limited.	520	0011	

**Software Version:** 

SSN.

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Par	t III Cost of Goods Sold (see instructions)		
33	value closing inventory:		
	a ☐ Cost b ☐ Lower of cost or market c ☐ 0	ther (attach expl	anation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		es 🗆 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 <b>only</b> 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 For	rm 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 vehicle	nicle for:	
а	Business <b>b</b> Commuting (see instructions) <b>c</b> Oth	ner	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐	No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes	No
47a	Do you have evidence to support your deduction?	Yes	No
b	If "Yes," is the evidence written?	Yes	No
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.		
MISC	ELLANEOUS FEES		93
LAND	DING FEES		2,992
CLEA	NING FEES		208
	EXPENSE		7,511
	5 & SUBSCRIPTIONS		1,189
CREV	V TRAINING		3,143
48	Total other expenses. Enter here and on line 27a	48	15,136
		le C (Form 1040 o	

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

DLN: 16221688991110

SCHEDULE C (Form 1040 or 1040-SR)

**Profit or Loss From Business** 

OMB No. 1545-0074

(Sole Proprietorship)  $\blacktriangleright$  Go to  $\underline{www.irs.gov/ScheduleC}$  for instructions and the latest information.

	ent of the Treasury Revenue Service	m 1040, 1040-		or 1041; partnerships generally mus 1065.	st file Fori	Sequence No. <b>09</b>
Name	of proprietor				Social se	curity number (SSN)
DONAL	D J TRUMP					
A Princ	cipal business or profession, includ TION	ding product or s	service (see inst	ructions)	B Enter cod	le from instructions 532289
	ness name. If no separate busine: OPERATIONS I LLC	ss name, leave b	olank.		Employer (EIN)/(se 27-32124	
	ness address (including suite or ro town or post office, state, and ZI	,	O MAZARS OODBURY, N	Y 11797		
<b>G</b> Did y			s business durin	Other (specify)   g 2019? If "No," see instructions for limit		· □Yes ☑ No
	ou make any payments in 2019 t					· Ves No
J If "Ye	es," did you or will you file require	ed Forms 1099?				· Vyes No
	<b>Income</b> Gross receipts or sales. See instru o you on Form W-2 and the "Stat	ctions for line 1	and check the b	oox if this income was reported	1	50,080
<b>2</b> F	Returns and allowances				. 2	0
3 9	Subtract line 2 from line 1 .				. 3	50,080
	Cost of goods sold (from line 42)				. 4	0
	Gross profit. Subtract line 4 from				. 5	50,080
	Other income, including federal ar		or fuel tax crec	dit or refund (see instructions)	. 6	
AMAZIN	Gross income. Add lines 5 and 6			<u> </u>	<u>p</u> ⊳ 7	50,080
Part			ss use of you			T
	vertising	8		18 Office expense (see instructions)	18	
	and truck expenses (see tructions)	9		19 Pension and profit-sharing plans	19	
	mmissions and fees	10		20 Rent or lease (see instructions):		
	ntract labor (see instructions)	11		a Vehicles, machinery, and equipment	· 20a	
<b>12</b> De				<b>b</b> Other business property	· 20b	1
9000000000000	preciation and section 179	12		21 Repairs and maintenance		
	pense deduction (not			22 Supplies (not included in Part III)	22	
	uded in Part III) (see			23 Taxes and licenses	. 23	1,767
inst	tructions)	13		24 Travel and meals:		
(ot	ployee benefit programs her than on line 19)	14		<ul><li>a Travel</li><li>b Deductible meals (see instruction</li></ul>		
<b>15</b> Ins	urance (other than health)	15		<b>25</b> Utilities	. 25	
	erest (see instructions):			26 Wages (less employment credits)	26	
	ortgage (paid to banks, etc.)	16a		27a Other expenses (from line 48)	. 27a	
<b>b</b> Ot		16b		b Reserved for future use	1000000	
<b>17</b> Leg	al and professional services	17	3,540	- 1100011011011011010101111111111111111	.	
28 T	otal expenses before expenses	for business use	of home. Add I	ines 8 through 27a	<b>▶</b> 28	5,307
<b>29</b> T	entative profit or (loss). Subtract	line 28 from line	e 7 .		. 29	44,773
			eport these expe	enses elsewhere. Attach Form 8829 unle	ss	
	sing the simplified method (see in Simplified method filers only: e		unra factore of	5: (a) varia hama.	N 41	
	art of your home used for busine			f: (a) your home: and (b mplified Method Worksheet in the instruc		
	o figure the amount to enter on li		The second secon	ex. Next controlled styleholdstechnisher, established the transfer of the Controlled Styleholdstechnisher.	30	
	let profit or (loss). Subtract line			D) II. 2 ( . 5	7	
•				R), line 3 (or Form 1040-NR, line 13), see instructions). Estates and trusts,	}	¥
	enter on Form 1041, line 3.	(5) (c)		,et detioner, Estates und tidsta,	] ]	
	If a loss, you <b>must</b> go to line 3		ur investes t	in this netivity (and instructions)	31	44,773
	f you have a loss, check the box t If you checked 32a, enter the lo			1040 or 1040-SR), line 3 (or Form 1	32a	All investment is at risk.
	1040-NR, line 13) and on Sch	edule SE, line	<ol><li>(If you check</li></ol>	ked the box on line 1, see the line 31	- <b></b>	at HSK.
	instructions). Estates and trusts If you checked 32b, you <b>must</b> a				32b	Some investment is not at risk.

Form 1040 Schedule C, Part V, Other expenses:

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

Par	t III Cost of Goods Sold (see instructions)
33	Method(s) used to value closing inventory:  a Cost  b Lower of cost or market  c Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If "Yes," attach explanation
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
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42 Par	Information on Your Vehicle.  Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶
44	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
а	Business <b>b</b> Commuting (see instructions) <b>c</b> Other
45	Was your vehicle available for personal use during off-duty hours?
46	Do you (or your spouse) have another vehicle available for personal use?
47a	Do you have evidence to support your deduction?
b	If "Yes," is the evidence written?
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.
48	Total other expenses. Enter here and on line 27a
	Schedule C (Form 1040 or 1040-SR) 2019

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

DLN: 16221688991110

**Profit or Loss From Business** 

(Sole Proprietorship)

Attachment Sequence No. 09

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SCHEDULE C

(Form 1040 or

1040-SR)

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

Name of proprietor Social security number (SSN) DONALD J TRUMP A Principal business or profession, including product or service (see instructions)

	AVIATION				▶ Enter coc	de from instructions 532289
	Business name. If no separate busines DT ENDEAVOR I LLC	ss nan	ne, leave blank.	ι	Employer (EIN)/(see 35-25557	
	Business address (including suite or ro City, town or post office, state, and ZII					
-			TIZIT TOTAL, IV			
	Accounting method: (1)			Other (specify)   2019? If "No," see instructions for limit		**************************************
				ng 2019? If "No," see instructions for limit		Yes 🗹 No
	If you started or acquired this business Did you make any payments in 2019 ti					
				orm(s) 1099? (see instructions)		Yes No
	Part I Income	_ 1011			• • • •	Yes No
	Gross receipts or sales. See instruc	ctions	for line 1 and check the h	nox if this income was reported		
	to you on Form W-2 and the "Statu	utory e	employee" box on that for	rm was checked 🛌	1 1	120,328
2					. 2	(20.220
3 ⊿					. 3	120,328
4	<b>2</b> , 1111 - 1111 <b>(</b> 111-111 1111-11-11	li-			. 4	(20.220
5				The profited Committee of the committee	. 5	120,328
6 7	,				. 6	
	The state of the s		yr husinoss var a f	r home <b>only</b> on line 20	<b>≱</b> 7	120,328
	art II Expenses. Enter expenses  Advertising	ses fo	Dualifess use of you		18	
	Car and truck expenses (see	0		<b>18</b> Office expense (see instructions) <b>19</b> Pension and profit-sharing plans		<del> </del>
2	instructions)	9			19	<del> </del>
10	O Commissions and fees	10		20 Rent or lease (see instructions):  a Vehicles, machinery, and equipment	.	
	1 Contract labor (see instructions)	11		<b>b</b> Other business property	· 20a	/
	2 Depletion	12			· 20b	
	3 Depreciation and section 179			21 Repairs and maintenance	. 21	<del></del>
	expense deduction (not	1	1	22 Supplies (not included in Part III) 23 Taxes and licenses	22	
	included in Part III) (see instructions)	_		23 Taxes and licenses	. 23	2,160
	The state of the s	13	12,852	24 Travel and meals:		
14	# Employee benefit programs (other than on line 19)	14		a Travel	_\	<del></del>
15	5 Insurance (other than health)	15	12,636	<b>b</b> Deductible meals (see instructions	2 270	
	5 Interest (see instructions):		12,030	25 Utilities	. 25	
	Mortgage (paid to banks, etc.)	16a		26 Wages (less employment credits)	26	
	Other	16b		27a Other expenses (from line 48)	. 27a	
	7 Legal and professional services	17	2,099	b Reserved for future use	. 27b	
28				ines 8 through 27a	<b>▶</b> 28	350,703
29					. 29	-230,375
30	Expenses for business use of your l	home.	. Do not report these expe	enses elsewhere. Attach Form 8829 unles		250,573
	using the simplified method (see in	nstructi	tions).			
	Simplified method filers only: er part of your home used for busines			f: (a) your home: and (b) mplified Method Worksheet in the instructi	,	
	to figure the amount to enter on lin	ne 30.		, The manager in the instruct	30	
31	Net profit or (loss). Subtract line	e 30 fro	om line 29.	N. H. S. S. 165	7	
	It a profit, enter on both Sched     and on Schedule SE line 2 (**)	ule 1	(Form 1040 or 1040-S)	R), line 3 (or Form 1040-NR, line 13)	Ţ	
	enter on Form 1041, line 3.	you t	checked the box on line 1	, see instructions). Estates and trusts,		
per l	<ul> <li>If a loss, you must go to line 32</li> </ul>	2.	20		31	-205,258
32	If you have a loss, check the box the	hat de	scribes your investment i	in this activity (see instructions).	in the same	VIII VI 20 200 00 00 00
	1040-NR, line 13) and on Sch	olube edule	SE, line 2. (If you cheek	1040 or 1040-SR), line 3 (or Form ked the box on line 1, see the line 31	32a ✓ /	All investment is at risk.
	instructions). Estates and trusts.			and sox on mile 1, see the lifte 31	(mmm)	

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

32b Some investment is not at risk.

Par	t III Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory:  a Cost b Lower of cost or market c Other	(attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation .	5
36	Purchases less cost of items withdrawn for personal use	6
37	Cost of labor. Do not include any amounts paid to yourself	7
38	Materials and supplies	8
39	Other costs	9
40	Add lines 35 through 39	0 0
41	Inventory at end of year	1
42 Par	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle	for:
а	- Other	
45	was your vehicle available for personal abe daring on early hours.	Yes No
46	bo you (or your spouse) have another vernice available to personal account	
47a	Do you have evidence to support your deduction?	Yes No
b	If "Yes," is the evidence written?	Yes No
Par	t ▼ Other Expenses. List below business expenses not included on lines 8-26 or line 30.	
FUEL	EXPENSE	65,865
	PHONE	15,557
LICE	NSES & PERMITS	97
48	Total other expenses. Enter here and on line 27a	8 81,519
	Schedule C	(Form 1040 or 1040-SR) 2019

DLN: 16221688991110

OMB No. 1545-0074

# SCHEDULE C

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

## **Profit or Loss From Business**

(Sole Proprietorship)

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

Attachment Sequence No. 09

Name of proprietor  MELANIA TRUMP  A Principal business or profession, including product or service (see instructions)  MODEL  C Business name. If no separate business name, leave blank.  MELANIA TRUMP  E Business address (including suite or room no.)  City, town or post office, state, and ZIP code  NEW YORK, NY 10022  F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify)  G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses  Yes No  If if you started or acquired this business during 2019, check here.  I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)  If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 Jays  Part II Expenses. Enter expenses for business use of your home only on line 30.	(99)	1 1100							
MELANIA TRUMP  A Principal business or profession, including product or service (see instructions)  MODEL  C Business name. If no separate business name, leave blank.  MELANIA TRUMP  Business address (including suite or room no.)  City, town or post office, state, and ZIP code  NEW YORK, NY 10022  F Accounting method: (1)	Name of proprie	tor				Socia	al secu	urity number (SSN)	_
A Principal business or profession, including product or service (see instructions)  MODEL  B B Enter code from instructions 711510  C Business name. If no separate business name, leave blank.  MELANIA TRUMP  B Business address (including suite or room no.)  City, town or post office, state, and ZIP code  NEW YORK, NY 10022  F Accounting method: (1)  Cash  (2)  Accrual  (3)  Other (specify)  If you started or acquired this business during 2019, check here.  I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)  If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 3,8								,	
MODEL  C Business name. If no separate business name, leave blank.  MELANIA TRUMP  D Employer ID number (EIN)/(see instr.)  E Business address (including suite or room no.) INCITY, town or post office, state, and ZIP code NEW YORK, NY 10022  F Accounting method: (1)						-			
MELANIA TRUMP    E Business address (including suite or room no.)   NEW YORK, NY 10022		ness or profession, includ	ding pr	oduct or service (see ins	tructions)	B Ente	er code		
City, town or post office, state, and ZIP code NEW YORK, NY 10022  F Accounting method: (1)			ss nam	e, leave blank.		Poses Serve			
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses  H If you started or acquired this business during 2019, check here.  I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)  J If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 Gross income. Add lines 5 and 6				,	Y 10022				
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses  H If you started or acquired this business during 2019, check here.  I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)  J If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 Gross income. Add lines 5 and 6	F Accounting m	ethod: (1) 🗹 Cash	(2)	Accrual (3)	Other (specify)				_
H If you started or acquired this business during 2019, check here.  I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)  J If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 Gross income. Add lines 5 and 6						nit on lo	 osses	. Dv. Z.v.	
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)  If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  Returns and allowances  Subtract line 2 from line 1  Cost of goods sold (from line 42)  Gross profit. Subtract line 4 from line 3  Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  Gross income. Add lines 5 and 6								► T	
If "Yes," did you or will you file required Forms 1099?  Part I Income  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 Gross income. Add lines 5 and 6								· Type V No	
Tincome  1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked  2 Returns and allowances  3 Subtract line 2 from line 1  4 Cost of goods sold (from line 42)  5 Gross profit. Subtract line 4 from line 3  6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  7 Gross income. Add lines 5 and 6	J If "Yes," did y	ou or will you file require	ed Forr	ns 1099?				Secretarial Secretarial	
to you on Form W-2 and the "Statutory employee" box on that form was checked  Returns and allowances  Subtract line 2 from line 1  Cost of goods sold (from line 42)  Gross profit. Subtract line 4 from line 3  Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  Gross income. Add lines 5 and 6  7  3,8								Annual 1 CS Annual 1 CO	-
2 Returns and allowances	1 Gross rec	eipts or sales. See instru	ctions	for line 1 and check the	box if this income was reported		1		_
3 Subtract line 2 from line 1			utory e	employee" box on that fo	orm was checked				0
4 Cost of goods sold (from line 42)						• •	-		
5 Gross profit. Subtract line 4 from line 3			•				_ ====		0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 3,8 7 Gross income. Add lines 5 and 6	3		ı line 3						
7 Gross income. Add lines 5 and 6					dit or refund (see instructions)		_	3.8	48
					restriction. This leaves was restricted to the Land Service section of the professional and the section of the	h-	_		
	Part II Ex	penses. Enter exper							-
8 Advertising 8 18 Office expense (see instructions) 18						)	18		_
9 Car and truck expenses (see 19 Pension and profit-sharing plans 19					19 Pension and profit-sharing plans		19		_
instructions) 9 20 Rent or lease (see instructions):	0.00000-0.0000 300 300	697766			20 Rent or lease (see instructions):				_
10 Commissions and fees 10 a Vehicles, machinery, and equipment . 20a					a Vehicles, machinery, and equipment	•	20a		
11 Contract labor (see instructions) 11 b Other business property 20b	11 Contract lab	or (see instructions)	11		<b>b</b> Other business property .		20b		_
12 Depletion			12		21 Repairs and maintenance .		21		
13 Depreciation and section 179 expense deduction (not 22 Supplies (not included in Part III)					22 Supplies (not included in Part III	I)	22		_
included in Part III) (see 23 Taxes and licenses 23 3,84					23 Taxes and licenses		23	3,84	18
instructions) 13 24 Travel and meals:	instructions	)	13		24 Travel and meals:				====0
14 Employee benefit programs (other than on line 19)  14 b Deductible meals (see instructions).			14		(15) 021 329 339 339 998890 23 MM 25 35 39890		A THE STATE OF THE		_
15 Insurance (other than health) 15	15 Insurance (	other than health)	15		23.000.001.000.0000	113) 1			_
25 Utilities	16 Interest (se	e instructions):			1/4/1/2006/01/2006/01/2006/01/2006/01/2006 200 200 200 200 200 200 200 200 200	• •			_
a Mortgage (paid to banks, etc.)   16a	a Mortgage (	paid to banks, etc.)	16a			)			_
b Other	<b>b</b> Other		16b		,	•			
17 Legal and professional services 17 b Reserved for future use 27b	17 Legal and pr	rofessional services	17		b Reserved for future use .	• •	2/0		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28 Total exp	penses before expenses	for bus	siness use of home. Add	lines 8 through 27a	. b-	28	3.8	48
29 Tentative profit or (loss). Subtract line 28 from line 7								3,0	0
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless	30 Expenses	for business use of your	home.	Do not report these exp	oenses elsewhere. Attach Form 8829 un	less			_
using the simplified method (see instructions).									
Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions	nart of vo	a method filers only: (	enter tr						
to figure the amount to enter on line 30.				. 036 the 31	implified Method Worksheet III the Ilistit	ICTIONS	30		
31 Net profit or (loss). Subtract line 30 from line 29.						7			
• If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts,						3)			
enter on Form 1041, line 3.			, (	SHEERED LIFE DOX OH IIIIC .	z, see mad dedons, Latates and d'usts,			E.	_
If a loss, you must go to line 32.  If you have a loss shock the box that describes your investment in this activity (see instructions).  If you have a loss shock the box that describes your investment in this activity (see instructions).				ceriboe vour investor	in this patiety (and in the start)		31		0
<ul> <li>If you have a loss, check the box that describes your investment in this activity (see instructions).</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 32a All investment is at risk.</li> </ul>	If you nat	checked 32a, enter the l	uiat de oss on	scribes your investment both <b>Schedule 1 (Form</b>	1 1040 or 1040-SR), line 3 (or Form	"] 32:	а П л	Il investment is at rick	
1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31	1040-	NR, line 13) and on Sch	nedule	SE, line 2. (If you chec	ked the box on line 1, see the line 31	}		veedinent is at 115N.	
instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b> • If you checked 32b, you <b>must</b> attach <b>Form 6198.</b> Your loss may be limited.						321	<b>b</b>	ome investment is not at risk.	

Par	t III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory:  a   Cost  b   Lower of cost or market  c   C	ther (a	ttach explanatior	))
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.		,	□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
rai	Complete this part <b>only</b> 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 t	to file Form 456	52 for
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44 a	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicles.  Business  b Commuting (see instructions)  c Ott		r: 	
45	Was your vehicle available for personal use during off-duty hours?	□у	es 🗆 No	
46	Do you (or your spouse) have another vehicle available for personal use?	□Y	es 🗆 No	
	Do you have evidence to support your deduction?	$\square_{\mathbf{Y}}$	es 🗆 No	
	If "Yes," is the evidence written?	П	·	
Par				
7 344				
48	Total other expenses. Enter here and on line 27a	48		
		lo C (Fo	rm 1040 or 1040.	SP) 2010

DLN: 16221688991110

SCHEDULE C (Form 1040 or 1040-SR)

**Profit or Loss From Business** (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury

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

Attachment Sequence No. 09

(99)		_			
Name of a second of					L
Name of proprietor				Social sec	urity number (SSN)
DONALD J TRUMP					
A Principal business or profess AVIATION	ion, including produc	ct or service (see inst	ructions)	B Enter code	from instructions 532289
C Business name. If no separa DJT OPERATIONS II LLC	te business name, le	ave blank.	Ι	(EIN)/(see 27-321249	instr.)
E Business address (including	suite or room no.) 🕨	C/O MAZARS			
City, town or post office, sta			Y 11797		•••••
F Accounting method: (1)		Accrual (3)	Other (specify)		
			g 2019? If "No," see instructions for limit	t on losses	· □Yes ☑ No
					Tes III No
I Did you make any payments					· Yes No
J If "Yes," did you or will you f	ile required Forms 1	099?			· Yes No
Part I Income					Annual See Annual
1 Gross receipts or sales.	See instructions for I	ine 1 and check the b	oox if this income was reported	7 1	
2 Returns and allowances	the "Statutory empl	oyee" box on that for	rm was checked 🛌	. 2	0
3 Subtract line 2 from line	1			. 3	
4 Cost of goods sold (from				. 4	
5 Gross profit. Subtract li				. 5	
			fit or refund (see instructions)	. 6	
7 Gross income. Add line				b- 7	
Part II Expenses. Ent			r home <b>only</b> on line 30.		
8 Advertising			18 Office expense (see instructions)	18	
9 Car and truck expenses (se			19 Pension and profit-sharing plans	19	
	9		20 Rent or lease (see instructions):		
<b>10</b> Commissions and fees .	10		a Vehicles, machinery, and equipment	· 20a	
11 Contract labor (see instruc	tions) 11		<b>b</b> Other business property	· 20b	
12 Depletion	12		21 Repairs and maintenance	. 21	
13 Depreciation and section 1	79		22 Supplies (not included in Part III)	22	
expense deduction (not included in Part III) (see			23 Taxes and licenses	. 23	382
instructions)	13		24 Travel and meals:		
14 Employee benefit programs (other than on line 19)	S 14		a Travel		
<b>15</b> Insurance (other than heal	th) <b>15</b>		<b>b</b> Deductible meals (see instruction	s) . <b>24b</b>	
<b>16</b> Interest (see instructions):			<b>25</b> Utilities	. 25	Section Co.
a Mortgage (paid to banks,	viii 100 100 110 110 110 110 110 110 110		26 Wages (less employment credits)	26	
<b>b</b> Other	16b		27a Other expenses (from line 48)	. 27a	
17 Legal and professional serv		7,000	b Reserved for future use	. 27b	
2011 2000 100 100 100 100 100 100 100 10	N0000 10000		ince O through 27-	h	
<ul><li><b>Total expenses</b> before</li><li><b>Tentative profit or (loss).</b></li></ul>	The second of th		illes o through 2/a	28	7,382
,			enses elsewhere. Attach Form 8829 unles	. 29	-7,382
using the simplified meth	nod (see instructions	).		55	
Simplified method file					
part of your home used f to figure the amount to e		Use the Sir	mplified Method Worksheet in the instruc	tions 30	
31 Net profit or (loss). Su	btract line 30 from I			7,	
<ul> <li>If a profit, enter on bo</li> </ul>	oth Schedule 1 (For	rm 1040 or 1040-SI	R), line 3 (or Form 1040-NR, line 13)		
and on Schedule SE, enter on Form 1041,		ked the box on line 1	, see instructions). Estates and trusts,		2
<ul> <li>If a loss, you must go</li> </ul>				31	-6,577
32 If you have a loss, check	the box that describ	oes your investment i	n this activity (see instructions).	p	
<ul> <li>If you checked 32a, et</li> <li>1040-NP line 13\ 20</li> </ul>	nter the loss on both	Schedule 1 (Form	1040 or 1040-SR), line 3 (or Form ded the box on line 1, see the line 31	32a ✓ A	Il investment is at risk.
instructions). Estates				225 🗇 -	
<ul> <li>If you checked 32b, you</li> </ul>				32b L S	ome investment is not at risk.

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

Par	t III Cost of Goods Sold (see instructions)
33	Method(s) used to value closing inventory:  a Cost  b Lower of cost or market  c Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If "Yes," attach explanation
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
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4
Par	Till Information on Your Vehicle.  Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.
43	When did you place your vehicle in service for business purposes? (month, day, year)
44 a	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:  Business  b Commuting (see instructions)  c Other
45	
46	The state of the s
	Do you have evidence to support your deduction?
Par	
5 662	Cancil Expenses: List below business expenses not included on lines 6-20 of line 30.
48	Total other expenses. Enter here and on line 27a

Schedule C (Form 1040 or 1040-SR) 2019

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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

#### DLN: 16221688991110

## SCHEDULE C (Form 8995-A)

# **Loss Netting and Carryforward**

OMB No. XXXX-XXXX

2019

Department of the Treasury Internal Revenue Service ► Attach to Form 8995-A.

For to www.irs.gov/Form8995-A for instructions and the latest information.

Attachment Sequence No. **55D** 

Name	(s) shown on return		Your taxo	aver identific	ation number
DONA	LD J & MELANIA <trump< td=""><td></td><td></td><td></td><td></td></trump<>				
If you	have more than three trades, businesses, or aggregations, complete and attach as man	y Schedules C as needed.	. See instructi	ons.	
1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reducti netting (see i		(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
See	Additional Data Table				
2	Qualified business net (loss) carryforward from prior years. See instructions			2	-153,666
3	Total trades, businesses, or aggregations losses. Combine the negative amounts on lir and 2 for all trades or business	nes 1, column (a),		3	-57,671,819
4	Total trades, businesses, or aggregations income. Add the positive amounts on lines 1 all trades, businesses, or aggregations	(-)		4	53,245,464
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the pathe smaller of the absolute value of line 3 or line 4. Allocate this amount to each trade, aggregation on line 1, column (b). See instructions			5	-53,245,464
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, e	enter -0-		6	-4,426,355
	rivacy Act and Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 71661B		Schedu	ıle C (Form 8995-A) 2019

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Line 1 - Loss Netting and Carryfoward Group Information

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
MAR-A-LAGO CLUB LLC	4,780,935	-4,780,935	
40 WALL DEVELOPMENT ASSOC LLC	5,411,970	-5,411,970	
HUDSON WATERFRONT ASSOC V LP	286,857	-286,857	
HUDSON WATERFRONT ASSOC III LP	536,567	-536,567	
HUDSON WATERFRONT ASSOC IV LP	208,436	-208,436	
TRUMP CPS LLC	3,520,145	-3,520,145	
TRUMP PLAZA LLC	1,286,651	-1,286,651	
TRUMP INTERNATIONAL GOLF CLUB LLC	1,669,954	-1,669,954	
TIHT COMMERCIAL LLC	208,426	-208,426	
TRUMP INTERNATIONAL HOTEL HAWAII LLC	2,428,640	-2,428,640	
DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGE	1,658,540	-1,658,540	
DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL M	16,710	-16,710	
DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL	410,788	-410,788	
DJT HOLDINGS LLC - LFB ACQUISITION LLC	3,231,485	-3,231,485	
Γ INTERNATIONAL REALTY LLC	526,891	-526,891	
DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	523,372	-523,372	
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	1,688,333	-1,688,333	
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING M	14,931	-14,931	
HUDSON WATERFRONT ASSOCIATES V LP	4,042,586	-4,042,586	
HUDSON WATERFRONT ASSOC III LP	7,562,933	-7,562,933	
TRUMP 845 UN GP LLC	240,931	-240,931	
DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER	1,398,190	-1,398,190	

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see Instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
845 UN LIMITED PARTNERSHIP - 845 LP LLC	356,184	-356,184	0
DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LL	94,759	-94,759	0
DJT HOLDINGS LLC TW VENTURE I LLC	17,883	-17,883	0
DT CONNECT II LLC	64,938	-64,938	0
HUDSON WATERFRONT ASSOCIATES IV LP	365,399	-365,399	0
DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LL	4,441	-4,441	0
TRUMP EQUITABLE FIFTH AVE CO	8,735,223	-8,735,223	0
TIPPERARY REALTY CORP	8,744	-8,744	0
DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC	4,847	-4,847	0
TRUMP PLAZA MEMBER INC	12,996	-12,996	0
TIHH MEMBER CORP	16,781	-16,781	0
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL	16,753	-16,753	0
DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTI	4,191	-4,191	0
DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIA	170	-170	0
DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER C DT CONNECT II MEMBER CORP	32,971	-32,971	0
DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	656	-656 F 340	0
DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC  DJT HOLDINGS MM LLC - TNGC JUPITER MANAGEMENT	5,340 967	-5,340 -967	0
DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAG	3,675	-3,675	0
DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVI	240	-240	0
DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVI	167	-167	0
DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISIT	45	-45	0
DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LL	32,641	-32,641	0
DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	5,287	-5,287	0
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEM	17,054	-17,054	0
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MAN	151	-151	0
DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	181	-181	0
DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LL	957	-957	0
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML	169	-169	0
HUDSON WATERFRONT ASSOC I LP	171,274	-171,274	0
DJT HOLDINGS LLC - T TOWER RETAIL LLC	391,560	-391,560	0
DJT HOLDINGS MM LLC TRUMP CHICAGO HOTEL MANAG	16,922	-16,922	0
DJT HOLDINGS MM LLC TRUMP INT'L GOLF CLUB	16	-16	0
DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGIN DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER	1,358	-1,358	0
DJT HOLDINGS HIM ELC - TROMF EAS VEGAS MEMBER  DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT AS	128,239 5,399	-128,239 -5,399	0
DJT HOLDINGS MM LLCLLC TRUMP CHICAGO RESIDEN	4,149		0
DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT LLC (	1,024,260	-4,149 -1,024,260	0
DJT OPERATIONS I LLC	44,206	-44,206	0
THE EAST 61 ST COMPANY	-35,342	11,200	
THE EAST 61 ST COMPANY	-318		
PARK BRIAR ASSOCIATES LLC	-25,781	***************************************	
DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	-21,061		
STARRETT CITY ASSOCIATES	-103,971		
DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS	-2,999,976		
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB C	-587,163		
SC LP SHOPPING CENTER LLC	-3,871		
DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES	-37,803		
DJT HOLDINGS LLC - TRUMP SALES & LEASING CHIC	-2,175		
DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	-4,182,793		
DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEM	-1,226,345		
DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	-13,437		
DJT HOLDINGS LLC - 401 MEZZ	-6,445,795		
DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE	-26,371		
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB L	-2,828,232		
DJT HOLDINGS LLC - TNGC PINE HILL LLC DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	-1,137,744		
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB W	-687,231		
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB W  DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITION	-619,622		
DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LL	-428,548		
DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LL  DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LL	-441 -503,175		
DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	-3,003		
DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAG	-384		
DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	-4,512,268		
DJT HOLDINGS JUPITER GOLF CLUB	-385,574		
l	333,371		

1 Trade, business, or aggregation name	(a) Qualified	(b) Reduction for	(c) Adjusted
	business income/(loss)	loss netting (see Instructions)	qualified business income (Combine
	income/(ioss)	msu uccions)	(a) and (b). If zero
			or less, enter -0)
DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	-13,897,570		
DJT HOLDINGS LLC - THC SALES & MARKETING LLC	-1,224,476		
DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS L	-252,851		
DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVIC	-2,080 -2,654		
DJT HOLDINGS LLC - THC BAKU SERVICES LLC DJT HOLDINGS LLC - DTTM OPERATIONS LLC	-13,988		
TRUMP PALACE PARC LLC	-137,834		
DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEME	-4,546		
DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	-478		
DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	-25,868		
DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS	-908		
DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	-315		
DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	-1,395		
DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMEN	-265		
DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME	-123		
DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS	-1,315		
DJT HOLDINGS LLC - DT VENTURE II LLC	-365		
DIT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT	-315 -231		-
DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC DJT HOLDINGS LLC - TRUMP ICE LLC	-29,929		
DJT HOLDINGS LLC - TRUMP ICE LLC  DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME	-29,929		
DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT	-433		
DJT HOLDINGS LLC - TRUMP 106 CPS LLC	-72		
DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	-540,626		
DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LL	-5,438		
DJT HOLDINGS LLC	-1,373,564		
DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS L	-50		
DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	-288		
DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEM	-123		
DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	-49,305		
DJT HOLDINGS LLC - 124 WOODBRIDGE	-84,819		
PLAZA CONSULTING CORP	-1,213 -10,891,604		-
THE TRUMP CORPORATION TRUMP CPS CORP	-25		
FIRST MEMBER INC	-263		
DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	-434		
TRUMP TOWER MANAGING MEMBER INC	-10,973		
TRUMP 845 UN MGR CORP	-1,741		
BEACH HAVEN APARMTENTS #1 INC DJT GR TR	-760		
SHORE HAVEN APARTMENTS #1 INC DJT GR TR	-29,714		
TRUMP MANAGEMENT INC	-5,704		
TIHT MEMBER LLC	-1,852		
DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY ME	-7,012		
DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVI	-386		
DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER C	-137 -12,513		
DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANA DJT HOLDINGS MM LLC - TRUMP SALES & LEASING C	-12,313		
DJT HOLDINGS MM LLC - TROMP SALES & LEASING C  DJT HOLDINGS MANAGING MEMBER LLC	-191,330		
DJT HOLDINGS MANAGING MEMBER LEC  DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUA	-269		
DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MA	-30		
DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAG	-46,039	ga daga da e	
TAG AIR INC	-875,264		
DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES	-5,083		
DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS	-4	93.00	
DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLU	-28,834		
DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISIT	-3,822		
DJT HOLDINGS MM LLC - THC CENTRAL RESERVATION	-1,481		
DJT HOLDINGS MM LLC - THC SALES & MARKETING L	-12,493		
DJT HOLDINGS MANAGING MEMBER LLC	-13,705		
DIT HOLDINGS MM LLC - THE CHINA TECHNICAL SER	-27 -21	TE TO AUTOM	and the second
DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SER	-21		
TTTT VENTURE MEMBER CORP  DJT HOLDINGS MM LLC - TNGC PINE HILL LLC	-11,608		
DJT HOLDINGS MM LLC - TNGC PINE HILL LLC  DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB	-4,837		
DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	-233		

		N. S.	
1 Trade, business, or aggregation name	(a) Qualified	(b) Reduction for	(c) Adjusted
	business	loss netting (see	qualified business
	income/(loss)	Instructions)	income (Combine (a) and (b). If zero
			or less, enter -0)
DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	-5,167		
DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERAT	-55		
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVEL	-4		
DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVIC	-4		
DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJEC	-1		
DJT HOLDINGS MM LLCLLC - WEST PALM OPERATION	-261		
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEV	-3		
DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEV	-1		
DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUIS	-13		
DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	-13		
DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVEL	-4		
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICA			
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICA	-1		
DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC			
	-302		
DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE	-266		
DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT	-30		
DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	-28,545		
DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	-11,493		
DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNT	-6,942		
DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 L	-45,578		
DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB L	-3,894		
DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFI	-140,379		
DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	-6,259		
DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTA	-5,134		
DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	-65,109		
DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DE	-20		
DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HO	-9		
DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPME	-4		
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCT	-4		
DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASI	-22		
DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT S	-382		
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAI	-4		
DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	-135		
DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL M	-46		
DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	-213		
DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL	-12,387		
DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL	-21		
DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER M	-20		
DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT L	-42,251	·	
DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	-42,231		
DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLU			
	-5,931		
DIT HOLDINGS MM LICLLC - TRUMP VIRGINIA ACQU	-4,328		
DJT HOLDINGS MM LLCLLC - THC SALES & MARKETI	-12,368		
DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER L	-14		
555 CALIFORNIA SERVICES JV LLC	-100,590		
TRUMP FERRY POINT MEMBER CORP	-42,677		
DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITION	-60,570		
DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLU	-6,322		
DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEME	-1		
DJT HOLDINGS MM LLCLLC THC CENTRAL RESERVATI	-2,554		
DJT HOLDINGS LLC - TMG MEMBER LLC	-30		
DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	-58		
DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING	-2,061		
DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LL	-2,005		
DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	-58		
DJT HOLDINGS LLC - TRUMP BRAZIL LLC	-265		
DJT AEROSPACE LLC	-58,498		
DJT OPERATIONS II LLC	-6,577		
DT ENDEAVOR I LLC	-205,258		

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DLN: 16221688991110

OMB No. 1545-0074

1040-SR) Department of the Treasury

SCHEDULE D

(Form 1040 or

Capital Gains and Losses
► Attach to Form 1040, Form 1040-SR, or Form 1040-NR.

► Go to <u>www.irs.gov/ScheduleD</u> for instructions and the latest information.

Attachment

DON, Did y If "Ye	e(s) shown on return  ALD J & MELANIA < TRUMP  ou dispose of any investment(s) in a quali  s," attach Form 8949 and see its instructi  Short-Term Capital Gains a	40.00	ing the tax year?	Yo	our social	securi
If "Ye	s," attach Form 8949 and see its instructi	40.00	ing the tax year?			
Da	Short-Term Capital Gains		ments for reporting your	gain or loss.		☐ Yes ☑ No
H C1		and Losses - Genera	lly Assets Held One	Year or Less	(see ins	tructions)
to en This	nstructions for how to figure the amounts ter on the lines below. form may be easier to complete if you d off cents to whole dollars.	(d) Proceeds (sales price)	Proceeds Cost Adjust			(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	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 <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and sho			d 8824 .	. 4	
5 6	Net short-term gain or (loss) from partner Schedule(s) K-1 Short-term capital loss carryover. Enter the short-term capital loss carryover.				. 5	
7	Carryover Worksheet in the instruction Net short-term capital gain or (loss). capital gains or losses, go to Part II below	ns	h 6 in column (h). If you	have any long-	. 6 term 7	(
Par						(see instructions)
to en This f	nstructions for how to figure the amounts fer on the lines below. form may be easier to complete if you off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustme gain or los Form(s) 894 line 2, colu	nts to s from 9, Part II,	(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					

	on the back				· ·	15	9,257,197
14 15	Net long-term capital gain or (loss).	Combine lines 8a through	h 14 in column (h). T	Then go to Part III	• •	14	()
13	Capital gain distributions. See the instru					13	p 3166 3 T. Y. Shines (2014) 1960
11 12	Gain from Form 4797, Part I; long-term from Forms 4684, 6781, and 8824.  Net long-term gain or (loss) from partne					11	5,337,738 3,919,459
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
v <u></u>	instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						

P	Part III Summary		
16	Combine lines 7 and 15 and enter the result	16	9,257,19
	If line 16 is a gain, enter the amount from line 16 on Form 1040 or Form 1040-SR, line 6, or Form 1040-NR, line 14. Then go to line 17 below.		
	• If line 16 is a <b>loss,</b> skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	■ If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or Form 1040-SR, line 6, or Form 1040-NR, line 14. Then go to line 22.		
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 amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	539,14
20	Are lines 18 and 19 both zero or blank?		
	<ul> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Do not complete lines 21 and 22 below.</li> <li>✓ No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</li> </ul>		
21	If line 16 is a loss, here and on (Form 1040 or Form 1040-SR), line 6; or Form 1040-NR, line 14, the		
	smaller of:  The loss on line 16; or  (\$3,000), or if married filing separately, (\$1,500)	21	(
	<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a, or Form 1040-NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	No. Complete the rest of Form 1040, Form 1040-SR, or Form 1040-NR.		
	Schedule	D (Fo	orm 1040 or 1040-SR) 201

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

DLN: 16221688991110

SCHEDULE E (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

### **Supplemental Income and Loss**

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

> Attach to Form 1040,1040-SR,1040-NR, or Form 1041.  $\blacktriangleright \text{Go to } \textit{www.irs.gov/ScheduleE} \text{ for instructions and the latest information.}$

OMB No. 1545-0074

Attachment Sequence No. 13

The Real Property lies										
	e(s) shown on return ALD J & MELANIA <trump< th=""><th></th><th></th><th></th><th></th><th></th><th>Yours</th><th>ocial</th><th>security nu</th><th>mber</th></trump<>						Yours	ocial	security nu	mber
Par	it I Income or Loss From Rent property, use Schedule C (s 4835 on page 2, line 40.	al Real E	<b>state</b> tions)	and Royalties Note: I . If you are an individual	f you l, repo	are ir rt far	the business of the market the transfer of the	of ren ne or l	ting person loss from <b>F</b>	nal <b>orm</b>
A	Did you make any payments in 2019	that would r	equire	you to file Form(s) 10002 (	see inc	tructio	anc)		. [7]	
В	If "Yes," did you or will you file all req							*********	Yes 🗹 No	
	ir res, ala you or will you life all req	uneu ronnis	1099	?	• •	• •	• • • •		Yes No	
<b>1</b> a	Physical address of each property (	stroot city	ctato	and ZID code)						
A	Triysical address of each property (	street, city	, state	, and ZIP code)						
В										
C										
	Type of Property			11-1			Fair Rental	De	ersonal	
<b>1</b> b	, i , , , , , , , , , , , , , , , , , ,	or each re	ental r	eal estate property listed number of fair rental and	1		Days		se Days	Λſ
Α	ROYALTIES per	sonal use	days.	Check the QJV box only	i if	Α				
В	YOU	ı meet the	requ	irements to file as a		В				
	qua	alified joint	t vent	ure. See instructions.						
-	ROYALTIES					С				
1 Si	e of Property: ngle Family Residence 3 Vacati ulti-Family Residence 4 Comm	on/Short-Te ercial	erm Re	ental 5 Land 6 Royalties			Self-Rental Other (describe)			
nco	me: Prope	rties		A			D	1		
3			3	A			В		С	
4			4	217,535			59			10,358
хре	nses:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						10,550
5	Advertising		5							
6	Auto and travel (see instructions)	8	6							
7	Cleaning and maintenance		7							
8	Commissions		8							
9	Insurance Legal and other professional fees		9							
1	Management fees		11							
12	Mortgage interest paid to banks,									
	etc. (see instructions)		12							
13	Other interest		13							
.4 .5	Repairs		14							
.6	Taxes		16							
.7	Utilities		17							
.8	Depreciation expense or depletion .		18							
.9	Other (list)		19	02.225						
20	BOOK WRITER FEE  Total expenses. Add lines 5 through:		20	83,325						
21	Subtract line 20 from line 3 (rents) a		20	83,325						
	(royalties). If result is a (loss), see in to find out if you must file Form 619	structions 8 · ·	21	134,210			59			10,358
!2	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	er e	22	()			()			()
3a	Total of all amounts reported on line	3 for all ren	tal pro		23a					( )
b	Total of all amounts reported on line	4 for all roy	alty pr	operties	23b		227,952			
c	Total of all amounts reported on line	12 for all pr	opertie	es	23c					
d	Total of all amounts reported on line	18 for all pr	opertie	es	23d		35			
e	Total of all amounts reported on line	20 for all pr	opertie	es	23e		83,325			
4	Income. Add positive amounts shown	on line 21	. Do n	ot include any losses .				24		144,627
5	Losses. Add royalty losses from line	21 and rent	al real	estate losses from line 22.	Enter t	otal lo	sses here	25		()
6	Total rental real estate and royalt Parts II, III, IV, and line 40 on page 2 or 1040-SR), line 17, or Form 1040-N	2 do not app IR, line 18.	oly to y Otherv	ou, also enter this amount	on Scho the tota	edule al on l	1 (Form 1040 ine 41 on page	26		144,627
		100 PM	1.00							

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Schedule E (Form 1040 or 1040-SR) 2019 Attachment Sequence No. 13 Page 2 Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number DONALD J & MELANIA < TRUMP 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, Part II 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 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 (c)Check if (e)Check if basis (f)Check if any (b)Enter P for partnership; S (d)Employer 28 (a)Name foreign computation is amount is not for S corporation identification number partnership required at risk A See Additional Data Table В C D Passive Income and Loss Nonpassive Income and Loss (g) Passive loss allowed (h) Passive income (k) Nonpassive income (i) Nonpassive loss (j) Section 179 expense (attach Form 8582 if required) from Schedule K-1 allowed (see Schedule K1) deduction from Form 4562 from Schedule K-1 See Additional Data Table В C D 29a Totals 45,834,466 12,155,235 **b** Totals 51,084,941 23,522,338 30 Add columns (h) and (k) of line 29a 30 57,989,701 Add columns (g), (i), and (j) of line 29b 31 (74,607,279) Total partnership and S corporation income or (loss). Combine lines 30 and 31. 32 -16.617.578 Part III Income or Loss From Estates and Trusts 33 (a) Name (b) Employer identification number See Additional Data Table В Passive Income and Loss Nonpassive Income and Loss (d) Passive income (c) Passive deduction or loss allowed (e) Deduction or loss (f) Other income from ( attach Form 8582 if required ) Schedule K-1 from Schedule K-1 from Schedule K-1 See Additional Data Table В 34a Totals **b** Totals 35 Add columns (d) and (f) of line 34a 35 36 Add columns (c) and (e) of line 34b 36 () 37 Total estate and trust income or (loss). Combine lines 35 and 36.. Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder Part IV 38 (c) Excess inclusion from (b) Employer (d) Taxable income (net loss) (e) Income from (a) Name identification number Schedules Q, line 2c from Schedules Q, line 1b Schedules Q, line 3b (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V Summary 40 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 Schedule 1 (Form 1040 or 1040-SR), line 17, or Form 1040-NR, line 18 41 -16,472,951 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 AC; 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, Form 1040-SR, or Form 1040-NR from all rental real

estate activities in which you materially participated under the passive activity

. . . . . . . . . . . . . . . . . . .

43

loss rules

Add the amounts on line 9 of both columns and enter the total here.

These are your supplemental business expenses

2019

10

10,714.

Your name Social security number Business in which expenses were incurred DONALD J. TRUMP THE EAST 61 ST. COMPANY **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and 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 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 10,714 and entertainment SEE STATEMENT 1 5 Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 10,714 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. STEP 2 Reimbursements for Expenses Listed In STEP 1 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 10,714 8 Subtract line 7 from line 6 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%) 10,714 9

	irt II Vehicle Expenses							
74414 (212) (14	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
	Total miles vehicle was driven during 2019				miles			miles
13	Business miles included on line 12				miles			miles
14	Percent of business use. Divide line 13 by line 12				%		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	%
15	Average daily roundtrip commuting distance				miles			miles
16				10	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the				miles			miles
18	Was your vehicle available for personal use during						Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable for per	sonal 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 Part II	to find out whether to comple	te this section	or Section C.)			
						20		
	Multiply line 13 by 58¢ (0.58). Enter the result her ion C Actual Expenses	e and on line	(a) Vehicle		(b) Vehi	cle		
		22	(a) venicle			(5) (6)		
	Gasoline, oil, repairs, vehicle insurance, etc.	23 24a				ar liebin c		
	Vehicle rentals	24a 24b						
	Inclusion amount	240 24c						
	Subtract line 24b from line 24a	240						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	0.5						
00	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							
Cont	line 1	29 29	owned the vehicle and are or	mnleting So	etion C for the vehicle \			
sect	ion D Depreciation of Venicles (Use this section	l only il you		impleating Set		(b) Vehi	rle	
00	Fator cost or other basis	30	(a) Vehicle			(מ) עפווו	UIU	
30	Enter cost or other basis	30						
31	Enter section 179 deduction	31						
20	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179	22						
00	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from	00						
	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number	B	usiness in which e	xpenses	were inc	urred	00
DONALD J. TRUMP	1		0 WALL D LC	ᅜᅜᅜᆄ	OPMI	INT ASS	UC,
Part I Business Expenses and Reimbursem	ents						
STEP 1 Enter Your Expenses			<b>Column A</b> Other Than Meals and Entertainment			Column B Meals an Entertainm	d
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	g, airplane, car rental,	3					
4 Business expenses not included on lines 1 through 3. <b>Do not</b> included and entertainment SEE STA	ude meals TEMENT 2	4	9,799,	195.			
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	9,799,	195.			
NOTE: If you were not reimbursed for any expenses in Step 1, sl	kip line 7 and enter the amo	unt from	line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed	In STEP 1						
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-1 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 Limita	ation						
8 Subtract line 7 from line 6		8	9,799,	195.			
9 In Column A, enter the amount from line 8. In Column B, multiply 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%)	ect to	9	9,799,	195.			
10 Add the amounts on line 9 of both columns and enter the total her	re.				10	9 79	0 105

	eniencade (2019) DONALD J. TRUI	MP						- rugo -	
200701110000	rt II Vehicle Expenses				/-\\/-L:-I-	_	(h) Vahiala		
	tion A General Information			<del></del>	(a) Vehicle	-	(b) Vehicle		
	Enter the date vehicle was placed in service				11-	_		miles	
12	Total miles vehicle was driven during 2019				miles	-		miles	
13	Business miles included on line 12				miles	_		miles	
14	Percent of business use. Divide line 13 by line 12 $$				%	-		<u>%</u>	
15	Average daily roundtrip commuting distance				miles	_		miles	
16				miles	-		miles		
17	Other miles. Add lines 13 and 16 and subtract the				miles	_	T IV	miles	
18	Was your vehicle available for personal use during	g off-du	ty hours?				Yes	L No	
19	Do you (or your spouse) have another vehicle available for personal use?								
20	Do you have evidence to support your deduction?						Yes	L No	
21	If "Yes," is the evidence written?						Yes	☐ No	
Sect	ion B Standard Mileage Rate (See the instructio	ns for	Part II to find out whether to compl	ete this sec	tion or Section C.)				
22	Multiply line 13 by 58¢ (0.58). Enter the result her	e and o	n line 1			22			
Sect	ion C Actual Expenses		(a) Vehicle			(b) Ve	hicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
24 a	Vehicle rentals	24a							
	Inclusion amount	24b							
	Subtract line 24b from line 24a	24c							
	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							
	Depreciation. Enter amount from line 38 below	28							
	Add lines 27 and 28. Enter total here and on								
20	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle and are c	completing	Section C for the vehicle.)				
-		1	(a) Vehicle		The William Co.	(b) Ve	hicle		
30	Enter cost or other basis	30							
	Enter section 179 deduction								
01	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106	<del>     </del>							
JZ	instructions if you claimed the section 179								
	deduction or special allowance)	32							
00	The state of the s	33							
33	Enter depreciation method and percentage	34							
34	Multiply line 32 by the percentage on line 33	35							
35	Add lines 31 and 34	36							
36	Enter the limitation amount	_							
37	Multiply line 36 by the percentage on line 14	37				-			
38	Enter the <b>smaller</b> of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from						***		
	line 35. Also enter this amount on line 28 above	38							

Your name	Social security number	Busi	iness in which expenses were	incurred
DONALD J. TRUMP		TR	UMP CPS LLC	
Part I Business Expenses and Rein	nbursements			
STEP 1 Enter Your Expenses		Ott	Column A her Than Meals d Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29		. 1		
Parking fees, tolls, and transportation, including train involve overnight travel	, bus, etc., that did not			
3 Travel expense while away from home overnight, incetc. Do not include meals and entertainment	luding lodging, airplane, car rental,	. 3		
4 Business expenses not included on lines 1 through 3 and entertainment	B. Do not include meals SEE STATEMENT 3	. 4	98,919.	
5 Meals expenses		. 5		
6 Total expenses. In Column A, add lines 1 through 4 enter the amount from line 5		6	98,919.	
NOTE: If you were not reimbursed for any expense	s in Step 1, skip line 7 and enter the an	nount from line	e 6 on line 8.	
STEP 2 Reimbursements for Expense	es Listed In STEP 1			
7 Enter amounts that were <b>not</b> reported to you in box Include any amount reported under code "L" in box 1	of Form W-2. 2 of your Form W-2	. 7		
STEP 3 Figure Expenses Subject to t	he Limitation			
8 Subtract line 7 from line 6		. 8	98,919.	
9 In Column A, enter the amount from line 8. In Colum amount on line 8 by 50% (.50). (If zero or less, enter the Department of Transportation (DOT) hours-of-se Multiply by 80% (.80) instead of 50%)	-O-) (If subject to rvice limits:	9	98,919.	
10 Add the amounts on line 9 of both columns and ente These are your supplemental business expenses	r the total here.		10	98,919.

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 2019			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		%		%
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				mile	s		miles
18	Was your vehicle available for personal use during	g off-di	uty hours?				Yes	No
19	Do you (or your spouse) have another vehicle ava	ıilable f	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
Sect	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to complet	te this sec	tion or Section C.)			
	Multiply line 13 by 58¢ (0.58). Enter the result her	re and				22		
Sect	ion C Actual Expenses		(a) Vehicle			(b) V	ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc	23						
24 a	Vehicle rentals	24a						
b	Inclusion amount	24b			Constitution of the Consti			
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio	n only	if you owned the vehicle and are co	mpleting	Section C for the vehicle.)			
			(a) Vehicle	200		(b) V	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							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
00	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						
	mio sorrido onto uno amount on mio 20 abovo	, ,,,			CONTRACTOR OF THE PARTY OF THE			

Your name Social security number	Business in which expenses were incurred
DONALD J. TRUMP	TRUMP 845 UN GP LLC (MGR)
Part I Business Expenses and Reimbursements	
STEP 1 Enter Your Expenses	Column A Column B  Other Than 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	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 4	4 55,384.
5 Meals expenses	5
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	55,384.
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the a	amount from line 6 on line 8.
STEP 2 Reimbursements for Expenses Listed In STEP 1	
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7
STEP 3 Figure Expenses Subject to the Limitation	
8 Subtract line 7 from line 6	8 55,384.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 55,384.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	<b>▶</b> 10 55,384

- 1011111	UNALD U. TRU	MF_						- age
20-7141-9-30	art II Vehicle Expenses tion A General Information				(a) Vehicle		(b) Vehicle	
				11	(a) venicle	-	(b) veniore	
	Enter the date vehicle was placed in service  Total miles vehicle was driven during 2019				miles			miles
13	Business miles included on line 12				miles	-		miles
	Percent of business use. Divide line 13 by line 12				%	-		%
15	Average daily roundtrip commuting distance				miles	-		miles
16					miles	_		miles
17		total f	om line 12		miles	-	X-41-0-1-4	miles
	Was your vehicle available for personal use during					_	Yes	No
10	was your vernore available for personal asc during	j Oii u						F-200-20
19	Do you (or your spouse) have another vehicle ava	ilable	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	ion B Standard Mileage Rate (See the instructio	no for	Dort II to find out whether to compl	lata this so	ction or Section C )			
Sect	non B Standard Mileage Rate (See the instruction	118 101	Part II to IIIIu out whether to compi	ete tilis se	Culon or Section 6.)			
22	Multiply line 13 by 58¢ (0.58). Enter the result her	e and	on line 1			22		
	ion C Actual Expenses		(a) Vehicle			(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	n only	if you owned the vehicle and are o	completing				
			(a) Vehicle		Harana Palan	(b) Ve	hicle	
	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32				-		
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number	Bu	siness in which expenses w	ere incurre	d
DONALD J. TRUMP		TI C(	RUMP EQUITABI	Æ FI	FTH AVENUE
Part I Business Expenses and Reimburseme	ents		5000 Peri (1900)		
STEP 1 Enter Your Expenses		C	Column A Other Than Meals nd 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., 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. <b>Do not</b> included and entertainment SEE STA	ıde meals темемт 5	4	189,814.		
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,	6	189,814.		
NOTE: If you were not reimbursed for any expenses in Step 1, sk	cip line 7 and enter the amo	ount from lir	ne 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limita	ntion		•		
8 Subtract line 7 from line 6		8	189,814.		
9 In Column A, enter the amount from line 8. In Column B, multiply tamount 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	189,814.		
10 Add the amounts on line 9 of both columns and enter the total her. These are your supplemental business expenses	е.		•	10	189 814

	IT II Vehicle Expenses	.11						
	ion A General Information	-		T	(a) Vehicle	T	(b) Vehicle	-
11	Enter the date vehicle was placed in service			11	(a) volitore	+	(=)	
12	Total miles vehicle was driven during 2019				mile	S		miles
13	Business miles included on line 12				mile	_		miles
14	Percent of business use. Divide line 13 by line 12					%		%
15	Average daily roundtrip commuting distance				mile	_		miles
				40	mile			miles
16	Other miles. Add lines 13 and 16 and subtract the		om ling 19		mile	_		miles
17	Was your vehicle available for personal use during						Yes	No No
18	was your venicle available for personal use during	j on-ui	ity nours?				100	
19	Do you (or your spouse) have another vehicle ava	ilable 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
					" O O.)			
Sect	ion B Standard Mileage Rate (See the instructio	ns for	Part II to find out whether to co	mpiete this sec	ction or Section 6.)			
						22		
	Multiply line 13 by 58¢ (0.58). Enter the result her ion C Actual Expenses	e and	on line 1 (a) Vehicle			(b) Ve	hicle	
		00	(a) Venice					
	Gasoline, oil, repairs, vehicle insurance, etc.	23				201501		
	Vehicle rentals							
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only	The second secon	All the second s	Section C for the vehicle.)			
			(a) Vehicle	3		(b) V	ehicle	- Mercine
	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						MATERIAL FOR ST
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number	Bu	siness in which expenses v	were inc	urred
DONALD J. TRUMP		TI	RUMP PALACE/	PAR(	C LLC
Part I Business Expenses and Reimburser	— nents				
STEP 1 Enter Your Expenses			Column A Other Than Meals nd 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				
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ning, airplane, car rental.				
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	clude meals PATEMENT 6	4	45,476.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5		6	45,476.		
NOTE: If you were not reimbursed for any expenses in Step 1,	, skip line 7 and enter the am	ount from lir	ne 6 on line 8.		
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1				
7 Enter amounts that were <b>not</b> 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	45,476.		
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	45,476.		
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	nere.		<b>&gt;</b>	10	45,476.

Total miles vehicle was driven during 2019   12   miles   milles   milles   miles	_	ement SBE (2019) DONALD J. TRU.	MP						raye L
11   Enter the date vehicle was placed in service	a seesal to the	<u> </u>				(-) \/-h:-l-	_	(b) Vahiala	
12   Total miles vehicle was driven during 2019   12   miles   miles	Sect					(a) venicie	+-	(b) venicie	
13   Business miles included on line 12   13   miles   miles	11						+-		mileo
Percent of business use. Divide line 13 by line 12   14   56   55   millos   millo	12						+		
15	13						_		
Commuting miles included on line 12	14						+		
Other miles. Add lines 13 and 16 and subtract the total from line 12	15						+		
Nay your vehicle available for personal use during off-duty hours?    Yes	16						_		-
19   Do you (or your spouse) have another vehicle available for personal use?   Yes   No	17						_		
20 Do you have evidence to support your deduction?  1 If "Yes," is the evidence written?  Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)  Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)  22 Multiply line 13 by 58e (0.58). Enter the result here and on line 1  23 Gasoline, oil, repairs, vehicle insurance, etc.  24 Au Vehicle  25 Jean amount  24 Subtract line 24b from line 24a  25 Value of employer-provided vehicle (applies only if 10% of annual lease value was included on Form W-2)  25 Multiply line 25 by the percentage on line 14  27 Jean and 28 Enter total here and on line 1  29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  20 Enter cost or other basis  30 Section 179 deduction and special allowance  31 Enter section 179 deduction and special allowance  31 Section 179 depluction and special allowance  32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance  31 Enter depreciation method and percentage on line 1  32 Section 179 deduction and special allowance  33 Section 179 defluction and special allowance  34 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance  35 Add lines 31 and 34  36 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 1  36 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 37. If you skipped lines 36 and 37, enter the amount from line 37. If you skipped lines 36 and 37, enter the amount from line 37. If you skipped lines 36 and 37, enter the amount from line 37. If you skipped lines 36 and 37, enter the amount from line 37. If you skipped lines 36 and 37, enter the amount from line 1  31 Section 19 Section 19 Section 19	18	Was your vehicle available for personal use during	g off-dui	ly hours?				Yes	NO
21 If 'Yes,' is the evidence written?	19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?				Yes	□ No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)  22 Multiply line 13 by 58¢ (0.58). Enter the result here and on line 1  23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 25 Inclusion amount 26 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24¢, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1  29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (e) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (h) Ve	20	Do you have evidence to support your deduction?	·					Yes	L No
Multiply line 13 by 58e (0.58). Enter the result here and on line 1	21	If "Yes," is the evidence written?						Yes	No
Section C Actual Expenses  (a) Vehicle  (b) Vehicle  (c) Subtract line 24b from line 24a  24b  25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2).  26 Add lines 23, 24c, and 25.  27 Multiply line 26 by the percentage on line 14  27 Add lines 27 and 28. Enter total here and on line 1  29 Add lines 27 and 28. Enter total here and on line 1  29 Exection D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle  (b) Vehicle  (b) Vehicle  (b) Vehicle  (b) Vehicle  (a) Vehicle  (b) Vehicle  (b) Vehicle  (b) Vehicle  (c) Vehicle  (d) Vehicle  (e) Vehicle  (e) Vehicle  (f) Vehicle  (h) Vehicle	Sect	ion B Standard Mileage Rate (See the instruction	ns for P	Part II to find out whether to com	plete this sect	ion or Section C.)			
Section C Actual Expenses  (a) Vehicle  (b) Vehicle  (c) Subtract line 24b from line 24a  24b  25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2).  26 Add lines 23, 24c, and 25.  27 Multiply line 26 by the percentage on line 14  27 Add lines 27 and 28. Enter total here and on line 1  29 Add lines 27 and 28. Enter total here and on line 1  29 Exection D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle  (b) Vehicle  (b) Vehicle  (b) Vehicle  (b) Vehicle  (a) Vehicle  (b) Vehicle  (b) Vehicle  (b) Vehicle  (c) Vehicle  (d) Vehicle  (e) Vehicle  (e) Vehicle  (f) Vehicle  (h) Vehicle		M 11 1 1 40 1 50 (0 50) 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- U d			22		
23 Gasoline, oil, repairs, vehicle insurance, etc. 23   24a   24b   24b   24c   24c   25   26c   26c			re and o				1,000	hicle	
24a Vehicle rentals b Inclusion amount c Subtract line 24b from line 24a 24b 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Multiply line 28 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle (b) Vehicle (b) Vehicle  Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 31 Enter depreciation method and percentage 33 Enter the limitation amount 34 Multiply line 32 by the percentage on line 33 34 Add lines 31 and 34 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 36 by the percentage on line 14 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	-		22	(a) volitoio			(2)		
b Inclusion amount c Subtract line 24b from line 24a 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1  Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle (b) Vehicle  (a) Vehicle  (b) Vehicle  10 Enter cost or other basis 30 Inclusion amount from line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance 31 Enter section 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Enter the limitation amount 36 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			_				100000		
c Subtract line 24b from line 24a			-						
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)			-						
only if 100% of annual lease value was included on Form W-2) 25			240						
included on Form W-2)  26 Add lines 23, 24c, and 25  27 Multiply line 26 by the percentage on line 14  28 Depreciation. Enter amount from line 38 below line 1  Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle  (b) Vehicle  (a) Vehicle  (b) Vehicle  30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33  34 Add lines 31 and 34  35 Add lines 31 and 34  36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14  38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	25	ALE MILESCHOOL COLLEGE FOR A CONTROL OF A STATE OF THE CONTROL OF							
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  30 Enter cost or other basis 30 (a) Vehicle 31 Enter section 179 deduction and special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		The state of the s	0.5						
27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29  Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)									
28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29  Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle (b) Vehicle  (b) Vehicle  (c) Vehicle (b) Vehicle  (d) Vehicle (d) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (									-
29 Add lines 27 and 28. Enter total here and on line 1. 29  Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle (b) Vehicle  (a) Vehicle (b) Vehicle  30 Enter cost or other basis 30									
line 1	28		28						
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)  (a) Vehicle (b) Vehicle  100 Enter cost or other basis 101 Enter section 179 deduction 102 and special allowance 103 Multiply line 30 by line 14 (see Form 2106 103 instructions if you claimed the section 179 103 deduction or special allowance) 103 Enter depreciation method and percentage 103 Multiply line 32 by the percentage on line 33 103 Multiply line 32 by the percentage on line 33 103 Multiply line 36 by the percentage on line 14 105 Multiply line 36 by the percentage on line 14 107 Multiply line 36 or line 37. If you skipped lines 36 and 37, enter the amount from	29		00						
Calculation	Sect	ine Iine Iion D Depreciation of Vehicles (Use this sectio		you owned the vehicle and are	completing	Section C for the vehicle.)			
31 Enter section 179 deduction and special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Senter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33 Senter the limitation amount 36 Senter the limitation amount 37 Multiply line 36 by the percentage on line 14 Senter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from							(b) Ve	ehicle	
and special allowance  31  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  34 Multiply line 32 by the percentage on line 33  35 Add lines 31 and 34  36 Enter the limitation amount  37  Multiply line 36 by the percentage on line 14  37  Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)  32 Enter depreciation method and percentage  33 Multiply line 32 by the percentage on line 33  34 Multiply line 31 and 34  35 Enter the limitation amount  36 Multiply line 36 by the percentage on line 14  37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	31	Enter section 179 deduction							
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)  32		and special allowance	31						
instructions if you claimed the section 179 deduction or special allowance)  32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32								
deduction or special allowance)  32  33 Enter depreciation method and percentage  34 Multiply line 32 by the percentage on line 33  35 Add lines 31 and 34  36 Enter the limitation amount  36 Multiply line 36 by the percentage on line 14  37 Multiply line 36 by the percentage on line 14  38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from									
33 Enter depreciation method and percentage 33 34 34 35 34 35 35 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from 38 38 39 39 39 39 39 30 30 30 30 30 30 30 30 30 30 30 30 30			32						
34 Multiply line 32 by the percentage on line 33 34 35 35 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	33		33						
35 Add lines 31 and 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	34								
36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from									
Multiply line 36 by the percentage on line 14 37  Benter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			100						
38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			-						
skipped lines 36 and 37, enter the amount from									
	50								
			38						

Your name	Social security number	Bus	iness in which expenses v	were inc	urred
DONALD J. TRUMP		TR	UMP PLAZA L	LC	
Part I Business Expenses and Reimburseme	nts				
STEP 1 Enter Your Expenses			Column A her Than Meals d 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., 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 included and entertainment SEE STAT	le meals EMENT 7 4	1	13,301.		
5 Meals expenses	5	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,	3	13,301.		
NOTE: If you were not reimbursed for any expenses in Step 1, ski	o line 7 and enter the amount f	rom line	e 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7			
STEP 3 Figure Expenses Subject to the Limitat	tion				
8 Subtract line 7 from line 6	8	3	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%)	t to		13,301.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			<b>&gt;</b>	10	13,301.

	ement SBE (2019) DONALD J. TRUI	MP						agentine - Address of the Address of	Page 2
Pa	art II Vehicle Expenses								
Sec	tion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			1	1				
12	Total miles vehicle was driven during 2019			1	2	miles	s		miles
13	Business miles included on line 12			1	3	miles	s		miles
14	Percent of business use. Divide line 13 by line 12				4	9/	6		%
15	Average daily roundtrip commuting distance				5	miles	S		miles
16					6	miles	S		miles
17	Other miles. Add lines 13 and 16 and subtract the				7	miles	s		miles
18	Was your vehicle available for personal use during							Yes	No
		* (							
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?					Yes	No
00	Do you have evidence to support your deduction?							Yes	□ No
20	Do you have evidence to support your deduction?							103	110
21	If "Yes," is the evidence written?							Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether t	to complete this	section	or Section C.)			
	Multiple live 40 to 50 c (0 50). Enter the recult beauty		line 4				22		
	Multiply line 13 by 58¢ (0.58). Enter the result her tion C Actual Expenses	e and o		ehicle			(b) Vel	hicle	
	Gasoline, oil, repairs, vehicle insurance, etc.	23	(α) ν	I			(-/		
	199 ADM N	_							
	Vehicle rentals	24a 24b							
	Inclusion amount								
	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		<u> </u>	0	" 01 " · · · · · · · · · · · · · · · · · ·			
Sect	tion D Depreciation of Vehicles (Use this section	only			ting Se	ction C for the vehicle.)			
			(a) Ve	ehicle	Secretarion of		(b) Ve	nicle	
	Enter cost or other basis	30							
31	Enter section 179 deduction								
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33				Note that the second se			
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36							
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the <b>smaller</b> of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Yo	ur name	Social security number	Ti-	Busine	ss in which expenses	were inc	curred
D	ONALD J. TRUMP		,	THE	TRUMP COR	POR	ATION
P	art I Business Expenses and Reimburseme	- ents					
SI	TEP 1 Enter Your Expenses			Other	olumn A Than Meals ntertainment		Column B Meals and Entertainment
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. <b>Do not</b> include meals and entertainment	a, airplane, car rental.	3				
4	Business expenses not included on lines 1 through 3. <b>Do not</b> included and entertainment SEE STAT	de meals	4		167,531.		
5	Meals expenses		5				
6	6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5				167,531.		
	NOTE: If you were not reimbursed for any expenses in Step 1, ski	ip line 7 and enter the amo	ount from	line 6	on line 8.		
ST	EP 2 Reimbursements for Expenses Listed	In STEP 1					
7	Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Forn	n W-2	7				
ST	EP 3 Figure Expenses Subject to the Limita	tion					
8	Subtract line 7 from line 6		8		167,531.		
9	In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to	9		167,531.		
10	Add the amounts on line 9 of both columns and enter the total here These are your supplemental business expenses	t.			<b>&gt;</b>	10	167,531.

	ellielit SBE (2019) DONALD J. TRU	MP						- uge -
Pa	art II Vehicle Expenses	e e e e e e e e e e e e						
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 2019			12	miles			miles
	Business miles included on line 12				miles			miles
	Percent of business use. Divide line 13 by line 12				%			%
	Average daily roundtrip commuting distance				miles			miles
16				2332	miles			miles
17					miles			miles
18	Was your vehicle available for personal use during						Yes	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	tion B Standard Mileage Rate (See the instruction	ns for l	Part II to find out whether to comp	lete this secti	on or Section C.)			
	Multiply line 13 by 58¢ (0.58). Enter the result her	e and c				22   b) Vehic	.lo	
_	tion C Actual Expenses		(a) Vehicle		(1	J) venic	16	
	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
	Inclusion amount	24b				300		
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)							
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	tion D Depreciation of Vehicles (Use this section	n only i		completing S				
			(a) Vehicle		(1	b) Vehic	ele	
	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31					TOTAL CASCINED VALABLE VICE	
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number		Business in	which expenses v	were incurred		
DONALD J. TRUMP			TRUMP	PROJECT	MAI	NAGEMENT	CORP
Part I Business Expenses and Reimbur	rsements						
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment					t
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, including train, bus involve overnight travel	, etc., that <b>did not</b>						
3 Travel expense while away from home overnight, including etc. Do not include meals and entertainment	lodging, airplane, car rental.						
4 Business expenses not included on lines 1 through 3. Do and entertainment SEI	not include meals E STATEMENT 9	4		9,665.			
5 Meals expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and e enter the amount from line 5		6		9,665.			
NOTE: If you were not reimbursed for any expenses in St	tep 1, skip line 7 and enter the am	ount fro	m line 6 on lir	ne 8.			
STEP 2 Reimbursements for Expenses L	isted In STEP 1						
7 Enter amounts that were <b>not</b> reported to you in box 1 of Fo Include any amount reported under code "L" in box 12 of y	orm W-2. our Form W-2	7					
STEP 3 Figure Expenses Subject to the L	₋imitation	- cette			-		
8 Subtract line 7 from line 6		8		9,665.		2	
9 In Column A, enter the amount from line 8. In Column B, m amount on line 8 by 50% (.50). (If zero or less, enter -0-) ( the Department of Transportation (DOT) hours-of-service I Multiply by 80% (.80) instead of 50%)	If subject to imits:	9		9,665.			
10 Add the amounts on line 9 of both columns and enter the t These are your supplemental business expenses	otal here.			<b>&gt;</b>	10	9	,665.

	Water Surveyor	LIL						T ugo
1000 000 000	art II Vehicle Expenses tion A General Information			——-т	(a) Vehicle		(b) Vehicle	
				11	(a) venicle	+	(b) venicio	
11	Enter the date vehicle was placed in service  Total miles vehicle was driven during 2019				mile	e		miles
	Business miles included on line 12				mile	_		miles
13	Percent of business use. Divide line 13 by line 12					6		%
14					mile			miles
15	Average daily roundtrip commuting distance			2000	mile	-		miles
16	Commuting miles included on line 12 Other miles. Add lines 13 and 16 and subtract the		om line 10		mile			miles
17							Yes	No
18	Was your vehicle available for personal use during	J 0π-a	ity nours?				165	100
19	Do you (or your spouse) have another vehicle ava	ilable 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
Sect	tion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to con	nlete this sec	tion or Section C.)		-	
0000	non D. Otanuara Mineago Mate (Dec inc mondule)	110 101	Taren to mila dat whother to den	ipioto tino oco	uon or occuen ery			
22	Multiply line 13 by 58¢ (0.58). Enter the result her	e and	on line 1			22		
	tion C Actual Expenses	o and	(a) Vehicle			(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals							
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
	Value of employer-provided vehicle (applies	240						
23	only if 100% of annual lease value was							
	Walter to Section 24 Areas at the process removes a series of processing and proc	25						
0.0	included on Form W-2)							
	Add lines 23, 24c, and 25	27						
	Multiply line 26 by the percentage on line 14							
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on line 1	29						
Sect	tion D Depreciation of Vehicles (Use this section		if you owned the vehicle and ar	completing	Section C for the vehicle.)			
			(a) Vehicle			(b) Ve	hicle	20000000000
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name  S	ocial security number	IBu	siness in which expenses	were in	curred
DONALD J. TRUMP	- Belle Antidegalen (syden Apinisten epinis	T	MANAGEMĖNT LC)	LLC	(TMG MEMBER
Part I Business Expenses and Reimbursemen	its				
STEP 1 Enter Your Expenses			Column A Other Than Meals nd 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 involve overnight travel		2			
3 Travel expense while away from home overnight, including lodging, a 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	1	66,608.	Tarlova I	
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the re enter the amount from line 5	sult. In Column B,	6	66,608.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount f	rom lir	ne 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form N	W-2	7			
STEP 3 Figure Expenses Subject to the Limitati	on				
8 Subtract line 7 from line 6		В	66,608.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	9	66,608.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	66 608

	ement SBE (2019) DONALD J. TRU	MP						- raye z
	rt II Vehicle Expenses							
Sect	ion A General Information		4		(a) Vehicle		(b) Vehicle	)
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2019				miles			miles
13	Business miles included on line 12				miles			miles
14	Percent of business use. Divide line 13 by line 12				%			%
15	Average daily roundtrip commuting distance				miles			miles
16	Commuting miles included on line 12				miles			miles
17	Other miles. Add lines 13 and 16 and subtract the				miles			miles
18	Was your vehicle available for personal use during	g off-duty hours	?				Yes	N
19	Do you (or your spouse) have another vehicle ava	nilable for person	nal use?				Yes	□ N
20	Do you have evidence to support your deduction?	?					Yes	N
21	If "Yes," is the evidence written?						Yes	□ N
Sect	ion B Standard Mileage Rate (See the instruction	ons for Part II to	find out whether to comp	lete this section	or Section C.)			
	Multiply line 13 by 58¢ (0.58). Enter the result he	re and on line 1				22		
Sect	ion C Actual Expenses		(a) Vehicle			b) Vehicl	le	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
	Inclusion amount	24b						
	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		1 11 0				
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if you ow		completing Se		LVV-1-1-	I	
			(a) Vehicle			b) Vehic	ie	
	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						isus Montach
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38				2115-5111		

Your name	Social security number	Busine	ess in which expenses wer	e incurred
DONALD J. TRUMP			LMONICO)	TOE LIC
Part I Business Expenses and Reimbur	rsements			
STEP 1 Enter Your Expenses			Column A	Column B
			r Than Meals Entertainment	Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1		
2 Parking fees, tolls, and transportation, including train, bus involve overnight travel	etc., that did not	2		
3 Travel expense while away from home overnight, including etc. <b>Do not</b> include meals and entertainment	lodging, airplane, car rental.			
4 Business expenses not included on lines 1 through 3. Do and entertainment SE	not include meals E STATEMENT 11	4	5,091.	
5 Meals expenses		5		
6 Total expenses. In Column A, add lines 1 through 4 and e enter the amount from line 5	6	5,091.		
NOTE: If you were not reimbursed for any expenses in St	ep 1, skip line 7 and enter the am	ount from line 6	3 on line 8.	
STEP 2 Reimbursements for Expenses L	isted In STEP 1			
7 Enter amounts that were <b>not</b> reported to you in box 1 of Foundard Include any amount reported under code "L" in box 12 of y	orm W-2. our Form W-2	7		
STEP 3 Figure Expenses Subject to the I	imitation			
8 Subtract line 7 from line 6		8	5,091.	
9 In Column A, enter the amount from line 8. In Column B, n amount on line 8 by 50% (.50). (If zero or less, enter -0-) (	nultiply the If subject to			
the Department of Transportation (DOT) hours-of-service Multiply by 80% (.80) instead of 50%)	imits:	9	5,091.	
10 Add the amounts on line 9 of both columns and enter the three are your supplemental business expenses	otal here.		▶ 1	5,091.

State	ement SBE (2019) DONALD J. TRU	MP							raye 2
Pa	rt II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11					
12	Total miles vehicle was driven during 2019				!	mile	S		miles
13	Business miles included on line 12				В	mile	S		miles
14	Percent of business use. Divide line 13 by line 12			14		9/	6		%
15	Average daily roundtrip commuting distance					mile	S		miles
16				202		miles	S		miles
17	Other miles. Add lines 13 and 16 and subtract the					mile	s		miles
18	Was your vehicle available for personal use durin	g off-dut	y hours?					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	ons for P	art II to find out whether t	o complete this	section	or Section C.)			
22	Multiply line 13 by 58¢ (0.58). Enter the result he	re and or	n line 1				22		
	ion C Actual Expenses		(a) Ve				(b) Vel	nicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
	Vehicle rentals	24a							
b	Inclusion amount	24b							
	Subtract line 24b from line 24a	24c							
	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							
	Multiply line 26 by the percentage on line 14	27							
	Depreciation. Enter amount from line 38 below	28							
	Add lines 27 and 28. Enter total here and on								
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if	you owned the vehicle a	nd are complet	ing Sec	tion C for the vehicle.)			
			(a) Ve	ehicle			(b) Vel	nicle	
30	Enter cost or other basis	30					TOTAL STATE		
	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							
	Multiply line 32 by the percentage on line 33	34							
	Add lines 31 and 34	35							
	Enter the limitation amount	36							
	Multiply line 36 by the percentage on line 14	37							
	Enter the <b>smaller</b> of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

These are your supplemental business expenses

2019

5,082.

10

Business in which expenses were incurred TRUMP PARK AVE LLC Social security number DONALD J. TRUMP ACQUISITIONS **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 4 Business expenses not included on lines 1 through 3. Do not include meals 5,082 and entertainment SEE STATEMENT 12 5 Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B. enter the amount from line 5 5,082 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. STEP 2 Reimbursements for Expenses Listed In STEP 1 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 5,082 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%) 5,082. 10 Add the amounts on line 9 of both columns and enter the total here.

	art II Vehicle Expenses	MF						
	tion A General Information		A CONTRACTOR OF THE PROPERTY O		(a) Vehicle	Т	(b) Vehicle	
	Enter the date vehicle was placed in service			11	(a) venicio	+	(b) veillele	
	Total miles vehicle was driven during 2019				miles	+		miles
	Business miles included on line 12				miles			miles
13					%	_		%
14					miles	-		miles
15					miles	-		miles
16	Commuting miles included on line 12 Other miles. Add lines 13 and 16 and subtract the		om line 19		miles	_		miles
17	Was your vehicle available for personal use during						Yes	No
18	was your venicle available for personal use during	j Uli-u	ity nours:					
19	Do you (or your spouse) have another vehicle ava	ilable 1	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
Sec	tion B Standard Mileage Rate (See the instructio	ns for	Part II to find out whether to comp	lete this se	ction or Section C.)			
	non D. Ottainada ininada o rizito (Coo dino inio manano							
22	Multiply line 13 by 58¢ (0.58). Enter the result her	e and	on line 1			22		
	tion C Actual Expenses		(a) Vehicle			(b) Vel	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
24 a	Vehicle rentals	24a						
b	Inclusion amount	24b				THE STATE OF THE S		
	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	The state of the s	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sec	tion D Depreciation of Vehicles (Use this section	nonly	if you owned the vehicle and are	completing	Section C for the vehicle.)			
			(a) Vehicle			(b) Vel	hicle	a motorcolation of
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					910		
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

2019

Your name :	Social security number	Busin	ess in which expenses	were inc	urred
DONALD J. TRUMP		TIF	HT COMMERCI	AL ]	LLC
Part I Business Expenses and Reimburseme	nts	-			
STEP 1 Enter Your Expenses		Oth	<b>Column A</b> er Than Meals 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 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 included and entertainment SEE STATI	e meals	1	861.		
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the r enter the amount from line 5	esult. In Column B,	3	861.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount f	rom line	6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7			
STEP 3 Figure Expenses Subject to the Limitat	ion	***************************************			
8 Subtract line 7 from line 6		В	861.	ev dr. ek and de ek	
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	9	861.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			<b>&gt;</b>	10	861.

	ement SBE (2019) DONALD J. TRU	MP					-	raye 2
	art II Vehicle Expenses							
	tion A General Information				(a) Vehicle	_	(b) Vehicle	
	Enter the date vehicle was placed in service					-		
12	Total miles vehicle was driven during 2019				miles	_		miles
13	Business miles included on line 12				miles	_		miles
14					9/	_		%
15	Average daily roundtrip commuting distance				miles	+		miles
16					miles	_		miles
17	Other miles. Add lines 13 and 16 and subtract the				miles			miles
18	Was your vehicle available for personal use during	g off-d	ıty hours?				Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable	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	tion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to comple	te this sect	on or Section C.)			
00	Multiply line 13 by 58¢ (0.58). Enter the result her	o and	on line 1			22		
	tion C Actual Expenses	6 anu	d on line 1			(b) Ve	hicle	
	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
		24b						
	Inclusion amount	24c						
	Subtract line 24b from line 24a	240						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	0.5						
	included on Form W-2)	25						
	Add lines 23, 24c, and 25	26						
	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							
Cost	line 1 tion D Depreciation of Vehicles (Use this section	29	if you owned the vehicle and are or	mnleting 9	Section C for the vehicle )	i ii		
Seci	non D Depreciation of Venicles (Use this section	l		inpleting c		(b) Ve	hiele	
00	Fotour and an other bank	20	(a) Vehicle			(u) ve		Name (Size
	Enter cost or other basis	30						
31	Enter section 179 deduction	0.4						
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179					1		
0.00	deduction or special allowance)	32				$\dashv$		
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35					March projects de la companya de la	
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38	genz haye evalue et alla					

2019

Your	name	Social security number	Bu	Siness in which expenses w	ere incu	rred AL GOLF CLUB
DO	NALD J. TRUMP			C INTERNAT	LION	AL GOLF CLOB
Pa	rt I Business Expenses and Reimbursem	ents				
CTE	ED 1 Enter Volus Evnences			Column A		Column B
STE	EP 1 Enter Your Expenses		0 ai	other Than Meals nd Entertainment		Meals and Entertainment
1 \	/ehicle expense from line 22 or line 29		1			
2 F	Parking fees, tolls, and transportation, including train, bus, etc., t nvolve overnight travel	hat did not	2			
3 7	Travel expense while away from home overnight, including lodgir etc. Do not include meals and entertainment	ng, airplane, car rental,	3			
4 E	Business expenses not included on lines 1 through 3. <b>Do not</b> incl and entertainment SEE STA	ude meals TEMENT 14	4	280,994.		
5 1	Meals expenses		5			
6	Fotal expenses. In Column A, add lines 1 through 4 and enter then the amount from line 5	e result. In Column B,	6	280,994.		
ı	NOTE: If you were not reimbursed for any expenses in Step 1, s	kip line 7 and enter the amo	unt from lir	ne 6 on line 8.		
STE	P 2 Reimbursements for Expenses Listed	I In STEP 1				
7 E	nter amounts that were <b>not</b> reported to you in box 1 of Form W-nclude any amount reported under code "L" in box 12 of your Fo	2. rm W-2	7			
STE	P 3 Figure Expenses Subject to the Limit	ation				
8 5	Subtract line 7 from line 6		8	280,994.		
t	n Column A, enter the amount from line 8. In Column B, multiply mount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subj he Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ect to	9	280,994.		
				200,001		
	Add the amounts on line 9 of both columns and enter the total he hese are your supplemental business expenses			<b>&gt;</b>	10	280,994.

	tement SBE (2019) DONALD J. TRU	MP						Page 2
Pa	art II Vehicle Expenses							
Sec	tion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
	Total miles vehicle was driven during 2019				mile	S		miles
13					mile	s		miles
14				14	0	%		%
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 t	rom line 12	17	mile	S		miles
18	Was your vehicle available for personal use durin	g off-d	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
Sect	tion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to co	mplete this sect	tion or Section C.)			
22	Multiply line 13 by 58¢ (0.58). Enter the result he	re and	on line 1			22		
	tion C Actual Expenses	c and	(a) Vehic			(b) Ve	hicle	
	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals							
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c		ellian jaren jar ar an en				
	Value of employer-provided vehicle (applies	2.10						
20	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						
	Depreciation. Enter amount from line 38 below	28						
28	Add lines 27 and 28. Enter total here and on	20						
29		29						
Sect	line 1		if you owned the vehicle and a	re completing 9	Section C for the vehicle )			
0001	non D. Doproviduon or volitores (Dac tina aconto	Jilly	(a) Vehicl			(b) Ve	hicle	
30	Enter cost or other basis	30	(a) venici			(2) 00		
	Enter section 179 deduction	30						
J 1		31						
32	Multiply line 30 by line 14 (see Form 2106	51						
32	instructions if you claimed the section 179							
		32						
	deduction or special allowance)	33						
33	Enter depreciation method and percentage							
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	36						
36	Enter the limitation amount	_						
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				1600 100		

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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 4 Business expenses not included on lines 1 through 3. Do not include meals 465,442. 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. enter the amount from line 5 465,442 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. STEP 2 Reimbursements for Expenses Listed In STEP 1 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 6 465,442 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%) 465,442. 10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses 465,442.

Statement SBE	(2019)	DONALD	J.	TRUMP

	ement SBE (2019) DONALD J. TRU	MP_						raye 2
Pa	art II Vehicle Expenses						388	
Sect	tion A General Information				(a) Vehicle		(b) Vehicle	
	Enter the date vehicle was placed in service							
12	Total miles vehicle was driven during 2019			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				9/	6		%
15	Average daily roundtrip commuting distance				miles	3		miles
16	Commuting miles included on line 12				miles	3		miles
17	Other miles. Add lines 13 and 16 and subtract the				miles			miles
18	Was your vehicle available for personal use during	g off-d	uty hours?				Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable	or personal use?					□ No
20	Do you have evidence to support your deduction?			***************************************	•		Yes	L No
21	If "Yes," is the evidence written?					,,,,,,,,,,	Yes	☐ No
Sect	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to comp	lete this secti	on or Section C.)			
						50000000		
	Multiply line 13 by 58¢ (0.58). Enter the result her	e and				22 (b) \/al	hiolo	
	ion C Actual Expenses	_	(a) Vehicle			(b) Vel	IIICIE	
	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
	Inclusion amount	24b			Only Manager (1) or 10 to 10 t	Storone S		
	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						
	Add lines 23, 24c, and 25	26						
	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						
Sect	ion D Depreciation of Vehicles (Use this section	n only		completing S	ection C for the vehicle.)			
			(a) Vehicle	undravien (a.van d.	HUSCHELE T	(b) Vel	nicie	envilaini.
	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						eta lisabili di
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						and a substitution of the
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

2019

Your name Social security number	Busi	ness in which expenses we	ere incurred
DONALD J. TRUMP	TR	UMP NATIONAL	GOLF CLUB
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	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 rental, etc. <b>Do not</b> include meals and entertainment			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 16	4	2,553.	
5 Meals expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,553.	
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount from line	6 on line 8.	
STEP 2 Reimbursements for Expenses Listed In STEP 1			
7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
STEP 3 Figure Expenses Subject to the Limitation			
8 Subtract line 7 from line 6	8	2,553.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits:  Multiply by 80% (.80) instead of 50%)	9	2,553.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10 2 553

Pa	art II Vehicle Expenses							
Sect	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 2019			12	miles	S		miles
13	Business miles included on line 12			13	miles	S		miles
14	Percent of business use. Divide line 13 by line 12			14	9/	6		%
15	Average daily roundtrip commuting distance			15	miles	s		miles
16				16	miles	s		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	17	miles	s		miles
18	Was your vehicle available for personal use during	g off-dut	y hours?				Yes	L No
19	Do you (or your spouse) have another vehicle ava	ilable foi	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 complet	e this section	or Section C.)			
						22		
22	Multiply line 13 by 58¢ (0.58). Enter the result her ion C Actual Expenses	n line 1(a) Vehicle	(a) Vahiala			hicle		
		00	(a) venicie			(b) vc	IIIOIC	
	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	0.5						
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	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 line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio		you owned the vehicle and are co	npleting Se	ction C for the vehicle.)			
			(a) Vehicle			(b) Ve	hicle	- 32
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31						A CONTRACTOR
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			Supplier Section 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						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Form 1040 Schedule E, Part II, Line 28 - Income or Loss From Partnership and S Corporations' (a) Name (b) Enter P (c) Check if (d) (e) Check if (f) Check if for foreign identification basis any amount partnership; partnership number computation is not at risk SforS is required corporation THE EAST 61 ST COMPANY 13-3057745 П В THE EAST 61 ST COMPANY P 13-3057745 C PARK BRIAR ASSOCIATES LLC P 11-6160410 D MAR-A-LAGO CLUB LLC P 65-0567671 UNREIMBURSED EXPENSES E Ρ 65-0567671 П F 40 WALL DEVELOPMENT ASSOC LLC P 13-3845249 П П HUDSON WATERFRONT ASSOC I LP G P 13-3796302 П H HUDSON WATERFRONT ASSOC V LP P 13-3796322 I HUDSON WATERFRONT ASSOC II LP 13-3796305 П HUDSON WATERFRONT ASSOC III LP J P 13-3796315 П K HUDSON WATERFRONT ASSOC IV LP P 13-3796319 TRUMP CPS LLC L P 13-3917414 M DJT HOLDINGS LLC - MISS UNIVERSE LP LLP 27-4162308 П TRUMP PLAZA LLC N P 13-3972488 DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC 27-4162308 P DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC P 27-4162308 П П Q TRUMP 845 UN LIMITED PARTNERSHIP P 13-3958323 П R DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC P 27-4162308 П S DJT HOLDINGS LLC - OAKDALE INVESTORS LLC 27-4162308 T DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT P 13-4040286 LLC (TMG MEMBER LLC) U DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC P 27-4162308 V TIPPERARY REALTY CORP S 11-2405629 W PLAZA CONSULTING CORP S 13-3385468 П X THE TRUMP CORPORATION S 13-3038887 Y UNREIMBURSED EXPENSES S 13-3038887 Z TRUMP PROJECT MANAGEMENT CORP S 13-3775593 AA TRUMP'S CASTLE MANAGEMENT CORP S П 22-3167829 AB TRAVEL ENTERPRISES MANAGEMENT INC S 13-3345689 THE TRUMP HOTEL CORP AC S П 13-3430478 AD HELICOPTER AIR SERVICES INC S 13-3478858 AE DJT HOLDINGS MM LLC - PARC CONSULTING INC S 27-4162256 THE TRUMP ORGANIZATION INC AF S 13-3070440 TRUMP EMPIRE STATE INC AG S 13-3766196 П П AH FIFTY-SEVEN MANAGEMENT CORP S П 13-3860845 DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC AI S 27-4162256

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

(a) Name (b) Enter P (c) Check if (d) Employer (e) Check if (f) Check if for foreign identification basis any amount partnership; computation partnership number is not at risk SforS is required corporation TRUMP CPS CORP AJ S 13-3917416 FIRST MEMBER INC. AK S 13-3914818 AL DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES S 27-4162256 П П BM DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC S 27-4162256 TRUMP PAYROLL CORP BN S 13-3494471 П FLIGHTS INC S 13-3929051 TRUMP PLAZA MEMBER INC BP S 13-3979038 TRUMP VILLAGE CONST CORP-DJT GR TR S 11-1993421 П **BR** TRUMP TOWER MANAGING MEMBER INC S 13-3981225 TRUMP 845 UN MGR CORP S 13-4026239 BT | BEACH HAVEN APARMTENTS #1 INC DJT GR TR S 11-1681481 SHORE HAVEN APARTMENTS #1 INC DJT GR TR BU S 11-1582802 TRUMP MANAGEMENT INC BV S 11-2196835 **BW** TRUMP PARK AVENUE LLC (DELMONICO) P 01-0580204 TRUMP TORONTO DEVELOPMENT INC BX S 20-0005703 П BY STARRETT CITY ASSOCIATES P 11-6189342 TRUMP PARK AVENUE LLC B7 P 20-1908009 DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP S 27-4162256 П DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER В P 27-4162308 DIT HOLDINGS LLC - DIT ENTREPRENEUR P 27-4162308 П MANAGING MEMBER LLC TRUMP INTERNATIONAL GOLF CLUB LLC P 65-0750446 UNREIMBURSED EXPENSES B Р 65-0750446 B DJT HOLDINGS MM LLC - TRUMP SCOTLAND S 27-4162256 П MEMBER INC В DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC P 27-4162308 П П DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS S 27-4162256 MANAGING MEMBER INC B DJT HOLDINGS LLC - TRUMP INTERNATIONAL P 27-4162308 П HOTELS MANAGEMENT LLC DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER B S 27-4162256 CORP DJT HOLDINGS MM LLC - 809 NORTH CANON S 27-4162256 П MEMBER CORP TIHM MEMBER CORP S 20-5074158 П C DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC P 27-4162308 C TRUMP FLORIDA MANAGER CORP S 27-4162256 C TIHT MEMBER LLC. S 20-5315528 C TIHT COMMERCIAL LLC P 13-4038061 

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

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

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

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FOUTH HOLDINGS LLC -TRICE PER PROPERTIES   P   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 basis computation is required	(f) Check if any amount is not at risk
F   DIT HOLDINGS - WHITE COURSE LLC	F	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	Р		27-4162308		
DIT HOLDINGS JUPITER GOLF CLUB	F	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	Р		27-4162308		
DIT HOLDINGS LIC - THE CENTRAL RESERVATIONS   DIT HOLDINGS MM LIC - THE DEVELOPMENT BRAZIL   DIT HOLDINGS LIC - THE CENTRAL RESERVATIONS   DIT HOLDINGS MM LIC - THE DEVELOPMENT BRAZIL   DIT HOLDINGS MM LIC - THE RESERVATIONS   DIT HOLDINGS MM LIC - THE CRUMP CHECAGO RETAIL   DIT HOLDINGS MM LIC - THE CRUMP CHECAGO RETAIL   DIT HOLDINGS MM LIC - THE CRUMP CHECAGO RETAIL   DIT HOLDINGS MM LIC - THE CARLBUSINESS RE   DIT HOLDINGS MM LIC - THE CARLBUS	F	DJT HOLDINGS - WHITE COURSE LLC	Р		27-4162308		
DIT HOLDINGS LIC - TRUMP LAS VEGAS MEMBER   P	F	DJT HOLDINGS JUPITER GOLF CLUB	Р		27-4162308		
DIT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER   P	F	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	Р	П	27-4162308		
LIC	F	DJT HOLDINGS OPO HOTEL MANAGER LLC	Р	口	27-4162308		
MEMBER LLC	G		Р		27-4162308		
G DJT HOLDINGS LLC - EXCEL VENTURE I LLC  G DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC  P	G		Р		27-4162308		
G DIT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC P	G	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	Р		27-4162308	Landing	
G DT MARKS VANCOUVER LP	G	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	Р	П	27-4162308		
G	G	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	Р		27-4162308	-	
LIC	G	DT MARKS VANCOUVER LP	Р		90-0930859		
G DIT HOLDINGS LLC - THC RIO MANAGER LLC  P	G		Р	口	27-4162308		
G   DIT HOLDINGS LLC - THC CENTRAL RESERVATIONS   P	G	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	Р		27-4162308		
ILC	G	DJT HOLDINGS LLC - THC RIO MANAGER LLC	Р		27-4162308		
G         THC MIAMI RESTAURANT HOSPITALITY MEMBER         S         27-4162256         □           G         DITH HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - DT DUBAI GOLF MANAGER         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - THC RIO MANAGING LLC         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - THC RIO MANAGING LLC         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - TRUMP CHICAGO RETAIL         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - EXCEL VENTURE I LLC         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - THC SALES & MARKETING         S         □         27-4162256         □           G         DITH HOLDINGS MM LLC - THE CARIBUSINESS RE         S         □         27-4162256         □           G         TW VENTURE I MANAGING MEMBER CORP         S         □         46-4146150         □           G	G		Р		27-4162308		
G DIT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL  G DIT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER  G DIT HOLDINGS MM LLC - THC RIO MANAGING LLC  G DIT HOLDINGS MM LLC - THC RIO MANAGING LLC  G DIT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL  G DIT HOLDINGS MM LLC - EXCEL VENTURE I LLC  G DIT HOLDINGS MM LLC - EXCEL VENTURE I LLC  G OPO HOTEL MANAGER MEMBER CORP  G DIT HOLDINGS MM LLC - THC CENTRAL  RESERVATIONS MEMBER CORP  G DIT HOLDINGS MM LLC - THC SALES & MARKETING  C DIT HOLDINGS MM LLC - THC SALES & MARKETING  G DIT HOLDINGS MM LLC - THC SALES & MARKETING  G DIT HOLDINGS MM LLC - THE CARIBUSINESS RE  CORP  G TW VENTURE I MANAGING MEMBER CORP  G HUDSON WATERFRONT ASSOCIATES V LP  P	G	TRUMP HOTEL MANAGEMENT CORP	S	L	13-3489501	П	
MANAGING MEMBER  G DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER  G DJT HOLDINGS MM LLC - THC RIO MANAGING LLC  S	G	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S		27-4162256		
MEMBER CORP  G DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL S	G		S		27-4162256		
G DIT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL  G DIT HOLDINGS MM LLC - EXCEL VENTURE I LLC  G DIT HOLDINGS MM LLC - EXCEL VENTURE I LLC  G OPO HOTEL MANAGER MEMBER CORP  S	G		S	Laura	27-4162256		
MEMBER CORP  G DJT HOLDINGS MM LLC - EXCEL VENTURE I LLC  S	G	DJT HOLDINGS MM LLC - THC RIO MANAGING LLC	S		27-4162256	П	
G         OPO HOTEL MANAGER MEMBER CORP         S         46-3066239         □           G         DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP         S         □         27-4162256         □           G         DJT HOLDINGS MM LLC - THC SALES & MARKETING LLC         S         □         27-4162256         □         □           G         DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP         S         □         27-4162256         □         □           G         TW VENTURE I MANAGING MEMBER CORP         S         □         46-4146150         □         □           G         HUDSON WATERFRONT ASSOCIATES V LP         P         □         13-3796312         □         □           G         TRUMP 845 UN GP LLC         P         □         13-3958321         □         □           G         DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO         P         □         27-4162308         □         □	G		S		27-4162256		
G DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP  G DJT HOLDINGS MM LLC - THC SALES & MARKETING S	G	DJT HOLDINGS MM LLC - EXCEL VENTURE I LLC	S		27-4162256	П	
RESERVATIONS MEMBER CORP  G DJT HOLDINGS MM LLC - THC SALES & MARKETING S	G	OPO HOTEL MANAGER MEMBER CORP	S		46-3066239		
LLC	G		S		27-4162256		
CORP	G		S		27-4162256		possessing distribution of the control of the contr
G HUDSON WATERFRONT ASSOCIATES V LP P	G		S		27-4162256		
G HUDSON WATERFRONT ASSOC III LP P 13-3796315	G	TW VENTURE I MANAGING MEMBER CORP	S		46-4146150		
G TRUMP 845 UN GP LLC  P	G	HUDSON WATERFRONT ASSOCIATES V LP	Р.		13-3796,322		
G DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER P 27-4162308	G	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315		
CHICAGO	G	TRUMP 845 UN GP LLC	· P		13-3958321		-
H DJT HOLDINGS MANAGING MEMBER LLC S 27-4162256	G		Р		27-4162308		
	Н	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256		

(e) Check if (f) Check if (a) Name (b) Enter P (c) Check if (d) Employer anv amount foreign identification basis for partnership; partnership number computation is not at risk S for S is required corporation 845 UN LIMITED PARTNERSHIP - 845 LP LLC 13-3958323 H P H TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC) 01-0580204 П P 01-0580204 TRUMP PARK AVENUE LLC - ACQUISITION H DJT HOLDINGS MM LLCLLC - DB PACE S 27-4162256 П н ACQUISITIONS CORP S 47-1519047 Н DT CONNECT II MEMBER CORP П DJT HOLDINGS MM LLC - DT DUBAI II GOLF S 27-4162256 П H П MANAGER MEMBER CORP DIT HOLDINGS MM LLC - DT MARKS GURGAON S 47-2191989 H П MANAGING MEMBER CORP 5 27-4162256 H DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER THC BAKU HOTEL MANAGER SERVICE MEMBER 27-4162256 S H S 27-4162256 DJT HOLDINGS MM LLC - THC BAKU SERVICES H MEMBER CORP DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL S 27-4162256 H П SERVICES MANAGER CORP S 27-4162256 н DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN П MEMBER CORP S 47-2297906 H TTTT VENTURE MEMBER CORP 27-4162256 S H DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC DJT HOLDINGS MM LLC - TNGC JUPITER S 27-4162256 П П Н П MANAGEMENT ILC DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND S 27-4162256 H П MANAGING MEMBER CORP H DJT HOLDINGS LLC - THC CHINA TECHNICAL P 27-4162308 SERVICES LLC DJT HOLDINGS-D B PACE ACQUISITION LLC Ρ 27-4162308 H П P 47-2265157 DT DUBAI II GOLF MANAGER LLC н DJT HOLDINGS LLC - THC BAKU SERVICES LLC 27-4162308 H П P 27-4162308 H DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC P 27-4162308 DJT HOLDINGS LLC - THC SHENZHEN HOTEL H П MANAGER LLC DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR 27-4162308 P H DEV) H DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC) P 27-4162308 DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT P 27-4162308 H LLC) P 27-4162308 I DJT HOLDINGS LLC TW VENTURE I LLC DJT HOLDINGS LLC -TW VENTURE II LLC P 27-4162308 I DT CONNECT II LLC P 36-4791039 П I P 27-4162308 DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC) I I DJT HOLDINGS MM LLC - TW VENTURE II MANAGING S 27-4162256 MEMBER CORP DT TOWER GURGAON LLC 47-3351290 I P 36-4813676 MOBILE PAYROLL CONSTRUCTION LLC I 

(a) Name (c) Check if (b) Enter P (d) Employer (e) Check if (f) Check if for foreign identification basis any amount partnership; computation partnership number is not at risk S for S is required corporation DT BALI TECHNICAL SERVICES MANAGER LLC 36-4812795 DT LIDO HOTEL MANAGER LLC Ι 61-1769144 П DT LIDO TECHNICAL SERVICES MANAGER I.C. Ι P 30-0881420 Ι WILLIAM M TRUMP MEDICAL FUND LLC P 47-5214076 DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL T 5 27-4162256 MANAGER MEMBER CORP I MOBILE PAYROLL CONSTRUCTION MANAGER CO. S 27-4162256 I DJT HOLDINGS MM LLC - JUPITER GOLF CLUB S 27-4162256 П MANAGING MEMBER CORP DTW VENTURE MANAGING MEMBER CORP S 46-5292006 П П DJT HOLDINGS MM LLC - DT TOWER GURGAON Ι S 27-4162256 MANAGING MEMBER CORP DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER 5 27-4162256 CORP DJT HOLDINGS MM LLC - DT LIDO TECHNICAL I S 27-4162256 SERVICES MANAGER MEMBER CORP DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER Ι S П 27-4162256 MEMBER CORP DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER Ι S 27-4162256 MEMBER CORP DJT HOLDINGS MM LLC - DT BALI TECHNICAL S 27-4162256 SERVICES MANAGER MEMBER CORP I DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER S 27-4162256 П MEMBER CORP I DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER S 27-4162256 MEMBER CORP EID VENTURE II MEMBER CORP Ι S 81-1201049 П Ι DJT HOLDINGS MM LLC - C DEVELOPMENT S 27-4162256 VENTURES MEMBER CORP DT TOWER II MEMBER CORP I S 81-1112510 П J DT VENTURE II MEMBER CORP S 81-1743521 J DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP S 27-4162256 П 1 HUDSON WATERFRONT ASSOCIATES IV LP Ρ 13-3796319 П П J EID VENTURE II LLC Р П 32-0488634 J DJT HOLDINGS LLC - DT TOWER I LLC P 27-4162308 П 1 DJT HOLDINGS LLC - DTTM OPERATIONS LLC P 27-4162308 DJT HOLDINGS MM LLC - DTTM OPERATIONS S 27-4162256 П П MANAGING MEMBER CORP J DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC P 27-4162308 П DJT HOLDINGS LLC - DT CONNECT II LLC 27-4162308 J P DJT HOLDINGS MM LLC - TNGC PINE HILL LLC J S 27-4162256 П . 🔲 TRUMP PALACE PARC LLC 13-3913538 DJT HOLDINGS LLC - WESTMINSTER HOTEL P 27-4162308 MANAGEMENT LLC J DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC P 27-4162308 J DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS 27-4162308 LLC

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	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	identification	(e) Check if basis computation is required	(f) Check if any amount is not at risk
J	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	Р	П	27-4162308		
J	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	Р	П	27-4162308		
J	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	Р	П	27-4162308	П	
J	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	Р	П	27-4162308		
J	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	Р	П	27-4162308		
J	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	Р		27-4162308		
К	DJT HOLDINGS LLC - TRUMP ICE LLC	Р	П	27-4162308		
K	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	Р		27-4162308		
K	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	Р	П	27-4162308	П	口
К	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	Р	П	27-4162308		
K	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р		27-4162308		
K	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	Р		27-4162308		
K	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308	口	П
K	DJT HOLDINGS LLC - DTW VENTURE LLC	Р	П	27-4162308		口
K	TRUMP EQUITABLE FIFTH AVE CO	Р	Ш	13-3014138		П.
K	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	Р		27-4162308	口	口
K	DJT HOLDINGS LLC	Р		27-4162308	口	П
K	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S	口	27-4162256		П
К	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S	П	27-4162256		
K	DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	S		27-4162256		П
K	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S	П	27-4162256		
K	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S	П	27-4162256	П.	
K	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	П	27-4162256	口	
K	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S		27-4162256		
K	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S	П	27-4162256		
K		S		27-4162256		

(b) Enter P (c) Check if (e) Check if (a) Name (d) Employer (f) Check if for foreign identification basis any amount partnership; number computation partnership is not at risk SforS is required corporation DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP KOREAN S 27-4162256 PROJECTS LLC DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR 5 27-4162256 MEMBER LLC K DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR S 27-4162256 MANAGING MEMBER DJT HOLDINGS MM LLCLLC - WEST PALM K S 27-4162256 **OPERATIONS LLC** DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER K S 27-4162256 LLC DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS S 27-4162256 П DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES S 27-4162256 DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - CHICAGO UNIT L S 27-4162256 П ACQUISITIONS LLC DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC S 27-4162256 DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX L S 27-4162256 DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP WORLD S 27-4162256 П П PUBLICATIONS LLC L DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC S 27-4162256 П П DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC S 27-4162256 DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL S П 27-4162256 П HOTEL MANAGEMENT LLC DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC S 27-4162256 DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH S 27-4162256 SQUARE LLC DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 S 27-4162256 L DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS S 27-4162256 L DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF S 27-4162256 L DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC S DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC S 27-4162256 DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS S 27-4162256 COUNTY LLC DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC S 27-4162256 П DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 S 27-4162256 П LLC DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC L S 27-4162256 П DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB L S 27-4162256 П П DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS L S 27-4162256 MEMBER LLC DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS S П 27-4162256 П MANAGING MEMBER LLC DJT HOLDINGS MM LLCLLC - TRUMP OLD POST S OFFICE LLC DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER S 27-4162256 П 

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Pontal	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
L	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S		27-4162256		
L	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	Ш	27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S	口	27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S		27-4162256		The continue of the state of th
М	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S	П	27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	П	27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S		27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S		27-4162256	口	
М	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S	П	27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S		27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S	[]	27-4162256		
М	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S		27-4162256		The state of the s
М	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S	П	27-4162256		Administra
М	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S		27-4162256	. П	The state of the s
М	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S		27-4162256		The second secon
М	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	П	27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S		27-4162256	П	
М	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S		27-4162256	· п	
N	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S		27-4162256		П
N	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S		27-4162256		
N		S		27-4162256		

(a) Name (b) Enter P (c) Check if (d) Employer (e) Check if (f) Check if any amount for foreign identification basis partnership; partnership number computation is not at risk SforS is required corporation DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS DJT HOLDINGS MM LLCLLC - TRUMP PANAMA N S 27-4162256 CONDOMINIUM DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC N S 27-4162256 П N DJT HOLDINGS MM LLCLLC - TRUMP INT'L 27-4162256 S П П DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO N S 27-4162256 П BEACH LLC N DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL S 27-4162256 П П П DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT N S 27-4162256 П П SERVICE DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO N S 27-4162256 COMML MANAGER LLC DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO S N 27-4162256 П П RETAIL MGR LLC. DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC N S 27-4162256 П П П N DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC 27-4162256 5 П П N DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL S 27-4162256 MGT LLC N DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL S 27-4162256 DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL S N 27-4162256 П MGT LLC DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE 27-4162256 N S LLC N DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL S 27-4162256 SERVICES LLC DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT N S 27-4162256 П П BRAZII II C DJT HOLDINGS MM LLCLLC - THC SERVICES N 5 27-4162256 П SHENZHEN LLC DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF 5 27-4162256 П MANAGER LLC DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER N 5 П 27-4162256 MANGING MEMBER LLC DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES S 27-4162256 LLC DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF S 27-4162256 П **CLUB SCOT** DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL S 27-4162256 MANAGER LLC N DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS S 27-4162256 П П DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT S 27-4162256 П П DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC S 27-4162256 0 DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC S 27-4162256 · 🔲 DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF 0 S 27-4162256 CLUB COLTS NECK 0 DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA S 27-4162256 П П ACQUISITIONS LLC DJT HOLDINS MM LLCLLC - THC CENTRL S 27-4162256 RESERVATIONS LLC

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PO-SEPONS	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
0	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S		27-4162256		
0	DJT HOLDINGS MM LLC - CARIBUSINESS MRE LLC	S	П	27-4162256		
0	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S	П	27-4162256		Parameter Control
0	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S	П	27-4162256		a water and a second
0	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S		27-4162256		
0	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S	П	27-4162256		
0	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S		27-4162256		
0	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S		27-4162256	П	
0	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S		27-4162256	П	
0	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S	П	27-4162256		
0	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S		27-4162256		TO THE PARTY OF TH
0	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S	П	27-4162256		
0	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-4162308		
0	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р		27-4162308		
0	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	Р	П	27-4162308		
0	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	Р		27-4162308		
0	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	Р	Ш	27-4162308		
0	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	Р		27-4162308		
0	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	Р		27-4162308	П	Avenue de la constante de la c
0	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	Р	口	27-4162308		
P	DJT HOLDINGS LLC - 124 WOODBRIDGE	Р	口	27-4162308		
P	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р		27-4162308	П	
P	555 CALIFORNIA SERVICES JV LLC	Р	口	61-1895796		
P	DJT HOLDINGS LLC - TMG MEMBER LLC	Р		27-4162308		
Р	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р		27-4162308		
Р	DJT HOLDINGS LLC - T TOWER RETAIL LLC	Р		27-4162308	П	
Р	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	P	П	27-4162308	П	
Р	DJT HOLDINGS MM LLC TRUMP CHICAGO HOTEL MANAGER LLC	5	П	27-4162256		
P	DJT HOLDINGS MM LLCLLC THC CENTRAL RESERVATIONS	S		27-4162256		
P	DJT HOLDINGS MM LLCLLC TRUMP CHICAGO RESIDENTIAL LLC	S		27-4162256		
P	DJT HOLDINGS MM LLC TRUMP INT'L GOLF CLUB	S		27-4162256		
Р	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S		27-4162256		

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	identification	(e) Check if basis computation is required	(f) Check if any amount is not at risk
P	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER LLC	S		27-4162256		
P	DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT ASSOCIATES LLC	S	П	27-4162256		

	ASSOCIATES LLC			27-4102230		1	Ц
orm	1040 Schedule E, Part II	, Line 28 -Passive Incom	e and Loss/Nonpass	sive Income and	Loss		***************************************
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 1 expense deduc from Form 45	ction 1	) Nonpa from Sc	ssive income hedule K-1
Α	<b>2</b> 41,034						
В	2318						
С	22,970						
D							4,846,338
E			465,44	2			
F	₩3,776,715						
G		171,569					
Н		286,857					
I	20						
J		536,567					
К		208,436					
L		147,170					
M	<b>2</b> 1,061						
N		1,273,350					
0	<b>2</b> 0		12-11-11-11-11-11-11-11-11-11-11-11-11-1				
Р	<b>2</b> 0						
Q	图49,345						
R	<b>2</b> 0 €						
s	<b>%</b> 0						
T		900,001	2			25	
U	₩58						
٧		18,257					
w	<b>2</b> 1,213						
X			10,891,60	4			
Υ			167,53	31			
Z	28,611						
AA				0			
AB	<b>2</b> 0						
AC				0			
AD	<b>9</b> 00		2				
AE				0		#	
AF	<b>9</b> 0						
AG	<b>2</b> 0						
АН		91,759					
ΑI							4,85
AJ		221					

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(I) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
AK	263		4		
AL	<b>2</b> 0				
вм	99,434				
BN	<b>2</b> 0				
во	€0				
вР		12,996			N.
ВQ	231,877				
BR		78,617			
BS	21,741				9
вт	217,985				
ви	29,714				
ви	\$25,704				
вw	<b>%</b> 4,536				
вх	200				
ву	<b>2</b> 103,971				
BZ	<b>2</b> 4,528				
В	<b>2</b> 1,221				
В			2,005		
В			27		116
В			-		2,039,867
В			280,994		
В	218,941				
В		1,583,131			
В		16,153	_		
В	2,999,976			10	
В	24				
В	<b>2</b> 0				
В	<b>2</b> 0				
c	25/79				
c	<b>2</b> / <sub>9</sub>				
C	21,852				
c	₩£7,032	207,565			<del> </del>
c	<b>%</b> 384	207,303			
c	<b>2</b> 1,856,423				
c					
	<b>2</b> 4,813	124.001			-
C		124,091			-
С	ASSET	371			
С	<b>9</b> 527				100
С	27		<u> </u>		
С		7,495			
С	₩323				
С	€ 27				

(k) Nonpassive income (g) Passive loss allowed (h) Passive income from (i) Nonpassive loss (j) Section 179 (attach Form 8582 if required) Schedule K-1 from Schedule K-1 expense deduction from Schedule K-1 from Form 4562 214,315 С 图146 C **2**0 C С **2**0 图1 C C **2**0 C 587,163 C 14,081 C 2,594 C 17 1,622 C **2**0 C D **2**,495 26 D D **2**7,012 280,284 D 6,322 D 1,436 D **2**311 D **%** 45 D D 386 **2**0 D **2**3,871 D D **2**37,803 2,175 D D 2,428,640 137 D **2**191 D **2**42,677 D D 12,513 9 22 22 D D 2819 D 16,781 D 16,753 4,182,793 D 1,226,345 D D 1,658,540 **2**1,185 D E 16,710 92311 E E 213,437 E 410,788

(k) Nonpassive income from Schedule K-1 (j) Section 179 (g) Passive loss allowed (h) Passive income from (i) Nonpassive loss expense deduction (attach Form 8582 if required) Schedule K-1 from Schedule K-1 from Form 4562 18,709 E œ 4 E 12 E 4,191 E E 27 **2**0 E 191,330 E 170 E 6,445,795 E **愛**lo E E 26,371 2,929 E 2,828,232 E 3,231,485 E 1,137,744 E 687,231 E 619,622 E E 428,548 E **2**,582 2,138 E **9**0 E 441 E F 221 9227 F 230 F 图269 F 30 F F 46,039 图875,264 F **5**,083 F 32,971 4 28,834 F 503,175 F **2**3,003 3,822 F **2**7 **2**0 F  $\mathfrak{D}_0$ F **4** F 420,891 F F 384

(j) Section 179 expense deduction from Form 4562 (k) Nonpassive income from Schedule K-1 (h) Passive income from (i) Nonpassive loss (g) Passive loss allowed (attach Form 8582 if required) Schedule K-1 from Schedule K-1 2 27 H 21 Н 9 4 Н **4**,233 Н Н 5,340 Н 967 **2**41,683 н Н **2**,080 **27,404** Н Н **%** 0 **2,654** Н **2**440 Н 2,495 Н **2**0 Н **2**13,173 Н 94,759 Н I 17,883 21,520,173 I I 64,938 4,085,346 I 1 **2**15,355 **2**0 I 型0 I **2**0 I **1**0 I **20**0 I **2**0 I 26 900 I 3,675 **%** 0 I I **%** 29 I 29 1 240 **2**36 1 26 I I 167 I 226 26 I I **2**328 I **2**16 **2**0 I

(j) Section 179 (k) Nonpassive income from Schedule K-1 (g) Passive loss allowed (h) Passive income from (i) Nonpassive loss expense deduction from Form 4562 (attach Form 8582 if required) Schedule K-1 from Schedule K-1 0 20 3 J 365,399 **2**365 图262 J J 2,072,104 J 20,930 **2**0 J 90 o J 型11,608 J 163,323 J 4,546 **2**478 J J 4,441 **1**0 J 25,868 J 95<sub>58</sub> J 908 J **3**315 J **2**1,395 **265** J **123** J 1,315 J **2**365 J 图315 J 231 J 29,929 K 2,038 K K 全433 72 K **5**40,626 K 5,438 K K **%** 0 **2**0 K K 19,027,280 **%**0 K 1,709,513 K **2**887 K K 4,798 **2**233 K K 图5,167 **2**55 Κ

(k) Nonpassive income (g) Passive loss allowed (attach Form 8582 if required) (h) Passive income from (j) Section 179 (i) Nonpassive loss from Schedule K-1 Schedule K-1 from Schedule K-1 expense deduction from Form 4562 **2**4 K **2**/4 K 45 K **1**0 K 图9 K 1,149 K 0 Κ **2**261 K **2**0 K · 3 Κ 1 L 213 **2** 4 L **9** 4 L 21 L 图3 L 到302 L **爱**0 L **%**0 L 266 L **€** 30 L L 29 28,545 L 32,641 L **2**11,493 L 图6,942 L L 5,287 45,578 L **9** 4 L **2**3,894 17,054 L 151 140,379 L 0 **2**0 L 图133 L М 181 **2**15,510 M М 957 0 M 241,266 M M 6,259

(g) Passive loss allowed (attach Form 8582 if required) (h) Passive income from (i) Nonpassive loss (j) Section 179 (k) Nonpassive income Schedule K-1 from Schedule K-1 expense deduction from Schedule K-1 from Form 4562 0 20 **%**0 M 5,134 M M 65,109 M 图20 图30,303 M **2**0 M **爱**1 M 9 M **4** М М 爱0 <sup>6</sup> 12 M **2**27 M 3 M **2**0 M M 25 **1**4 **5**21 M **2**25 M M **2**16 9 4 N N 22 N 15,991 **2**189 N **6** 4 N **%** 4 N N 144 26 N **2**382 N N 169 N 4 N **6** 4 图135 N **4**6 N 2213 N 图12,387 N 29 N N **2**21 N 20 **2** 4 N N 3,282 N 20

(j) Section 179 expense deduction from Form 4562 (g) Passive loss allowed (attach Form 8582 if required) (h) Passive income from Schedule K-1 (i) Nonpassive loss from Schedule K-1 (k) Nonpassive income from Schedule K-1 **%** 0 N **18,751** Ν **2**0 Ν N 811 **2**42,251 0 0 5,955 21,142 0 5,931 o 图4,328 0 **%** 0 0 212,368 0 **2**30 0 217,423 0 **%**0 0 **1**0 o 9 76 0 全27 0 **2**27 0 0 30 20 0 2/26 0 14 0 2815 0 115,731 0 50 0 0 图288 265 0 0 2,061 123 0 49,305 0 P **2**84,819 P 60,570 100,590 P 30 P P 32,670 P 391,560 911,303 P 16,922 P P 2,554 4,149 P 20 P 1,358 P

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DONALD J TRUMP

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DLN: 16221688991110

SCHEDULE SE (Form 1040 or 1040-SR) Department of the Treasury

**Self-Employment Tax** 

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

OMB No. 1545-0074

Sequence No. 17

Internal Revenue Service

or Form 1040NR)

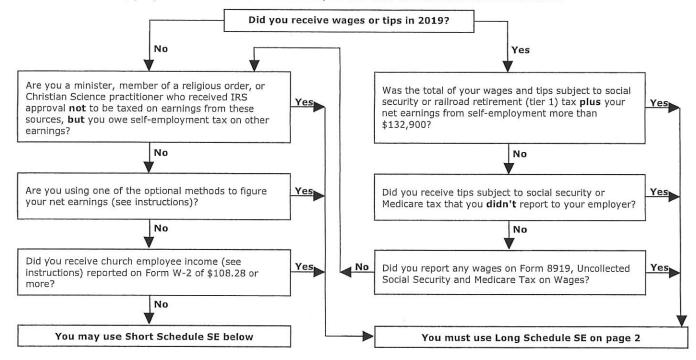
Attach to Form 1040, Form 1040-SR, or Form 1040NR.

Name of person with **self-employment** income (as shown on Form 1040, Form 1040-SR, 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.



Sect	on A — Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.		
<b>1</b> a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1</b> a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	
3	Combine lines 1a, 1b, and 2	3	
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	
	<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	Self-employment tax. If the amount on line 4 is:  \$\Pi\$ \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.  \$\Pi\$ More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result.  Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	
6	Deduction for one-half of self-employment tax.  Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 6	_	

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

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

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

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

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
А			0	The state of the s
В	<b>25</b> lo			
С	<b>2</b> 0			The state of the s
D	<b>2</b> 0			

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

Social security number of person with self-employment income

Secti	on B — Long Schedule SE		
Pâ	Self-Employment Tax		
Note	If your only income subject to self-employment tax is church employee income, see instructions. Also see in	structio	ons for the
	tion of church employee income. If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, b		
^	had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I	ı you	<b>.</b> .
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	F
b	If you received social security retirement or disability benefits, enter the amount of Conservation	1a	
	Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions)		
3	Combine lines 1a, 1b, and 2	2	4,688,983
		3	4,688,983
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	4,330,276
h	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax.	40	
·	Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	4,330,276
5a	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	4,330,276
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019. Enter \$132,900	7	\$132,900
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11		
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b		
C	Wages subject to social security tax (from Form 8919, line 10) 8c		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	125,578
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line	12	
4.2	4, or Form 1040-NR, line 55	12	125,578
13	Deduction for one-half of self-employment tax.  Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1		
	(Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27   13   62,789		
Par	t II Optional Methods To Figure Net Earnings (see instructions)		
Farn	n Optional Method. You may use this method only if (a) your gross farm income wasn't more than \$8,160,		
	p) your net farm profits² were less than \$5,891.  Maximum income for optional methods. Enter \$5,440	14	¢5 440
	Enter the <b>smaller</b> of: two-thirds ( $^2$ /3) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$5,440. Also	14	\$5,440
	include this amount on line 4b above	15	
	arm Optional Method. You may use this method only if (a) your net nonfarm profits were less than \$5,891		
	also less than 72.189% of your gross nonfarm income,4 and (b) you had net earnings from self-employment		
of at	least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the <b>smaller</b> of: two-thirds $\binom{2}{3}$ of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also include this amount on line 4b above	17	
1	n Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B. <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form	1065),	box 14,
code	n Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, 2 A - minus the amount you would have entered on line lad you not used the optional method.  code A.  4From Sch. C, line 7; and Sch. K-1 (Form 1) code C.	065), t	oox 14,

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

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DONALD J TRUMP

DLN: 16221688991110

SCHEDULE SE (Form 1040 or 1040-SR) Department of the Treasury

**Self-Employment Tax** Go to www.irs.gov/ScheduleSE for instructions and the latest information.

Attachment Sequence No. 17

OMB No. 1545-0074

Internal Revenue Service

or Form 1040NR)

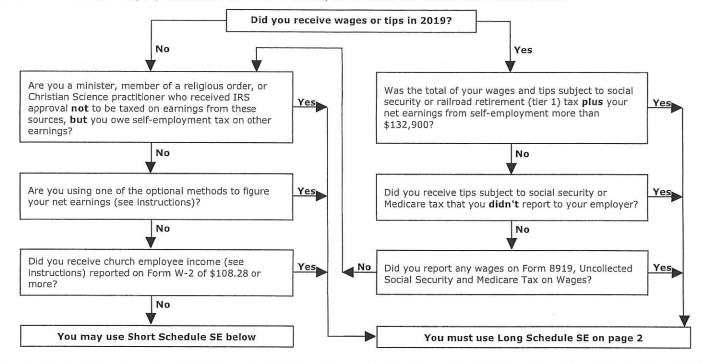
Attach to Form 1040, Form 1040-SR, or Form 1040NR. Name of person with **self-employment** income (as shown on Form 1040, Form 1040-SR,

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), 1b Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report Combine lines 1a, 1b, and 2 3 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this 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: ■ \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040). or 1040-SR), line 4, or Form 1040-NR, line 55. More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 . . . . . . 6 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11358Z Schedule SE (Form 1040 or 1040-SR) 2019

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Employer Name Control: TRUM

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

Social security number of person with self-employment income

Secti	on B — Long Schedule SE					
Pa	rt I Self-Employment Tax					
Vote:	If your only income subject to self-employment tax is <b>church employe</b> tion of church employee income.	ee incom	e, see	e instructions. Also see ins	tructio	ns for the
	If you are a minister, member of a religious order, or Christian Science had \$400 or more of <b>other</b> net earnings from self-employment, check h	practition nere and	er <b>an</b> contin	<b>d</b> you filed Form 4361, but with Part I	t you	· · · · · <b>&gt;</b> □
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional				<b>1</b> a	
b	If you received social security retirement or disability benefits, enter the Reserve Program payments included on Schedule F, line 4b, or listed on box 20, code AH	Schedul	e K-1	(Form 1065),	1b	()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 10 farming). Ministers and members of religious orders, see instructions for See instructions for other income to report. <b>Note:</b> Skip this line if you us instructions)	.065), box or types of use the no	k 14, f incoi onfarn	code A (other than me to report on this line. n optional method (see		14 500 000
_					2	4,688,983
3	Combine lines 1a, 1b, and 2				3	4,688,983
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwi				4a	4,330,276
7.2.	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments					
	If you elect one or both of the optional methods, enter the total of lines				4b	
С	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-en <b>Exception</b> : If less than \$400 and you had <b>church employee income</b> ,				4c	4,330,276
5a	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income	[	5a			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- $\cdot$ .				5b	140
6	Add lines 4c and 5b				6	4,330,276
7	Maximum amount of combined wages and self-employment earnings su tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for				7	\$132,900
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) $\lambda$ and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11 $\dots$	p '	8a	133,802		
b	Unreported tips subject to social security tax (from Form 4137, line 10)	[	8b			
С	Wages subject to social security tax (from Form 8919, line 10)	[	8c			
d	Add lines 8a, 8b, and 8c				8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 1				9	
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)				10	
11	Multiply line 6 by 2.9% (0.029)			THE THE PARTY OF T	11	125,578
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedu 4, or Form 1040-NR, line 55	ule 2 (Fo	orm 1	.040 or 1040-SR), line	12	125,578
13	Deduction for one-half of self-employment tax.		•			
	Multiply line 12 by 50% (0.50). Enter the result here and on Schedule	1				
	(Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 .	[	13	62,789		
Par	t II Optional Methods To Figure Net Earnings (see instru	uctions)				
Farn	Optional Method. You may use this method only if (a) your gross far	rm incom	e¹ was	sn't more than \$8,160,		
	) your net farm profits² were less than \$5,891.					
	Maximum income for optional methods. Enter \$5,440				14	\$5,440
15	Enter the <b>smaller</b> of: two-thirds $(^2/3)$ of gross farm income <sup>1</sup> (not less the include this amount on line 4b above	han zero	) or \$ •	5,440. Also	15	
Nonf	arm Optional Method. You may use this method only if (a) your net n	nonfarm p	rofits	were less than \$5,891		
	lso less than 72.189% of your gross nonfarm income, $^4$ and (b) you had					
of at	least \$400 in 2 of the prior 3 years. Caution: You may use this method i	no more	than t	five times.		
16	Subtract line 15 from line 14				16	
17	Enter the <b>smaller</b> of: two-thirds $(^2/3)$ of gross nonfarm income <sup>4</sup> (not le amount on line 16. Also include this amount on line 4b above	ess than	zero) •	or the	17	
<sup>1</sup> Fron	Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.	om Sch. 0	, line	31; and Sch. K-1 (Form	1065),	box 14,
code	n Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, e A - minus the amount you would have entered on line	de A.		7; and Sch. K-1 (Form 10	107,77	

Software ID:

**Software Version:** 

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP