

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

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

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

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

See separate instructions.
 Your social security number _____
 Spouse's social security number _____
 ▲ Make sure the SSN(s) above and on line 6c are correct.
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status

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

Exemptions

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

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

If more than four dependents, see instructions and check here

d Total number of exemptions claimed _____

Boxes checked on 6a and 6b: 2
 No. of children on 6c who:
 • lived with you: 1
 • did not live with you due to divorce or separation (see instructions): _____
 Dependents on 6c not entered above: _____
 Add numbers on lines above: 3

Income

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

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	97,548.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	97,548.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	-12,916,948.

710001 02-22-18

Tax and Credits

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

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

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

Other Taxes

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

Payments

If you have a qualifying child, attach Schedule EIC.

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

Refund

Direct deposit? See instructions.

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

Amount You Owe

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

Third Party Designee

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

Sign Here

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

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

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

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017
Attachment
Sequence No. **07**

Your social security number

DONALD J. & MELANIA TRUMP

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38	2	
3	Multiply line 2 by 7.5% (0.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		SEE STATEMENT 15
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	911,201.
7	Personal property taxes	7	
8	Other taxes. List type and amount	8	
9	Add lines 5 through 8	9	5,243,690.

Interest You Paid

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	881,759.
15	Add lines 10 through 14	15	881,759.

Note:
Your mortgage interest deduction may be limited (see instructions).

Gifts to Charity

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,860,963.
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	0.

Casualty and Theft Losses

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
----	--	----	--

Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions	21	
22	Tax preparation fees	22	
23	Other expenses - investment, safe deposit box, etc. List type and amount	23	4,096,981.
24	Add lines 21 through 23	24	4,096,981.
25	Enter amount from Form 1040, line 38	25	-12,916,948.
26	Multiply line 25 by 2% (0.02)	26	0.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	4,096,981.

Other Miscellaneous Deductions

28	Other - from list in instructions. List type and amount	28	15,491.
----	---	----	---------

Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	10,237,921.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

Schedule A - Charitable Contributions Worksheet Page 1

NAME

DONALD J. & MELANIA TRUMP

		50% of AGI				0.	AGI	-12,916,948.
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP CRP C/O ...							
2007	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP CRP C/O ...							
2008	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP CRP C/O ...							
2009	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP CRP C/O ...							
2010	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP CRP C/O ...							
2011	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP CRP C/O ...							
2012	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
2013	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							

Schedule A - Charitable Contributions Worksheet Page 2

NAME _____

DONALD J. & MELANIA TRUMP

		50% of AGI				0.	AGI	-12,916,948.
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2014	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
2015	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
2016	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
2017	Contributions		1,358,563.	502,400.				
	Less: Allowed ...		0.	0.	0.	0.		
	Less: NOL Absorb. NOL Abs. CRP and Disaster Carryover ...		1,358,563.	502,400.				
	CRP C/O ...							
	Disaster C/O							
	Charitable contributions to Schedule A, Line 19							

Schedule A

Charitable Contributions Limitation

NAME DONALD J. & MELANIA TRUMP

50% Contributions

Table with 2 columns: Description and Amount. Row 1: 50% of AGI (0.). Row 2: Contributions qualifying for 50% limit (1,358,563.). Row 3: Allowable 50% contributions (0.).

30% Contributions

Table with 2 columns: Description and Amount. Row 4: Remaining 50% limit (0.). Row 5: Less capital gain property (0.). Row 6: Balance of 50% of AGI (0.). Row 7: 30% of AGI (502,400.). Row 8: Contributions qualifying for 30% limit (502,400.). Row 9: Allowable 30% contributions (0.).

30% Special Contributions

Table with 2 columns: Description and Amount. Row 10: 30% of AGI. Row 11: Contributions qualifying for 30% special limit. Row 12: Remaining 50% limit (0.). Row 13: Allowable 30% special contribution (0.).

20% Contributions

Table with 2 columns: Description and Amount. Row 14: 20% of AGI. Row 15: 30% of AGI. Row 16: Allowed 30% regular contributions. Row 17: Line 15 less line 16 (0.). Row 18: Allowed 30% special contributions. Row 19: Line 15 less line 18 (0.). Row 20: Remaining 50% limit (0.). Row 21: Contributions subject to the 20% limitation. Row 22: Allowable 20% contributions (0.).

50% and 100% Conservation Real Property Contributions

Table with 2 columns: Description and Amount. Row 23: Remaining 50% limit. Row 24: Conservation real property contribution subject to 50% limit. Row 25: Allowable 50% conservation real property contribution (0.). Row 26: Remaining 100% of AGI. Row 27: Conservation real property contribution subject to 100% limit. Row 28: Allowable 100% conservation real property contribution (0.).

Qualified Disaster Contributions

Table with 2 columns: Description and Amount. Row 29: Remaining 100% of AGI. Row 30: Qualified disaster contributions subject to 100% limit. Row 31: Allowable qualified disaster contributions (0.).

Table with 2 columns: Description and Amount. Row 32: Total 2017 contributions allowed on Schedule A. Row 33: Total prior year carryovers allowed on Schedule A.

Table with 2 columns: Description and Amount. Row 34: Total charitable contributions to Schedule A, Line 19.

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2017
Attachment
Sequence No. **08**

Your social security number

DONALD J. & MELANIA TRUMP

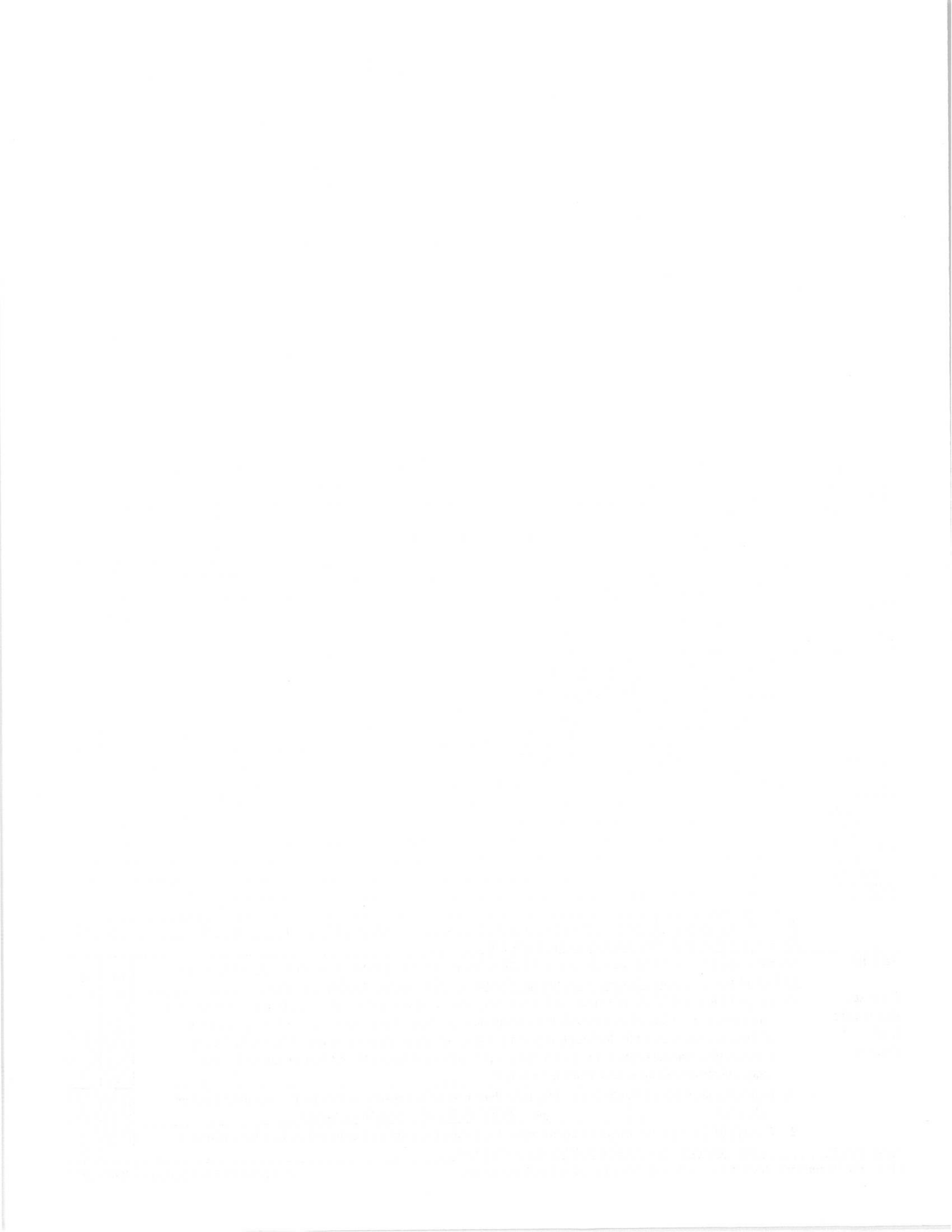
Part I		Amount
Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ SEE STATEMENT 19	6,758,494.
	2 Add the amounts on line 1	6,758,494.
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	6,758,494.

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 form.

Part II		Amount
Ordinary Dividends	5 List name of payer ▶ JP MORGAN CHASE	941.
	DEUTSCHE BANK TRUST CO	7,000.
	STIFEL, NICOLAUS & COMPANY	241.
	FROM K-1 - TIPPERARY REALTY CORP	1.
	FROM K-1 - DONALD J TRUMP ELIZABETH TRUST	3,600.
	FROM K-1 - DONALD J TRUMP 'FRED' TRUST	4,004.
	FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD	5,519.
	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	671.
	FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP	7.
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	21,984.

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.

Part III		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
Foreign Accounts and Trusts	7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	X	
	b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ UNITED KINGDOM, IRELAND, CHINA	X	
	8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X



Additional Data

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 BANK	256,701
2	JP MORGAN CHASE	1,528
3	BANK UNITED	1,572
4	CITIBANK	16
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	24,000
8	FIRST REPUBLIC BANK	16
9	SIGNATURE BANK	1,531
10	ONEWEST BANK	23
11	STATE OF CALIFORNIA	12,670
12	STATE OF NORTH CAROLINA	8,378
13	FROM K-1 - PARK BRIAR ASSOCIATES LLC	1,141
14	FROM K-1 - MAR-A-LAGO CLUB LLC	1,872
15	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	116,498
16	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	2,385,332
17	FROM K-1 - TRUMP CPS LLC	57
18	FROM K-1 - TRUMP PLAZA LLC	598
19	FROM K-1 - TIPPERARY REALTY CORP	25
20	FROM K-1 - TRUMP PLAZA MEMBER INC	6
21	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	1,122
22	FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	175
23	FROM K-1 - BEACH HAVEN APARTMENTS #1 INC DJT GR TR	589
24	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	647
25	FROM K-1 - TRUMP MANAGEMENT INC	227
26	FROM K-1 - STARRETT CITY ASSOCIATES	1,697
27	FROM K-1 - HUDSON WATERFRONT ASSOC III LP	3,608,457
28	FROM K-1 - TIHT COMMERCIAL LLC	287
29	FROM K-1 - SC LP SHOPPING CENTER LLC	265
30	FROM K-1 - TRUMP FERRY POINT MEMBER CORP	15
31	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	47,313
32	FROM K-1 - DJT HOLDINGS LLC - 401 MEZZ	119,483
33	FROM K-1 - CHARLOTTESVILLE CATERING & EVENTS LLC	59,679
34	FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	47,249
35	FROM K-1 - TRUMP 845 UN GP LLC	132
36	FROM K-1 - 845 UN LIMITED PARTNERSHIP - 845 LP LLC	197
37	FROM K-1 - TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	2,389
38	FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	2,384
39	FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	2,181
40	FROM K-1 - TRUMP PALACE PARC LLC	77
41	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	25,171
42	FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP	79

Additional Data

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

SCHEDULE C

Profit or Loss From Business

OMB No. 1545-0074

(Form 1040)

(Sole Proprietorship)

2017

Department of the Treasury Internal Revenue Service

Information about Schedule C and its separate instructions is at IRS.gov/ScheduleC. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

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

B Enter code from instructions 532289

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

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

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

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2017, check here.

Yes No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)

Yes No

J If "Yes," did you or will you file required Forms 1099?

Yes No

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

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

Table with 27 rows for expense items: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel, meals, and entertainment, 25 Utilities, 26 Wages, 27a Other expenses, 27b Reserved for future use.

Part III Cost of Goods Sold (see instructions)

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

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

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

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

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

Table with 2 columns: Description and Amount. Row 1: HELICOPTER EXPENSES 42,965

48 Total other expenses. Enter here and on line 27a 48 42,965

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2017
Attachment
Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 541600

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

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

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

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	17,875.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	17,875.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	17,875.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 20	6	31,129.
7	Gross income. Add lines 5 and 6	7	49,004.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	31,129.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	31,129.	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	17,875.	27 a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	17,875.				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

SCHEDULE C

(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at IRS.gov/ScheduleC.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017

Attachment
Sequence No. 09

Social security number (SSN)

DONALD J TRUMP

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

B Enter code from instructions
541600

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

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

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

- F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
- G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . Yes No
- H If you started or acquired this business during 2017, check here. . . . Yes No
- I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No
- J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	17,875
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	17,875
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	17,875
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	31,129
7	Gross income. Add lines 5 and 6	7	49,004

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	31,129
16	Interest:			24	Travel, meals, and entertainment:	24	
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	27a Other expenses (from line 48)	27a	
20				27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	31,129				
29	Tentative profit or (loss). Subtract line 28 from line 7	29	17,875				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	17,875				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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

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

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

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

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

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

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

DONALD J. TRUMP

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

B Enter code from instructions
532289

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

D Employer ID number (EIN) (see instr.)
27-3212458

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

C/O MAZARS
WOODBURY, NY 11797

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 21	6	482,155.
7	Gross income. Add lines 5 and 6	7	482,155.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	182,737.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	423.
16	Interest:			24	Travel, meals, and entertainment:		
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	
16b	Other	16b		24b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	3,410.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	25.
				27b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	186,595.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	295,560.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	295,560.
----	--	----	----------

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE C

Profit or Loss From Business

OMB No. 1545-0074

(Form 1040)

(Sole Proprietorship)

2017

Department of the Treasury
Internal Revenue Service

Information about Schedule C and its separate instructions is at IRS.gov/ScheduleC.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

Enter SSN from instructions
532289

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

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

D Employer ID number
(EIN)/(see instr.)
27-3212458

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

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

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2017, check here. Yes No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	
2	Returns and allowances		2	0
3	Subtract line 2 from line 1		3	
4	Cost of goods sold (from line 42)		4	0
5	Gross profit. Subtract line 4 from line 3		5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	482,155
7	Gross income. Add lines 5 and 6		7	482,155

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

8	Advertising	8		18	
9	Car and truck expenses (see instructions)	9		19	
10	Commissions and fees	10		20	
11	Contract labor (see instructions)	11		20a	
12	Depletion	12		20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	182,737	21	
14	Employee benefit programs (other than on line 19)	14		22	
15	Insurance (other than health)	15		23	423
16	Interest:			24	
16a	a Mortgage (paid to banks, etc.)	16a		24a	
16b	b Other	16b		24b	
17	Legal and professional services	17	3,410	25	
18	Office expense (see instructions)	18		26	
19	Pension and profit-sharing plans	19		27a	25
20	Rent or lease (see instructions):			27b	
20a	a Vehicles, machinery, and equipment	20a			
20b	b Other business property	20b			
21	Repairs and maintenance	21			
22	Supplies (not included in Part III)	22			
23	Taxes and licenses	23			
24	Travel, meals, and entertainment:				
24a	a Travel	24a			
24b	b Deductible meals and entertainment (see instructions)	24b			
25	Utilities	25			
26	Wages (less employment credits)	26			
27a	Other expenses (from line 48)	27a			25
27b	b Reserved for future use	27b			
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		28	186,595
29	Tentative profit or (loss). Subtract line 28 from line 7	29		29	295,560
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		31	295,560

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

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

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

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

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description and Amount. Row 1: NYS FILING FEE 25

48 Total other expenses. Enter here and on line 27a 48 25

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2017
Attachment
Sequence No. 09

Name of proprietor DONALD J. TRUMP		Social security number (99M)
A Principal business or profession, including product or service (see instructions) AVIATION		B Enter code from instructions 532289
C Business name. If no separate business name, leave blank. DT ENDEAVOR I LLC		D Employer ID number (EIN) (see instr.) 35-2555712
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) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H If you started or acquired this business during 2017, check here <input type="checkbox"/>		
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	132,513.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	132,513.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	132,513.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 22	6	1,558,482.
7	Gross income. Add lines 5 and 6	7	1,690,995.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	29,097.
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	254,023.	21	Repairs and maintenance	21	115,878.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	29,661.
15	Insurance (other than health)	15	12,709.	23	Taxes and licenses	23	2,000.
16	Interest:			24	Travel, meals, and entertainment:		
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	21,821.
16b	b Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	798.
17	Legal and professional services	17	793.	25	Utilities	25	
18	Total expenses before expenses for business use of home. Add lines 8 through 27a	18		26	Wages (less employment credits)	26	28,235.
19	Tentative profit or (loss). Subtract line 18 from line 7	19		27a	a Other expenses (from line 48)	27a	76,385.
20	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27b	b Reserved for future use	27b	
21	Net profit or (loss). Subtract line 20 from line 19.	21		28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	571,400.
22	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .	22		29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,119,595.
23	• If a loss, you must go to line 32.	23		30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	30	
24	If you have a loss, check the box that describes your investment in this activity (see instructions).	24		31	Net profit or (loss). Subtract line 30 from line 29.	31	1,119,595.
25	• If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .	25		32a	<input type="checkbox"/> All investment is at risk.	32a	
26	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	26		32b	<input type="checkbox"/> Some investment is not at risk.	32b	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
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

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

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

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

47 a Do you have evidence to support your deduction? Yes No
 b If "Yes," is the evidence written? Yes No

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

FUEL EXPENSE	62,868.
LICENSES & PERMITS	113.
TELEPHONE	13,404.
48 Total other expenses. Enter here and on line 27a	76,385.

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	2,010,922.	1,368,794.		642,128.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked		3,762,000.		<3,762,000.>
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 23				11 10,648,170.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 7,528,298.

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

Schedule D (Form 1040) 2017

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	7,528,298.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, 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, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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 Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet <u>SEE STATEMENT 24</u>	19	1,316,464.
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) }	21	
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. **Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	10500.000 SH - GLOBAL FASHION TECHNOLOGIES	VARIOUS	01/18/17	0.	3,762,000.			<3,762,000.>
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								
					3,762,000.			<3,762,000.>

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP



SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

2017
Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No
 B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
 A PALM BEACH, FL 33480
 B PALM BEACH, FL 33480
 C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365		<input type="checkbox"/>
B	1		365		<input type="checkbox"/>
C	6				<input type="checkbox"/>

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			93.
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	430.	202.	
13 Other interest	13			
14 Repairs	14	127.	127.	
15 Supplies	15			
16 Taxes	16			
17 Utilities	17	1,206.	703.	
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 28 STMT 29	19	1,122.	304.	
20 Total expenses. Add lines 5 through 19	20	2,885.	1,336.	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-2,885.	-1,336.	93.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(2,885.)	(1,336.)	
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E

(Form 1040)

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, 1040NR, or Form 1041.

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

OMB No. 1545-0074

2017

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No X
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A
B
C

Table with 5 columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV, and rows A, B, C.

Type of Property:

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

Income: Properties: A B C
3 Rents received 3
4 Royalties received 4 535,516. 209,428.

Expenses:

Table with 5 columns: Expense description, and rows 5-22 including Advertising, Auto and travel, Cleaning and maintenance, etc.

Summary rows 23a-23e: Total of all amounts reported on line 3, 4, 12, 18, 20 for all properties.

Final summary rows 24-26: Income, Losses, Total rental real estate and royalty income or (loss).

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

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.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? [X] Yes [] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: SEE STATEMENT 31

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 70,349,364; 51,179,499; 10,287,680.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: SEE STATEMENT 32

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Additional Data

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
F	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP BOOKS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	CHARLOTTESVILLE CATERING & EVENTS LLC	P	<input type="checkbox"/>	38-3862571	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TAG AIR INC	S	<input type="checkbox"/>	95-4464111	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TRUMP OLD POST OFFICE MEMBER CORP	S	<input type="checkbox"/>	45-2671826	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	TRUMP MARKS PUNE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
G	MIDOCEAN CREDIT OPPORTUNITY FUND LP	P	<input type="checkbox"/>	26-4254073	<input type="checkbox"/>
G	T INTERNATIONAL REALTY LLC	P	<input type="checkbox"/>	90-0883344	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS - WHITE COURSE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS 4 SHADOW TREE LANE	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS JUPITER GOLF CLUB	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
G	DJT HOLDINGS OPO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

Form 1040 Schedule E, Part I, Lines 1 and 2 - Income or Loss From Rental Real Estate and Royalties

	Physical address of each property (street, city, state, and ZIP code)	Type of Property (from list below)	Fair Rental Days	Personal Use Days	QJV
A	PALM BEACH, FL 33480	SINGLE FAMILY RESIDENCE	365		<input type="checkbox"/>
B	PALM BEACH, FL 33480	SINGLE FAMILY RESIDENCE	365		<input type="checkbox"/>
C		ROYALTIES			<input type="checkbox"/>
D		ROYALTIES			<input type="checkbox"/>
E		ROYALTIES			<input type="checkbox"/>

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

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
AJ	TRUMP'S CASTLE MANAGEMENT CORP	S	<input type="checkbox"/>	22-3167829	<input type="checkbox"/>
AK	TRAVEL ENTERPRISES MANAGEMENT INC	S	<input type="checkbox"/>	13-3345689	<input type="checkbox"/>
AL	THE TRUMP HOTEL CORP	S	<input type="checkbox"/>	13-3430478	<input type="checkbox"/>
BM	TRUMP ICE INC	S	<input type="checkbox"/>	13-3355527	<input type="checkbox"/>
BN	HELICOPTER AIR SERVICES INC	S	<input type="checkbox"/>	13-3478858	<input type="checkbox"/>
BO	DJT HOLDINGS MM LLC - PARC CONSULTING INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BP	THE TRUMP ORGANIZATION INC	S	<input type="checkbox"/>	13-3070440	<input type="checkbox"/>
BQ	TRUMP EMPIRE STATE INC	S	<input type="checkbox"/>	13-3766196	<input type="checkbox"/>
BR	FIFTY-SEVEN MANAGEMENT CORP	S	<input type="checkbox"/>	13-3860845	<input type="checkbox"/>
BS	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BT	TRUMP VILLAGE CONSTRUCTION CORP	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>
BU	TRUMP CPS CORP	S	<input type="checkbox"/>	13-3917416	<input type="checkbox"/>
BV	FIRST MEMBER INC	S	<input type="checkbox"/>	13-3914818	<input type="checkbox"/>
BW	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BX	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
BY	TRUMP PAYROLL CORP	S	<input type="checkbox"/>	13-3494471	<input type="checkbox"/>
BZ	FLIGHTS INC	S	<input type="checkbox"/>	13-3929051	<input type="checkbox"/>
B	TRUMP PLAZA MEMBER INC	S	<input type="checkbox"/>	13-3979038	<input type="checkbox"/>
B	TRUMP VILLAGE CONST CORP-DJT GR TR	S	<input type="checkbox"/>	11-1993421	<input type="checkbox"/>
B	TRUMP TOWER MANAGING MEMBER INC	S	<input type="checkbox"/>	13-3981225	<input type="checkbox"/>
B	TRUMP 845 UN MGR CORP	S	<input type="checkbox"/>	13-4026239	<input type="checkbox"/>
B	BEACH HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1681481	<input type="checkbox"/>
B	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S	<input type="checkbox"/>	11-1582802	<input type="checkbox"/>
B	TRUMP MANAGEMENT INC	S	<input type="checkbox"/>	11-2196835	<input type="checkbox"/>
B	TRUMP PARK AVENUE LLC (DELMONICO)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
B	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
B	TRUMP TORONTO DEVELOPMENT INC	S	<input type="checkbox"/>	20-0005703	<input type="checkbox"/>
B	STARRETT CITY ASSOCIATES	P	<input type="checkbox"/>	11-6189342	<input type="checkbox"/>
B	TRUMP LAS VEGAS SALES & MARKETING INC	S	<input type="checkbox"/>	20-1866514	<input type="checkbox"/>
C	TRUMP PARK AVENUE LLC	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	20-1908009	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
C	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	TIHM MEMBER CORP	S	<input type="checkbox"/>	20-5074158	<input type="checkbox"/>
C	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP FLORIDA MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
C	TRUMP 55 WALL CORP	S	<input type="checkbox"/>	13-3922525	<input type="checkbox"/>
C	TIHT MEMBER LLC	S	<input type="checkbox"/>	20-5315528	<input type="checkbox"/>
C	TIHT COMMERCIAL LLC	P	<input type="checkbox"/>	13-4038061	<input type="checkbox"/>
C	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-4038061	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP LAS OLAS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	DJT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
C	TRUMP MARKS PHILADELPHIA LLC	P	<input type="checkbox"/>	20-8882513	<input type="checkbox"/>
C	TRUMP MARKS WAIKIKI LLC	P	<input type="checkbox"/>	20-8882101	<input type="checkbox"/>
C	TRUMP MARKS WAIKIKI CORP	S	<input type="checkbox"/>	20-8858096	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	TRUMP MARKS PHILADELPHIA CORP	S	<input type="checkbox"/>	20-8881726	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP GOLF COCO BEACH LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - 809 NORTH CANON LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	TRUMP CANOUAN ESTATE MEMBER CORP *	S	<input type="checkbox"/>	26-1624146	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	SENTIENT JETS MEMBER CORP	S	<input type="checkbox"/>	26-3467929	<input type="checkbox"/>
D	TRUMP MARKS PUERTO RICO II MEMBER CORP	S	<input type="checkbox"/>	26-2982043	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	DJT HOLDINGS LLC - GOLF PRODUCTIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES LLC	P	<input type="checkbox"/>	27-0226891	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
D	MELANIA MARKS ACCESSORIES MEMBER CORP	S	<input type="checkbox"/>	27-0226852	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP MARKS MENSWEAR MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
E	SC LP SHOPPING CENTER LLC	P	<input type="checkbox"/>	27-1551456	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	TRUMP INTERNATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
E	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0750446	<input type="checkbox"/>
E	TRUMP INTERNATIONAL HOTEL HAWAII LLC	P	<input type="checkbox"/>	27-0963857	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TRUMP FERRY POINT MEMBER CORP	S	<input type="checkbox"/>	27-8202438	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TIHH MEMBER CORP	S	<input type="checkbox"/>	27-0963803	<input type="checkbox"/>
E	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
E	TRUMP TORONTO HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	26-4450770	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP INTERNATIONAL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	TRUMP MARKS MEMBER CORP	S	<input type="checkbox"/>	27-1357658	<input type="checkbox"/>
F	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
F	DJT HOLDINGS LLC - 401 MEZZ	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - LFB ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
F	DJT HOLDINGS LLC - TNGC PINE HILL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
H			<input type="checkbox"/>		<input type="checkbox"/>
H	DT MARKS VANCOUVER LP	P	<input type="checkbox"/>	90-0930859	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC RIO MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	TRUMP HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	13-3489501	<input type="checkbox"/>
H	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC RIO MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - EXCEL VENTURE I CORPORATION	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	OPO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	46-3066239	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC SALES & MARKETING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	THC VANCOUVER MANAGEMENT CORP	S	<input type="checkbox"/>	46-1843645	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	TW VENTURE I MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-4146150	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOCIATES V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>
H	TRUMP 845 UN GP LLC	P	<input type="checkbox"/>	13-3958321	<input type="checkbox"/>
I	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	845 UN LIMITED PARTNERSHIP - 845 LP LLC	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>
I	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
I	TRUMP PARK AVENUE LLC - ACQUISITION	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
I	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DT CONNECT II MEMBER CORP	S	<input type="checkbox"/>	47-1519047	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	47-2191989	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	THC BAKU HOTEL MANAGER SERVICE MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC QATAR HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	TTTT VENTURE MEMBER CORP	S	<input type="checkbox"/>	47-2297906	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TNGC CHARLOTTE MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
I	TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	S	<input type="checkbox"/>	26-2979757	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS-D B PACE ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DT DUBAI II GOLF MANAGER LLC	P	<input type="checkbox"/>	47-2265157	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC QATAR HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC (TW VENTURE I LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS LLC -TW VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DT CONNECT II LLC	P	<input type="checkbox"/>	36-4791039	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DT TOWER GURGAON LLC	P	<input type="checkbox"/>	47-3351290	<input type="checkbox"/>
J	MOBILE PAYROLL CONSTRUCTION LLC	P	<input type="checkbox"/>	36-4813676	<input type="checkbox"/>
J	DT BALI TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	36-4812795	<input type="checkbox"/>
J	DT LIDO HOTEL MANAGER LLC	P	<input type="checkbox"/>	61-1769144	<input type="checkbox"/>
J	DT LIDO TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	30-0881420	<input type="checkbox"/>
J	DT JEDDAH TECHNICAL SERVICES MANAGER LLC	P	<input type="checkbox"/>	61-1771503	<input type="checkbox"/>
J	WILLIAM M TRUMP MEDICAL FUND LLC	P	<input type="checkbox"/>	47-5214076	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	THC JEDDAH HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	47-5150947	<input type="checkbox"/>
J	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DTW VENTURE MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-5292006	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
J	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	EID VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1201049	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DT TOWER II MEMBER CORP	S	<input type="checkbox"/>	81-1112510	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
K	DT VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1743521	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	HUDSON WATERFRONT ASSOCIATES IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>
K	DT TOWER GURGAON LLC	P	<input type="checkbox"/>	47-3351290	<input type="checkbox"/>
K	EID VENTURE II LLC	P	<input type="checkbox"/>	32-0488634	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT TOWER I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP MARKS ASIA LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT CONNECT II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	TRUMP PALACE PARC LLC	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>
K	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP ICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DTW VENTURE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	TRUMP EQUITABLE FIFTH AVE CO	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>
L	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-2802479	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
L	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP CARIBBEAN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S	<input type="checkbox"/>		<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S	<input type="checkbox"/>		<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
			<input type="checkbox"/>		<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
N	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE - 124	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
O	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S		27-4162256	

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

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

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	\$19,115				
B	\$10,950				
C	\$193				
D		65,600			
E					6,773,547
F			466,440		
G		7,804,649			
H	\$457,596				
I	\$0				
J		280,489			
K	\$0				
L		524,656			
M	\$0				
N	\$401,333				
O	\$100,165				
P		14,899			
Q		1,329,126			
R	\$13,301				
S	\$0				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
C			1,623		
C					2,170,709
C			26,100		
C		1,995,036			
C		20,355			
C		6,505,458			
C	0				
C		145			
C	0				
C	34				
C	0				
C	0				
C	1,945				
C		549,621			
C	967				
C	542				
C	2,153,598				
C	2,772				
C		284,917			
C		1,957			
D	29				
D	22				
D	4				
D	253				
D	29				
D	16,900				
D	172				
D		14,210			
D	0				
D	0				
D	0				
D			1,271,350		
D		19,129			
D		5,646			
D	18				
D	1,764				
D	0				
D	0				
D	349				
D	4				
D	6,195				
D	225,884				
D	6,510				
D	1,780				
D	294				
D	137				
E	13				
E		652			
E		21,058			
E	1,247				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
T	\$0				
U	\$0				
V	\$55,370				
W	\$0				
X	\$0				
Y	\$0				
Z	\$67,209				
AA	\$65				
AB	\$122				
AC	\$0				
AD		20,359			
AE	\$1,269				
AF			11,329,851		
AG			168,898		
AH	\$0				
AI	\$9,665				
AJ	\$0				
AK	\$0				
AL			0		
BM	\$0				
BN	\$0				
BO		7,813			
BP	\$0				
BQ	\$0				
BR		80,429			
BS					6,780
BT	\$0				
BU	\$2,198				
BV	\$354				
BW	\$0				
BX		307			
BY	\$0				
BZ	\$0				
B		12,112			
B		68,704			
B		111,188			
B	\$1,242				
B		25,225			
B		68,250			
B	\$14,849				
B	\$0				
B	\$5,082				
B	\$0				
B		323,214			
B	\$0				
C	\$0				
C	\$5,139				
C	\$1,195				
C			20,839,304		
C			172,319		
C			20,860		

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
E					129,336
E	2,666				
E	0				
E	282,014				
E		2,537,817			
E		1,555			
E	13				
E		6,320			
E		351			
E	27				
E	2,305				
E		24,220			
E		17,415			
E	0				
E		778,833			
E		34,400			
E		1,706,855			
E	112				
E		126,348			
E	349				
E		152,384			
E		556,576			
F	1,274				
F	4				
F	1				
F		5,679			
F	29				
F	0				
F		5,114,234			
F		1,289			
F			5,530,060		
F	0				
F	32,994				
F	2,856				
F	2,753,779				
F	2,632				
F			3,373,735		
F	1,560,541				
F	607,143				
F	638,042				
F	586,804				
F	6,217				
F	313				
F	0				
F	591				
F	3				
F	63				
F	29				
G	337				
G	40				
G			79,198		

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
G	\$1,273,638				
G	\$6,505				
G			0		
G			34,422		
G	\$6				
G	\$28,097				
G	\$637,524				
G	\$3,944				
G	\$5,987				
G	\$29				
G	\$48				
G	\$0				
G	\$3				
G	\$7,854				
G	\$455,454				
G	\$431				
G		1,392,345			
G			7,762,219		
G	\$294				
G	\$0				
G	\$2,321,503				
G	\$17,550,863				
G	\$0				
H					1,186,851
H					20,435
H	\$1,745,543				
H	\$570,001				
H		134,589			
H		360,733			
H	\$406				
H	\$0				
H	\$35,129				
H		318,377			
H	\$0				
H	\$0				
H	\$4				
H		1,373			
H	\$358				
H	\$4				
H	\$5,816				
H	\$0				
H		3,248			
H	\$17,810				
H	\$0				
H	\$0				
H	\$0				
H		3,094,176			
H		5,789,255			
H		382,610			
I	\$939,632				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
I	\$1,465				
I		574,375			
I		280,105			
I		127,207			
I	\$0				
I	\$6,494				
I	\$4				
I	\$50				
I	\$173				
I	\$0				
I	\$59				
I	\$4				
I	\$11				
I	\$4				
I	\$2,987				
I		14,206			
I		998			
I	\$0				
I	\$61,878				
I	\$349				
I	\$0				
I	\$0				
I	\$5,806				
I	\$1,120				
I	\$349				
J	\$221				
J	\$0				
J	\$16,927				
J		97,856			
J	\$0				
J	\$2,194,612				
J	\$611,214				
J	\$6,064,703				
J	\$22,392				
J	\$0				
J	\$0				
J	\$0				
J	\$0				
J	\$0				
J	\$0				
J	\$0				
J	\$2				
J	\$0				
J	\$0				
J	\$23,686				
J	\$0				
J	\$48				
J	\$335				
J		1,465			
J	\$4				
J					

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	0				
K		1,513			
K	38				
K	4				
K	370				
K	4				
K	0				
K	0				
K	4				
K	0				
K	0				
K	466				
K	392				
K		5,714,340			
K		58,304			
K	0				
K	31,389				
K	15,922				
K					22
K	86,592				
K	45,476				
K		14,964			
K	794				
K		5,667			
K	56				
K	22,475				
K	81				
L	479				
L	56				
L	1,566				
L	905				
L	187				
L	1,704				
L		50,237			
L	353				
L	259				
L	94,710				
L	42,405				
L	113				
L	25				
L	271,309				
L	117,702				
L	135,740				
L	32,877				
L		20,495,549			
L	190,532				
L	307				
L	144,987				
L	81,597				
L	1,569				
L			12,972		

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
L	76				
L	2,741				
M	1,189				
M	1				
M	8				
M		57			
M	1				
M	1				
M	210,514				
M	16				
M	227				
M	16				
M	9				
M	2				
M	17				
M		507			
M	4				
M	3				
M	3				
M	957				
M		65,712			
M	0				
M	333				
M	40				
M	29				
M	27,816				
M			34,078		
M	15,763				
N	6,133				
N		14,064			
N	78,406				
N	3				
N	23,450				
N		11,988			
N		206			
N	177,281				
N			0		
N	0				
N	171				
N			0		
N	22,168				
N		988			
N	317				
N	61,260				
N	6,445				
N	0				
N		144			
N	6,440				
N			55,859		
N	428				

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
N	9,491				
N	1,371				
N	1				
N	5				
O	1				
O	0				
O	1				
O	59				
O	332				
O	4				
O	0				
O	2				
O	3				
O	3				
O	4				
O	18				
O	6				
O	27				
O		20,152			
O	13				
O	5				
O	4				
O	171				
O	63				
O	13				
O		17,241			
O		1,276			
O		5,622			
O	4				
O	355				
P		1,539			
P		151			
P		151			
P		347			
P	0				
P	4				
P	4				
P	4				
P		1,359			
P			211		
P	0				
P	21,754				
P	11				
P	2,282				
P		7,867			
P	5,758				
P		57,721			
P	12,842				
P	5,927				
P		3,216			
P					

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	17,632				
P		6,084			

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
B	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
A			0	
B	0			
C	0			
D	0			

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred THE EAST 61 ST. COMPANY
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 68</small>	4	10,950.		
5 Meals and entertainment 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	10,950.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,950.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,950.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,950.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22
----	--	----

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred 40 WALL DEVELOPMENT ASSOC, LLC
------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 69	4	457,596.		
5 Meals and entertainment 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	457,596.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	457,596.		
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	457,596.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	457,596.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP CPS LLC
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 70	4	100,165.		
5 Meals and entertainment 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	100,165.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	100,165.		
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	100,165.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			100,165.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP 845 UN GP LLC (MGR)
-------------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 71	4	55,370.
5 Meals and entertainment 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	55,370.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	55,370.
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	55,370.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	55,370.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP EQUITABLE FIFTH AVENUE CO
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 72	4	190,532.		
5 Meals and entertainment 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	190,532.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	190,532.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	190,532.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			190,532.

Part II Vehicle Expenses

Section A. - General Information

	(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service	11	
12 Total miles vehicle was driven during 2017	12 miles	miles
13 Business miles included on line 12	13 miles	miles
14 Percent of business use. Divide line 13 by line 12	14 %	%
15 Average daily roundtrip commuting distance	15 miles	miles
16 Commuting miles included on line 12	16 miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17 miles	miles
18 Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20 Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21 If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22 Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22
---	----

Section C. - Actual Expenses

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

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

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

Statement SBE Supplemental Business Expenses

2017

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

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 73	4	45,476.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	45,476.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

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

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PLAZA LLC
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 74	4	13,301.
5 Meals and entertainment 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	13,301.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

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

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred THE TRUMP CORPORATION
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 75	4	168,898.
5 Meals and entertainment 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	168,898.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	168,898.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	168,898.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	168,898.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PROJECT MANAGEMENT CORP
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 76</small>	4	9,665.		
5 Meals and entertainment 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	9,665.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

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

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred T MANAGEMENT LLC (TMG MEMBER LLC)
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 77</small>	4	67,209.
5 Meals and entertainment 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	67,209.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	67,209.
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	67,209.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	67,209.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22
----	--	----

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVENUE LLC (DELMONICO)
-------------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 78	4 5,082.	
5 Meals and entertainment 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 5,082.	

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

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

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22
----	--	----

Section C. - Actual Expenses

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVE LLC - ACQUISITIONS
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 79</small>	4	5,139.		
5 Meals and entertainment 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	5,139.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	5,139.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	5,139.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	5,139.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC
------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 80	4	172,319.		
5 Meals and entertainment 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	172,319.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	172,319.		
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	172,319.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			172,319.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC
------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 81	4	1,623.		
5 Meals and entertainment 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	1,623.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,623.		
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	1,623.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			1,623.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TIHT COMMERCIAL LLC
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 82	4	967.		
5 Meals and entertainment 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	967.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	967.		
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	967.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	967.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP INTERNATIONAL GOLF CLUB LLC
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 83	282,014.	
5 Meals and entertainment expenses		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	282,014.	

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	282,014.	
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%)	282,014.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	▶ 10	282,014.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred MAR-A-LAGO CLUB LLC
------------------------------	------------------------	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 84	4	466,440.		
5 Meals and entertainment 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	466,440.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	466,440.		
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	466,440.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			466,440.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

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

**Statement SBE
Supplemental Business Expenses**

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP NATIONAL GOLF CLUB
------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 85</small>	4	2,632.		
5 Meals and entertainment 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	2,632.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	2,632.		
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	2,632.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			2,632.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

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

Statement SBE Supplemental Business Expenses

2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TUMP KOREAN PROJECTS LLC
------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 86	4	122.		
5 Meals and entertainment 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	122.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	122.		
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	122.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	122.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2017	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

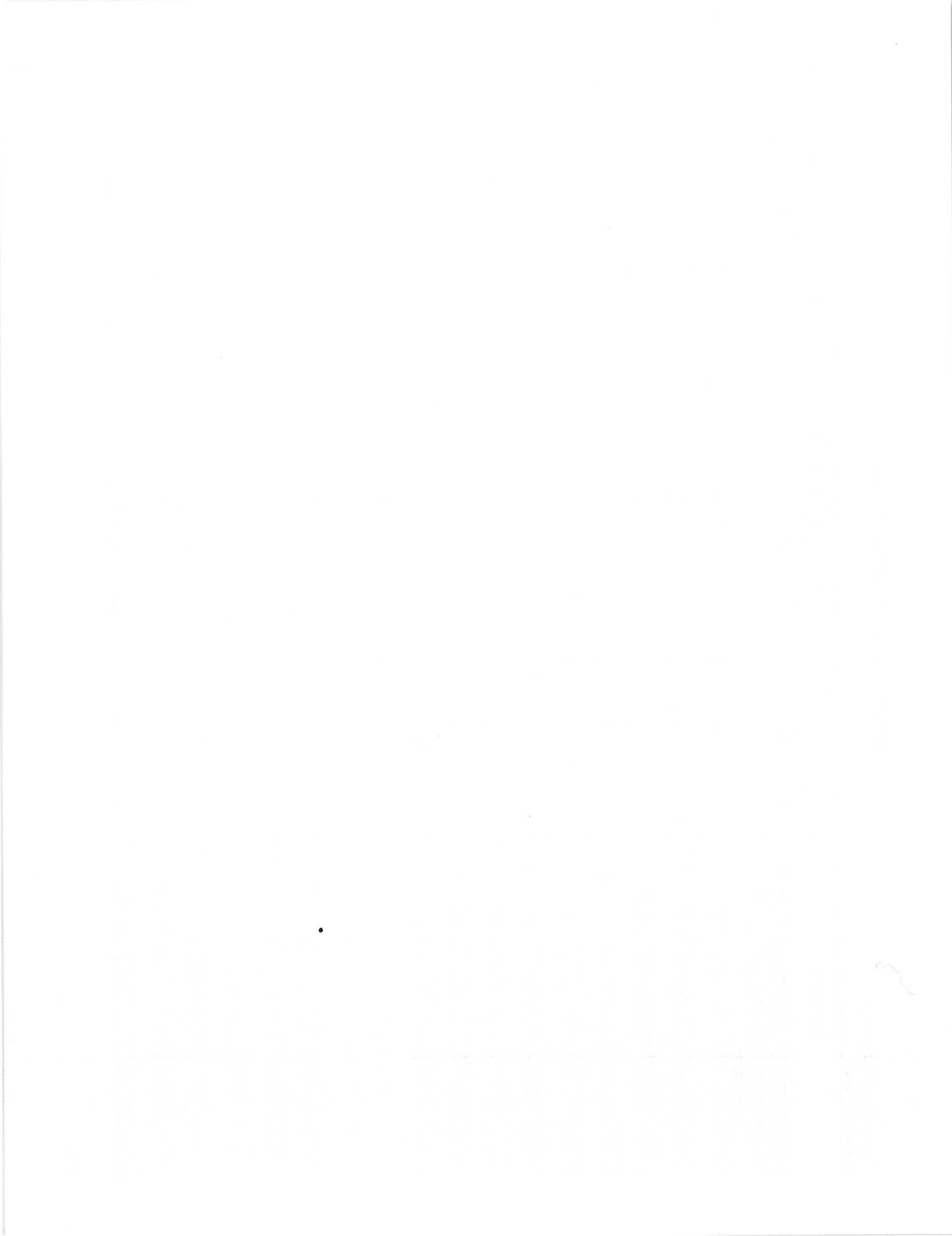
Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
----	--	----	--

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	



**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of employer

DONALD J. TRUMP

Household Employment Taxes

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

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

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

OMB No. 1545-1971

2017
Attachment
Sequence No. **44**

Social security number

Employer identification number

13-344039

Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017.

A Did you pay **any one** household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

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

B Did you withhold federal income tax during 2017 for any household employee?

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

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

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

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	97,799.
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2	12,127.
3	Total cash wages subject to Medicare tax	3	97,799.
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4	2,836.
5	Total cash wages subject to Additional Medicare Tax withholding	5	
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7	Federal income tax withheld, if any	7	12,104.
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	27,067.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

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

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	X	
11 Did you pay all state unemployment contributions for 2017 by April 17, 2018? Fiscal year filers, see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

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

Section A

13 Name of the state where you paid unemployment contributions	NY	
14 Contributions paid to your state unemployment fund	14 394.	
15 Total cash wages subject to FUTA tax		15 24,358.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25		16 146.

Section B

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals		18
19 Add columns (g) and (h) of line 18	19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)		20
21 Multiply line 20 by 6.0% (0.060)		21
22 Multiply line 20 by 5.4% (0.054)	22	
23 Enter the smaller of line 19 or line 22. (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)		23
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25		24

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	27,067.
26 Add line 16 (or line 24) and line 25	26	27,213.

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

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

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

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

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

Employer's signature _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Employer Name Control: TRUM

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2017
Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040 or Form 1040NR.

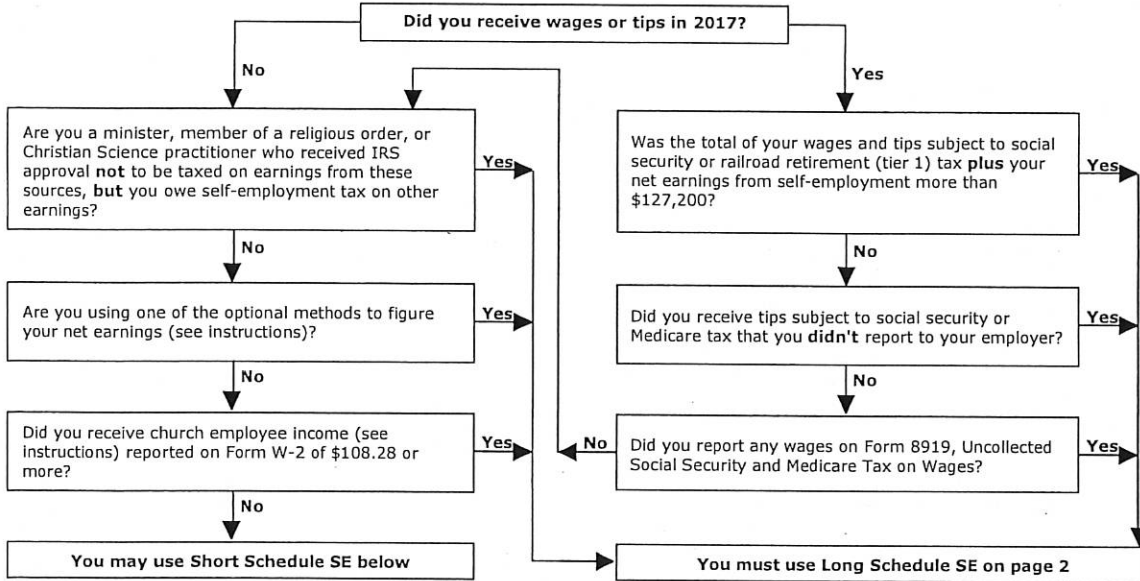
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
DONALD J TRUMP

Social security number of person with self-employment income

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

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

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



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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b. If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	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	
Note: 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: * \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55. * More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, 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 Form 1040, line 27, or Form 1040NR, line 27	6	

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

Cat. No. 11358Z

Schedule SE (Form 1040) 2017

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

Social security number of person with **self-employment** income

DONALD J. TRUMP

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

<p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p>			
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 33	2	7,284,683.
3	Combine lines 1a, 1b, and 2	3	7,284,683.
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	6,727,405.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	6,727,405.
5a	Enter your church employee income 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	6,727,405.
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 2017	7	127,200.00
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 \$127,200 or more, skip lines 8b through 10, and go to line 11	8a	128,555.
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 smaller of line 6 or line 9 by 12.4% (0.124)	10	
11	Multiply line 6 by 2.9% (0.029)	11	195,095.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	195,095.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	97,548.

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

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$7,800, or (b) your net farm profits² were less than \$5,631.</p>			
14	Maximum income for optional methods	14	5,200.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,200. Also include this amount on line 4b above	15	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,631 and 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.</p>			
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.
³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

TY 2017 Gen Dep

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: PREPARER NOTES

Attachment Information: THE FORM 5471 FILING REQUIREMENT FOR CARIBUSINESS;
INVESTMENTS, SRL HAS BEEN SATISFIED BY CARIBUSINESS
MRE LLC: (ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022;EIN 61-1707728).;
CARIBUSINESS MRE LLC HAS E-FILED ITS RETURN FOR THE TAX
YEAR; ENDED DECEMBER 31, 2017.; THE FORM 5471 FILING
REQUIREMENT FOR NITTO WORLD LIMITED CO; HAS BEEN
SATISFIED BY TURNBERRY SCOTLAND LLC; (ADDRESS : C/O THE
TRUMP ORGANIZATION YORK, NY
10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS
E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31,
2017.; THE FORM 8858 FILING REQUIREMENT FOR TRUMP
EDUCATION ULC; HAS BEEN SATISFIED BY THE TRUMP
ENTREPRENEUR INITIATIVE LLC; NEW YORK, NY 10022;EIN 20-
1806597).; THE TRUMP ENTREPRENEUR INITIATIVE LLC HAS
E-FILED ITS; RETURN FOR THE TAX YEAR ENDED DECEMBER 31,
2017.; THE FORM 8858 FILING REQUIREMENT FOR SLC
TURNBERRY LIMITED; HAS BEEN SATISFIED BY TURNBERRY
SCOTLAND LLC: (ADDRESS : C/O THE TRUMP ORGANIZATION
ORK, NY 10022;EIN 30-0826567).;
TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE
TAX YEAR ENDED DECEMBER 31, 2017.; THE FORM 8858 FILING
REQUIREMENT FOR GOLF RECREATION; SCOTLAND LIMITED HAS
BEEN SATISFIED BY TURNBERRY SCOTLAND: LLC (ADDRESS:
C/O THE TRUMP ORGANIZATION NEW YORK,
NY 10022; EIN 30-0826567).; TURNBERRY SCOTLAND LLC HAS
E-FILED ITS RETURN FOR; THE TAX YEAR ENDED DECEMBER 31,
2017.; THE FORM 8858 FILING REQUIREMENT FOR TIGL
IRELAND MANAGEMENT; LIMITED HAS BEEN SATISFIED BY TW
VENTURE II LLC: (ADDRESS : C/O THE TRUMP ORGANIZATION
; NEW YORK, NY 10022; EIN 35-2497556).;
TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR
ENDED; DECEMBER 31, 2017.; THE FORM 8858 FILING
REQUIREMENT FOR TIGL IRELAND; ENTERPRISES LIMITED HAS
BEEN SATISFIED BY TW VENTURE II LLC; (ADDRESS : C/O THE
TRUMP ORGANIZATION NEW YORK, NY
10022; EIN 35-2497556).; TW VENTURE II LLC HAS E-FILED ITS
RETURN FOR THE YEAR ENDED; DECEMBER 31 2017; THE FORM
8858 FILING REQUIREMENT FOR DT CONNECT EUROPE LIMIT;
HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC;
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022; EIN 30-0826567).; TURNBERRY
SCOTLAND LLC HAS E-FILED ITS RETURN FOR; THE YEAR ENDED
DECEMBER 31, 2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Functional Currency and Exchange Rate QBU Statement

Name: DONALD R. MEI ANIA<TRUMP

SSN:

Spouse SSI:

Regulation: IRC Section 6038 & Treasury Regulation 1.6038(g)

QBU Id	Country of Operation	Functional Currency
UK POUNDS		0.74000

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

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

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
OTHER COUNTRIES		AZERBAIJAN	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:	832,682.		34,751.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	951,123.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income	832,682.		34,751.	
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00307	.00000	.00013	
g Multiply line 3c by line 3f	28,723.		1,213.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	979,846.		1,213.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A						41.			583.	624.
B										
C										

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

Foreign Tax Credit

(Individual, Estate, or Trust)

2017

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name **DONALD J. & MELANIA TRUMP** Identifying number as shown on page 1 of your tax return

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	INDIA	CANADA	QATAR	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	48.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income				
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	48.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

2017

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name: **DONALD J. & MELANIA TRUMP**
Identifying number as shown on page 1 of your tax return: _____

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	HTKO			
1a Gross income from sources within country shown above and of the type checked above:				
	-867,433.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	SEE STATEMENT 35			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources				
f Divide line 3d by line 3e				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	-981,107.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 34

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

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 **624.**

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	624.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 36	10	16,681.	
11	Add lines 9 and 10	11	17,305.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13	-624.	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		16,681.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16	Adjustments to line 15	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42	20		
Caution: If you are completing line 20 for separate category a (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		0.
28	Enter the smaller of line 20 or line 27	28		0.
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		0.

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

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

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

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CANADA	KOREA, SOUTH	UNITED KINGDOM	
1a Gross income from sources within country shown above and of the type checked above:	35,277,383.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	39,742,463.	187.	8,306,279.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income	35,277,383.			
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.13002	.00000	.00000	
g Multiply line 3c by line 3f	1,216,513.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	40,958,976.	187.	8,306,279.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	
A									380,918.
B									
C									

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

Foreign Tax Credit

(Individual, Estate, or Trust)

Department of the Treasury
Internal Revenue Service (99)

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

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

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

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CHINA	DOMINICAN REPUBLIC	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:	6,505,458.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	925.		1,287.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income	6,505,458.			
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.02398	.00000	.00000	
g Multiply line 3c by line 3f	224,315.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	225,240.		1,287.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A										
B										
C										

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

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

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
UNITED ARAB EMIRATES		PUERTO RICO	CANADA	
1a Gross income from sources within country shown above and of the type checked above:	135,962.		1,091,373.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)		4.	730,640.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income	135,962.		1,091,373.	
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00050	.00000	.00402	
g Multiply line 3c by line 3f	4,652.		37,670.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	4,652.	4.	768,310.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A										
B										
C									109,138.	109,138.

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

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

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

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	PHILIPPINES	GRENADA	INDIA	
1a Gross income from sources within country shown above and of the type checked above:	19,129.		5,714,340.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a. (attach statement)		4.	433.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income	19,129.		5,714,340.	
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00007	.00000	.02106	
g Multiply line 3c by line 3f	627.		197,081.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	627.	4.	197,514.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A										
B										
C										

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

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

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

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	GEORGIA	ISRAEL	AZERBAIJAN	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)		6,280.	5,894.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income				
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		6,280.	5,894.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2. ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A										
B										
C										

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶	BRAZIL	SAINT MARTIN	MEXICO	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	35,491.	570,001.		
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income				
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	35,491.	570,001.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

Department of the Treasury
Internal Revenue Service (99)

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

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

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

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	QATAR	INDONESIA	IRELAND	
1a Gross income from sources within country shown above and of the type checked above:		5,777,225.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)		72.	2,217,004.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.	9,356,162.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.	9,356,162.	
d Gross foreign source income		5,777,225.		
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.02129	.00000	
g Multiply line 3c by line 3f		199,238.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		199,310.	2,217,004.	6
7. Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

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

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

Foreign Tax Credit
(Individual, Estate, or Trust)

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

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

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

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	TURKEY	ST. VINCENT AND THE GR	HTKO	
1a Gross income from sources within country shown above and of the type checked above:	5,646.		867,433.	55,393,949.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 38				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	9,356,162.	9,356,162.		
b Other deductions (attach statement)				
c Add lines 3a and 3b	9,356,162.	9,356,162.		
d Gross foreign source income	5,646.			
e Gross income from all sources	271,315,087.	271,315,087.		
f Divide line 3d by line 3e	.00002	.00000		
g Multiply line 3c by line 3f	223.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	223.		981,107.	54,478,390.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				915,559.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 37

Country	Foreign taxes paid or accrued								
	In foreign currency				In U.S. dollars				
	Taxes withheld at source on:				Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
(h) <input checked="" type="checkbox"/> Paid	(i) <input type="checkbox"/> Accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A									
B									
C									

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 490,056.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	490,056.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 39	10	9,165,763.	
11	Add lines 9 and 10	11	9,655,819.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13	624.	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		9,656,443.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	915,559.	
16	Adjustments to line 15	16	-915,559.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20		
21	Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		

Investment Credit

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form3468 for instructions and the latest information.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Information Regarding the Election To Treat the Lessee as the Purchaser of Investment Credit Property

If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) election, provide the following information. If you acquired more than one property as a lessee, attach a statement showing the information below.

- 1 Name of lessor _____
- 2 Address of lessor _____
- 3 Description of property _____
- 4 Amount for which you were treated as having acquired the property ▶ \$ _____

Part II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualifying Advanced Energy Project Credit

5 Qualifying advanced coal project credit (see instructions):		
a	Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section 48A(d)(3)(B)(i) \$ _____ x 20% (0.20)	5a
b	Qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(ii) \$ _____ x 15% (0.15)	5b
c	Qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(iii) \$ _____ x 30% (0.30)	5c
d	Total. Add lines 5a, 5b, and 5c	5d
6 Qualifying gasification project credit (see instructions):		
a	Qualified investment in qualified gasification property placed in service during the tax year for which credits were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions \$ _____ x 30% (0.30)	6a
b	Qualified investment in property other than in a above placed in service during the tax year \$ _____ x 20% (0.20)	6b
c	Total. Add lines 6a and 6b	6c
7 Qualifying advanced energy project credit (see instructions): Qualified investment in advanced energy project property placed in service during the tax year \$ _____ x 30% (0.30)		7
8 Reserved for future use		8
9 Enter the applicable unused investment credit from cooperatives (see instructions)		9
10 Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a		10

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Rehabilitation Credit and Energy Credit

11 Rehabilitation credit (see instructions for requirements that must be met):

a Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. **Note:** This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent

b Enter the dates on which the 24- or 60-month measuring period begins SEE STATEMENT 88 and ends _____

c Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later) \$ _____

d Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above \$ _____

Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:

e Pre-1936 buildings \$ _____ x 10% (0.10) **11e**

f Certified historic structures \$ 7,784,367. x 20% (0.20) **11f** 1,556,873.

For properties identified on line 11f, complete lines 11g and 11h.

g Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions) STATEMENT 87

h Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions) _____

i Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) **11i**

12 Energy credit:

a Basis of property using geothermal energy placed in service during the tax year (see instructions) \$ _____ x 10% (0.10) **12a**

b Basis of property using solar illumination or solar energy placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 (see instructions) \$ _____ x 30% (0.30) **12b**

Qualified fuel cell property (see instructions):

c Basis of property placed in service during the tax year that was acquired after December 31, 2005, and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005, and before October 4, 2008 \$ _____ x 30% (0.30) **12c**

d Applicable kilowatt capacity of property on line 12c (see instructions) _____ x \$1,000 **12d**

e Enter the lesser of line 12c or line 12d **12e**

f Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 \$ _____ x 30% (0.30) **12f**

g Applicable kilowatt capacity of property on line 12f (see instructions) _____ x \$3,000 **12g**

h Enter the lesser of line 12f or line 12g **12h**

Qualified microturbine property (see instructions):

i Basis of property placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 \$ _____ x 10% (0.10) **12i**

j Kilowatt capacity of property on line 12i _____ x \$200 **12j**

k Enter the lesser of line 12i or line 12j **12k**

Part III Rehabilitation Credit and Energy Credit (continued)

Combined heat and power system property (see instructions): Caution: You cannot claim this credit if the electrical capacity of the property is more than 50 megawatts or 67,000 horsepower.		
l Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 \$ _____ x 10% (0.10)	12l	
m If the electrical capacity of the property is measured in: • Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less. • Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or less	12m	
n Multiply line 12l by line 12m	12n	
Qualified small wind energy property (see instructions): o Basis of property placed in service during the tax year that was acquired after October 3, 2008, and before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by the taxpayer after October 3, 2008, and before January 1, 2009 ... \$ _____ x 30% (0.30)		12o
p Enter the smaller of line 12o or \$4,000	12p	
q Basis of property placed in service during the tax year that was acquired after December 31, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2008 \$ _____ x 30% (0.30)	12q	
Geothermal heat pump systems (see instructions): r Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 \$ _____ x 10% (0.10)		12r
Qualified investment credit facility property (see instructions): s Basis of property (other than wind facility property and the construction of which began after 2016) placed in service during the tax year \$ _____ x 30% (0.30)		12s
t Basis of wind facility property placed in service during the tax year and the construction of which begins during 2017 \$ _____ x 24% (0.24)	12t	
u Basis of wind facility property placed in service during the tax year and the construction of which begins during 2018 \$ _____ x 18% (0.18)	12u	
13 Enter the applicable unused investment credit from cooperatives (see instructions)	13	
14 Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, 12u, and 13. Report this amount on Form 3800, Part III, line 4a	14	1,556,873.

General Business Credit

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

DONALD J. & MELANIA TRUMP

Identifying number

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

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2017. See instructions	3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	15,068,133.
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	15,068,133.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	0.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	7,435,857.
9	Add lines 7 and 8	9	7,435,857.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	750.
c	Add lines 10a and 10b	10c	750.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	7,435,107.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	0.
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	7,435,857.
15	Enter the greater of line 13 or line 14	15	7,435,857.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

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

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	7,435,107.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	7,435,107.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	108,600.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	1,771,200.
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	STMT 40 22,605,945.
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	22,714,545.
37	Enter the smaller of line 29 or line 36	37	7,435,107.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	7,435,107.

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a Investment, 2 Add lines 1a through 1zz, 3 Enter the amount from Form 8844, 4a Investment, 5 Add lines 4a through 4z, 6 Add lines 2, 3, and 5.

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 7,937
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	7,937
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	7,937

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA <TRUMP

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

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

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

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

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include categories like Investment, Reserved, Increasing research activities, etc., with a total of 2,381.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	1,556,874.
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	322,926.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1,879,800.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1,879,800.

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	27-4162308 1,541,305
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1,541,305
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1,541,305

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	153,334
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	153,334
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	153,334

Name(s) shown on return

Identifying number

DONALD J & MELANIA <TRUMP

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

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

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

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

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include categories like Investment, Reserved, Increasing research activities, etc.

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include various credit categories like Investment, Research activities, Low-income housing, etc.

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

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

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

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

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

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

Additional Data

Software ID:

Software Version:

SSN

Spouse SSN

Name: DONALD J & MELANIA<TRUMP

Credit for Federal Tax Paid on Fuels

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

Name (as shown on your income tax return)

DONALD J. & MELANIA TRUMP

Taxpayer identification number

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

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Off-highway business use		\$.183	160946	\$ 29,453.	362
b Use on a farm for farming purposes		.183			
c Other nontaxable use (see Caution above line 1)		.183			
d Exported		.184			

2 Nontaxable Use of Aviation Gasoline

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

3 Nontaxable Use of Undyed Diesel Fuel

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

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use STATEMENT 41	2	\$.243	4371	\$ 1,062.	360
b Use on a farm for farming purposes		.243			
c Use in trains		.243			
d Use in certain intercity and local buses (see Caution above line 1)		.17			
e Exported		.244			413

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

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

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ►

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

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

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

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ►

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

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

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

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ►

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

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

9 Reserved for future use

Registration No. ▶

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

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

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

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

11 Nontaxable Use of Alternative Fuel

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

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

12 Alternative Fuel Credit

Registration No. ▶

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

13 Registered Credit Card Issuers

Registration No. ►

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

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

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

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

15 Diesel-Water Fuel Emulsion Blending

Registration No. ►

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

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

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

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns. ►

17	\$	30,515.
----	----	---------

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2017

Department of the Treasury
Internal Revenue Service
(99)

▶ **Attach to your tax return.**

Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return DONALD J & MELANIA<TRUMP	Business or activity to which this form relates TRUMP INTERNATIONAL GOLF CLUB SCOTLAND	Identifying number
---	--	--------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29.	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562.		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property types and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property types and percentages, including S/L -.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with rows 30-36 and columns (a)-(f) for Vehicle 1-6. Includes questions about miles driven and personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table for Section C with rows 37-41 and Yes/No columns. Includes questions about written policies and employee information.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year (see instructions):

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

DONALD J. & MELANIA TRUMP

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 42						10648170

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	10,648,170.
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

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

MIDOCEAN CREDIT OPPORTUNITY						
FUND LP						33,740.

11	Loss, if any, from line 7	11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	33,740.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	33,740.

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

Investment Interest Expense Deduction

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4952 for the latest information.
▶ Attach to your tax return.

2017
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2017 (see instructions) SEE STATEMENT 48	1	881,759.
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	881,759.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 49	4a	11,205,460.
b	Qualified dividends included on line 4a	4b	14,305.
c	Subtract line 4b from line 4a	4c	11,191,155.
d	Net gain from the disposition of property held for investment	4d	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	
f	Subtract line 4e from line 4d	4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	11,191,155.
5	Investment expenses (see instructions) SEE STATEMENT 50	5	723,046.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	10,468,109.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 51	8	881,759.

LHA. For Paperwork Reduction Act Notice, see separate instructions.

Form **5471**
 (Rev. September 2015)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

► For more information about Form 5471, see www.irs.gov/form5471.
 Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, and ending _____

OMB No. 1545-0704
 Attachment Sequence No. 121

Name of person filing this return
 DONALD J TRUMP

A Identifying number

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

B Category, _____ see instructions. Check applicable box(es):
 1 (repealed) 2 3 4 5

City or town, state, and ZIP code
 NEW YORKNY 10022

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____

Filer's tax year beginning 01-01-2017, and ending 12-31-2017

D Check if any excepted specified foreign financial assets are reported on this form (see instructions).

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation
 THO BARRA HOTELARIA
 NEW YORKNY 10022

b(1) Employer identification number, if any
 32-0447181

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated
 BR

d Date of incorporation: 2014-04-15

e Principal place of business

f Principal business activity code number

g Principal business activity

h Functional currency

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (See instructions.)

(a) Name of country or U.S. possession	Amount of Tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2			
3			
4			
5			
6			
7			
8 Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations

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

Schedule G Other Information

- 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?
2 During the tax year, did the foreign corporation own an interest in any trust?
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?
4 During the tax year, was the foreign corporation a participant in a cost sharing arrangement?
5 During the tax year, did the foreign corporation become a participant in a cost sharing arrangement?
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?

Schedule H Current Earnings and Profits (see instructions.)

Important: Enter the amounts on lines 1 through 5c in functional currency.

Table with columns for Net Additions and Net Subtractions. Rows include: 1 Current year net income or (loss) per foreign books of account; 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards; 3 Total net additions; 4 Total net subtractions; 5a Current earnings and profits; 5b DASTM gain or (loss); 5c Combine lines 5a and 5b; 5d Current earnings and profits in U.S. dollars.

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Table with columns for Name of U.S. shareholder and Identifying number. Rows include: 1 Subpart F income; 2 Earnings invested in U.S. property; 3 Previously excluded subpart F income withdrawn from qualified investments; 4 Previously excluded export trade income withdrawn from investment in export trade assets; 5 Factoring income; 6 Total of lines 1 through 5; 7 Dividends received; 8 Exchange gain or (loss) on a distribution of previously taxed income.

Was any income of the foreign corporation blocked?

Did any such income become unblocked during the tax year (see section 964(b))?

If the answer to either question is "Yes," attach an explanation.

Alternative Minimum Tax - Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

DONALD J. & MELANIA TRUMP

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	-23,154,869.
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	5,243,690.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	4,096,981.
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	44,979,682.
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	8,050.
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 44	18	-556,802.
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 43	19	-158,257.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	30,458,475.

Part II Alternative Minimum Tax (AMT)

29	Exemption (If you were under age 24 at the end of 2017, see instructions.)																
	<table border="0"> <tr> <td>IF your filing status is...</td> <td>AND line 28 is not over...</td> <td>THEN enter on line 29...</td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$120,700</td> <td>\$54,300</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>160,900</td> <td>84,500</td> </tr> <tr> <td>Married filing separately</td> <td>80,450</td> <td>42,250</td> </tr> </table>	IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...		Single or head of household	\$120,700	\$54,300	}	Married filing jointly or qualifying widow(er)	160,900	84,500	Married filing separately	80,450	42,250	29	0.
IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...															
Single or head of household	\$120,700	\$54,300	}														
Married filing jointly or qualifying widow(er)	160,900	84,500															
Married filing separately	80,450	42,250															
	If line 28 is over the amount shown above for your filing status, see instructions.																
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	30,458,475.														
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 	31	7,951,814.														
32	Alternative minimum tax foreign tax credit (see instructions)	32	515,957.														
33	Tentative minimum tax. Subtract line 32 from line 31	33	7,435,857.														
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34															
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	7,435,857.														

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	30,458,475.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	6,229,861.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	1,316,464.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	7,546,325.
40	Enter the smaller of line 36 or line 39	40	7,546,325.
41	Subtract line 40 from line 36	41	22,912,150.
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	6,411,646.
43	Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. 	43	75,900.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	0.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	75,900.
46	Enter the smaller of line 36 or line 37	46	6,229,861.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	75,900.
48	Subtract line 47 from line 46	48	6,153,961.
49	Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household 	49	470,700.
50	Enter the amount from line 45	50	75,900.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	75,900.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	394,800.
54	Enter the smaller of line 48 or line 53	54	394,800.
55	Multiply line 54 by 15% (0.15)	55	59,220.
56	Add lines 47 and 54	56	470,700.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57	Subtract line 56 from line 46	57	5,759,161.
58	Multiply line 57 by 20% (0.20)	58	1,151,832.
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.			
59	Add lines 41, 56, and 57	59	29,142,011.
60	Subtract line 59 from line 36	60	1,316,464.
61	Multiply line 60 by 25% (0.25)	61	329,116.
62	Add lines 42, 55, 58, and 61	62	7,951,814.
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	8,524,617.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	7,951,814.

Form 6251 - AMT Charitable Contributions Worksheet Page 2

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2016	Contributions		1,191,210.					
	Less: Allowed							
	Less: NOL Absorb. NOL Abs. CRP and MWD							
	Less: Carryover		1,191,210.					1,191,210.
	CRP c/o							
2017	Contributions		1,358,563.	502,400.				
	Less: Allowed							
	Less: NOL Absorb. NOL Abs. CRP and MWD							
	Less: Carryover		1,358,563.	502,400.				1,860,963.
	CRP c/o							
	Disaster c/o							
	AMT charitable contributions							28,734,463.
	Less: Charitable contributions allowed under regular tax calculation							
	Charitable contributions adjustment to Form 6251, line 27							

Form 6251 - AMT Charitable Contributions Worksheet Page 1

AGI -12,916,948.
50% of AGI -6,458,474.

DONALD J. & MELANIA TRUMP

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP							
	CRP c/o							
2007	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP							
	CRP c/o							
2008	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP							
	CRP c/o							
2009	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP							
	CRP c/o							
2010	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP							
	CRP c/o							
2011	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP							
	CRP c/o							
2012	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Lost c/o							
	CRP c/o							
2013	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover							
	CRP c/o							
2014	Contributions			20,760,811.				
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover			20,760,811.				20,760,811.
	CRP c/o							
2015	Contributions		4,871,979.	49,500.				
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP and MWD							
	Carryover		4,871,979.	49,500.				4,921,479.
	CRP c/o							

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2017

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Name: **DONALD J. & MELANIA TRUMP** Identifying number: _____ as shown on page 1 of your tax return

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	AZERBAIJAN	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:	831,536.		34,751.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	951,123.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income	832,682.		34,751.	
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00307	.00000	.00013	
g Multiply line 3c by line 3f	48.		2.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	951,171.		2.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency			In U.S. dollars					
		Taxes withheld at source on:			Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties			(q) Interest
A						41.			583.	624.
B										
C										

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2017

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	INDIA	CANADA	QATAR	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	48.			
3 Pro rata share of other deductions not definitely related :				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income				
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	48.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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

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

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2017

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Name **DONALD J. & MELANIA TRUMP** Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession ▶ HTKO				
1a Gross income from sources within country shown above and of the type checked above:				
	-866,287.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources				
f Divide line 3d by line 3e				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	-951,221.			6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8** 624.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2017)

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	624.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 45	10	25,277.	
11	Add lines 9 and 10	11	25,901.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13	-624.	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		25,277.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15		
16	Adjustments to line 15	16	1,410,753.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	1,410,753.	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 46	18	28,412,884.	
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.04965
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category a (lump-sum distributions), see instructions.	20		7,951,814.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		394,808.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		25,277.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23	25,277.	
24	Credit for taxes on general category income	24	490,680.	
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		515,957.
28	Enter the smaller of line 20 or line 27	28		515,957.
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		515,957.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2017

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

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

DONALD J. & MELANIA TRUMP

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CANADA	KOREA, SOUTH	UNITED KINGDOM	
1a Gross income from sources within country shown above and of the type checked above:	35,277,383.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	39,742,463.	187.	8,306,279.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income	35,277,383.			
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.13002	.00000	.00000	
g Multiply line 3c by line 3f	2,014.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	39,744,477.	187.	8,306,279.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A									380,918.	380,918.
B										
C										

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2017

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CHINA	DOMINICAN REPUBLIC	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:	6,505,458.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	925.		1,287.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income	6,505,458.			
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.02398	.00000	.00000	
g Multiply line 3c by line 3f	371.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,296.		1,287.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2017

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	UNITED ARAB EMIRATES	PUERTO RICO	CANADA	
1a Gross income from sources within country shown above and of the type checked above:	135,962.		1,091,373.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)		4.	730,640.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income	135,962.		1,091,373.	
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00050	.00000	.00402	
g Multiply line 3c by line 3f	8.		62.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	8.	4.	730,702.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A										
B										
C									109,138.	109,138.

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

2017

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

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

Identifying number as shown on page 1 of your tax return

Name

DONALD J. & MELANIA TRUMP

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

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	PHILIPPINES	GRENADA	INDIA	
1a Gross income from sources within country shown above and of the type checked above:	19,129.		5,714,340.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)		4.	433.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income	19,129.		5,714,340.	
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00007	.00000	.02106	
g Multiply line 3c by line 3f	1.		326.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1.	4.	759.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars					
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A										
B										
C										

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

Form 1116

Department of the Treasury Internal Revenue Service (99)

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

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

2017 Attachment Sequence No. 19

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

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

- a Passive category income b X General category income c Section 901(j) income d Certain income re-sourced by treaty e Lump-sum distributions

f Resident of (name of country) UNITED STATES

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

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

Table with columns for Foreign Country or U.S. Possession (A, B, C) and Total. Rows include: g Enter the name of the foreign country or U.S. possession (GEORGIA, ISRAEL, AZERBAIJAN); 1a Gross income from sources within country shown above; 2 Expenses definitely related to the income on line 1a; 3 Pro rata share of other deductions not definitely related; 4 Pro rata share of interest expense; 5 Losses from foreign sources; 6 Add lines 2, 3g, 4a, 4b, and 5.

Part II Foreign Taxes Paid or Accrued

Table for Foreign taxes paid or accrued. Columns: Country, In foreign currency (Taxes withheld at source on: Dividends, Rents and royalties, Interest), In U.S. dollars (Taxes withheld at source on: Dividends, Rents and royalties, Interest), (r) Other foreign taxes paid or accrued, (s) Total foreign taxes paid or accrued (add cols. (o) through (r)).

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit
(Individual, Estate, or Trust)

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

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

Name: **DONALD J. & MELANIA TRUMP**
Identifying number as shown on page 1 of your tax return: _____

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	BRAZIL	SAINT MARTIN	MEXICO	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	35,491.	570,001.		
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income				
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	35,491.	570,001.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

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

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

Foreign Tax Credit

(Individual, Estate, or Trust)

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

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

2017
Attachment
Sequence No. **19**

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

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	QATAR	INDONESIA	IRELAND	
1a Gross income from sources within country shown above and of the type checked above:		5,777,225.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)		72.	2,217,004.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.	15,491.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.	15,491.	
d Gross foreign source income		5,777,225.		
e Gross income from all sources	271,315,087.	271,315,087.	271,315,087.	
f Divide line 3d by line 3e	.00000	.02129	.00000	
g Multiply line 3c by line 3f		330.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		402.	2,217,004.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A									
B									
C									

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2017

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

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

- a Passive category income
- b General category income
- c Section 901(j) income
- d Certain income re-sourced by treaty
- e Lump-sum distributions

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	TURKEY	ST. VINCENT AND THE GR	HTKO	
1a Gross income from sources within country shown above and of the type checked above:	5,646.		866,287.	1a 55,392,803.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	15,491.	15,491.		
b Other deductions (attach statement)				
c Add lines 3a and 3b	15,491.	15,491.		
d Gross foreign source income	5,646.			
e Gross income from all sources	271,315,087.	271,315,087.		
f Divide line 3d by line 3e	.00002	.00000		
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5			951,221.	6 52,571,297.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 2,821,506.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A									
B									
C									
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶								8 490,056.	

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	490,056.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 47	10		
11	Add lines 9 and 10	11	490,056.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13	624.	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		490,680.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	2,821,506.	
16	Adjustments to line 15	16	9,974,183.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	12,795,689.	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	28,412,884.	
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.45035
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20		7,951,814.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		3,581,099.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		490,680.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

PASSIVE INCOME

Regular

	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						
6. Unused foreign tax (+) or excess of limit (-)				8,596.	8,085.	
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining				8,596.	8,085.	
Total foreign taxes from all available years to be carried to next year						16,681.

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

PASSIVE INCOME

AMT	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						
5. Maximum credit allowable						394,808.
6. Unused foreign tax (+) or excess of limit (-)				17,192.	8,085.	-394,808.
7. Foreign tax carryback						
8. Foreign tax carryforward				17,192.	8,085.	25,277.
9. Foreign tax or excess limit remaining						-369,531.
Total foreign taxes from all available years to be carried to next year						

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

GENERAL LIMITATION INCOME

Regular	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						490,680.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						490,680.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)	363,405.	1,002,346.	550,298.	465,747.	1,254,108.	490,680.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining	363,405.	1,002,346.	550,298.	465,747.	1,254,108.	490,680.
Total foreign taxes from all available years to be carried to next year						9,656,443.

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)	1,154,408.	617,258.	1,401,174.	2,010,500.	346,519.
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining	1,154,408.	617,258.	1,401,174.	2,010,500.	346,519.

NAME
 DONALD J. & MELANIA TRUMP

Foreign Income Category

GENERAL LIMITATION INCOME

AMT	2012	2013	2014	2015	2016	2017
1. Foreign tax paid/accrued						490,680.
2. FTC carryback to 2017 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						490,680.
5. Maximum credit allowable						3,581,099.
6. Unused foreign tax (+) or excess of limit (-)					-117,524.	-3,090,419.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining					-117,524.	-3,090,419.
Total foreign taxes from all available years to be carried to next year						

	2007	2008	2009	2010	2011
1. Foreign tax paid/accrued					
2. FTC carryback to 2017 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

Form 1116

U.S. and Foreign Source Income Summary

NAME

DONALD J. & MELANIA TRUMP

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	373,629.	373,629.	
Dividends/Distributions	21,984.	13,838.	8,146.
Interest	6,758,494.	6,758,494.	
Capital Gains	12,206,298.	12,206,298.	
Business/Profession	2,265,119.	2,265,119.	
Rent/Royalty	745,037.	745,037.	
State/Local Refunds			
Partnership/S Corporation	216,158,712.	160,772,909.	55,385,803.
Trust/Estate	-5,848.	-5,848.	
Other Income	32,791,662.	32,791,662.	
Gross Income	271,315,087.	215,921,138.	55,393,949.
Less:			
Section 911 Exclusion			
Capital Losses	4,678,000.	4,678,000.	
Capital Gains Tax Adjustment			
Total Income - Form 1116	266,637,087.	211,243,138.	55,393,949.
Deductions:			
Business/Profession Expenses	137,638,421.	96,228,569.	41,409,852.
Rent/Royalty Expenses	214,663.	214,663.	
Partnership/S Corporation Losses	96,629,569.	85,471,286.	11,158,283.
Trust/Estate Losses	5,848.	5,848.	
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	97,548.	97,548.	
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments	44,979,682.	44,979,682.	
Capital Gains Tax Adjustment			
Total Deductions	279,565,731.	226,997,596.	52,568,135.
Adjusted Gross Income	-12,928,644.	-15,754,458.	2,825,814.
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest	881,759.	881,759.	
Ratably Allocated	9,356,162.	7,445,907.	1,910,255.
Total Adjustments to Adjusted Gross Income	10,237,921.	8,327,666.	1,910,255.
Taxable Income Before Exemptions	-23,166,565.	-24,082,124.	915,559.

Form 1116

Allocation of Itemized Deductions

NAME

DONALD J. & MELANIA TRUMP

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	5,243,690.	5,243,690.			5,243,690.
Interest - Not Including Investment Interest					
Contributions					
Miscellaneous Deductions Subject to 2%	4,096,981.	4,096,981.			4,096,981.
Other Miscellaneous Deductions - Not Including Gambling Losses	15,491.	15,491.			15,491.
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	9,356,162.	9,356,162.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	881,759.	881,759.	881,759.		
Casualty Losses					
Gambling Losses					
Qualified contributions					
Foreign Adjustment					
Total Itemized Deductions	10,237,921.				
Total Allowed on Schedule A		10,237,921.	881,759.		9,356,162.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

2017
Attachment
Sequence No. 88

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

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

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

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	83,141,725.
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(47,248,089.)
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()
3d	Combine lines 3a, 3b, and 3c	3d	35,893,636.

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	35,893,636.
---	---	---	-------------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	
6	Enter \$150,000. If married filing separately, see instructions	6	
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	

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

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

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

Part IV Total Losses Allowed

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

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

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

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

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	83,141,725.	-47,248,089.			

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

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

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

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

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017
Attachment
Sequence No. 12

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	2,010,922.	1,368,794.		642,128.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked		3,762,000.		<3,762,000.>
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 25				11 10,648,170.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 7,528,298.

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

Schedule D (Form 1040) 2017

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	7,528,298.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, 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, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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 Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet <u>SEE STATEMENT 26</u>	19	1,316,464.
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) }	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4952 for the latest information.
▶ Attach to your tax return.

2017
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2017 (see instructions)	SEE STATEMENT 52	1	881,759.
2	Disallowed investment interest expense from 2016 Form 4952, line 7		2	
3	Total investment interest expense. Add lines 1 and 2		3	881,759.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	11,209,182.		
b	Qualified dividends included on line 4a	4b	18,027.		
c	Subtract line 4b from line 4a			4c	11,191,155.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	11,191,155.
5	Investment expenses (see instructions)			5	15,491.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	11,175,664.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	881,759.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2017).

REGULAR FORM 4952, LINE 8	881,759.
LESS RECOMPUTED FORM 4952, LINE 8	881,759.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	

Name(s) shown on return

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Identifying number

DONALD J. & MELANIA TRUMP

Part I 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

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

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

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	83,038,137.	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	(46,986,244.)	
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	()	
3d	Combine lines 3a, 3b, and 3c		36,051,893.

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used		36,051,893.
---	---	--	-------------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

5	Enter the smaller of the loss on line 1d or the loss on line 4		
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero (see instructions)		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions		
10	Enter the smaller of line 5 or line 9		

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

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

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

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

Part IV Total Losses Allowed

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

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

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

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

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	83,038,137.	-46,986,244.			

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

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

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

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

Identifying number

DONALD J. & MELANIA TRUMP

Part I **Passive Activity Credits**

Caution: If you have credits from a publicly traded partnership, see *Publicly Traded Partnerships (PTPs)* in the instructions.

Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.)			
1a	Credits from Worksheet 1, column (a)		
1b	Prior year unallowed credits from Worksheet 1, column (b)		
c	Add lines 1a and 1b		1c
Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.)			
2a	Credits from Worksheet 2, column (a)	1,556,874.	
2b	Prior year unallowed credits from Worksheet 2, column (b)		
c	Add lines 2a and 2b		2c 1,556,874.
Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.)			
3a	Credits from Worksheet 3, column (a)		
3b	Prior year unallowed credits from Worksheet 3, column (b)		
c	Add lines 3a and 3b		3c
All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.)			
4a	Credits from Worksheet 4, column (a)	214,326.	
4b	Prior year unallowed credits from Worksheet 4, column (b)	1,292,115.	
c	Add lines 4a and 4b		4c 1,506,441.
5	Add lines 1c, 2c, 3c, and 4c		5 3,063,315.
6	Enter the tax attributable to net passive income (see instructions)		6 0.
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions		7 3,063,315.
Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37.			

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

Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.

8	Enter the smaller of line 1c or line 7		8
9	Enter \$150,000. If married filing separately, see instructions		9
10	Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16		10
11	Subtract line 10 from line 9		11
12	Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions		12
13a	Enter the amount, if any, from line 10 of Form 8582		13c
b	Enter the amount, if any, from line 14 of Form 8582		
c	Add lines 13a and 13b		
14	Subtract line 13c from line 12		14
15	Enter the tax attributable to the amount on line 14 (see instructions)		15
16	Enter the smaller of line 8 or line 15		16

Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)

Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7		17	3,063,315.
18	Enter the amount from line 16		18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V		19	3,063,315.
20	Enter the smaller of line 2c or line 19		20	1,556,874.
21	Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26	21	250,000.	
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30	22	36,051,893.	
23	Subtract line 22 from line 21	23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions	24		
25a	Enter the amount, if any, from line 10 of Form 8582	25a		
b	Enter the amount, if any, from line 14 of Form 8582	25b		
c	Add lines 25a and 25b	25c		
26	Subtract line 25c from line 24	26		
27	Enter the tax attributable to the amount on line 26 (see instructions)	27		
28	Enter the amount, if any, from line 18	28		
29	Subtract line 28 from line 27	29		
30	Enter the smaller of line 20 or line 29	30		0.

Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989

Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7	31	
32	Enter the amount from line 30	32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36	33	
34	Enter the smaller of line 3c or line 33	34	
35	Tax attributable to the remaining special allowance (see instructions)	35	
36	Enter the smaller of line 34 or line 35	36	

Part V Passive Activity Credit Allowed

37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.	37	0.
----	--	----	----

Part VI Election To Increase Basis of Credit Property

38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions	<input type="checkbox"/>
39	Name of passive activity disposed of	
40	Description of the credit property for which the election is being made	
41	Amount of unallowed credit that reduced your basis in the property	\$

Additional Data

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
THE EAST 61 ST. COMP		-30,065			-30,065
THE EAST 61 ST. COMP		-193			-193
PARK BRIAR ASSOCIATE	65,600			65,600	
40 WALL DEVELOPMENT		-144,479			-144,479
40 WALL DEVELOPMENT	7,347,053			7,347,053	
HUDSON WATERFRONT AS	280,489			280,489	
HUDSON WATERFRONT AS	524,656			524,656	
TRUMP CPS LLC		-501,498			-501,498
DJT HOLDINGS LLC - M	14,899			14,899	
TRUMP PLAZA LLC	1,315,825			1,315,825	
TRUMP 845 UN LIMITED		-55,370			-55,370
DJT HOLDINGS LLC - O	20,377			20,377	
DJT HOLDINGS LLC - O	9,490			9,490	
TRUMP MODEL MANAGEME		-67,209			-67,209
DJT HOLDINGS LLC - T		-187			-187
TIPPERARY REALTY COR		-757			-757
TIPPERARY REALTY COR	20,359			20,359	
PLAZA CONSULTING COR		-1,269			-1,269
TRUMP PROJECT MANAGE		-9,665			-9,665
DJT HOLDINGS MM LLC		-145			-145
DJT HOLDINGS MM LLC	7,813			7,813	
FIFTY-SEVEN MANAGEME	80,429			80,429	
TRUMP CPS CORP		-2,198			-2,198
FIRST MEMBER INC		-354			-354
DJT HOLDINGS MM LLC	307			307	
TRUMP PLAZA MEMBER I	12,112			12,112	
TRUMP VILLAGE CONST	68,704			68,704	
TRUMP TOWER MANAGING		-7,651			-7,651
TRUMP TOWER MANAGING	111,188			111,188	
TRUMP 845 UN MGR COR		-1,242			-1,242
BEACH HAVEN APARMTEN	25,225			25,225	
SHORE HAVEN APARTMEN	68,250			68,250	
TRUMP MANAGEMENT INC		-14,849			-14,849
TRUMP DELMONICO LLC		-5,082			-5,082
STARRETT CITY ASSOCI	323,214			323,214	
TRUMP PARK AVENUE LL		-5,139			-5,139
DJT HOLDINGS MM LLC		-1,195			-1,195
DJT HOLDINGS LLC - T	1,995,036			1,995,036	
DJT HOLDINGS MM LLC	20,355			20,355	
DJT HOLDINGS LLC - T	6,505,458			6,505,458	
DJT HOLDINGS MM LLC		-6			-6
DJT HOLDINGS MM LLC	145			145	
DJT HOLDINGS LLC - T		-34			-34
TIHT MEMBER LLC		-1,945			-1,945
TIHT COMMERCIAL LLC	548,654			548,654	
DJT HOLDINGS LLC -TR		-542			-542
DJT HOLDINGS LLC - T		-2,153,598			-2,153,598
TRUMP MARKS PHILADEL		-2,772			-2,772
TRUMP MARKS WAIKIKI	284,917			284,917	
TRUMP MARKS WAIKIKI	1,957			1,957	
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MM LLC		-22			-22
DJT HOLDINGS MM LLC		-4			-4
TRUMP MARKS PHILADEL		-253			-253
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS LLC -TR		-16,900			-16,900
DJT HOLDINGS MMC LLC		-172			-172
DJT HOLDINGS LLC - 8	14,210			14,210	
DJT HOLDINGS MM LLC	19,129			19,129	
DJT HOLDINGS MM LLC	5,646			5,646	
DJT HOLDINGS MM LLC		-18			-18
DJT HOLDINGS LLC - U		-1,764			-1,764
DJT HOLDINGS LLC - T		-349			-349
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-6,195			-6,195
DJT HOLDINGS LLC - G		-225,884			-225,884
DJT HOLDINGS MM LLC		-6,510			-6,510
MELANIA MARKS ACCESS		-1,780			-1,780
DJT HOLDINGS LLC - T		-294			-294
MELANIA MARKS ACCESS		-137			-137

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
DJT HOLDINGS MM LLC		-13			-13
DJT HOLDINGS MM LLC -	652			652	
SC LP SHOPPING CENTE	21,058			21,058	
DJT HOLDINGS LLC - T		-1,247			-1,247
DJT HOLDINGS LLC - T		-2,666			-2,666
TRUMP INTERNATIONAL		-282,014			-282,014
TRUMP INTERNATIONAL	2,537,817			2,537,817	
DJT HOLDINGS MM LLC	1,555			1,555	
DJT HOLDINGS MM LLC		-13			-13
TRUMP FERRY POINT ME	6,320			6,320	
DJT HOLDINGS MM LLC	351			351	
DJT HOLDINGS MM LLC		-27			-27
DJT HOLDINGS MM LLC		-2,305			-2,305
TIHH MEMBER CORP	24,220			24,220	
DJT HOLDINGS MM LLC/	17,415			17,415	
DJT HOLDINGS LLC - T	778,833			778,833	
DJT HOLDINGS LLC - T	34,400			34,400	
DJT HOLDINGS LLC - T	1,706,855			1,706,855	
DJT HOLDINGS LLC - P		-112			-112
DJT HOLDINGS LLC - T	126,348			126,348	
DJT HOLDINGS LLC -TR		-349			-349
DJT HOLDINGS LLC - T	152,384			152,384	
DJT HOLDINGS LLC - T	556,576			556,576	
DJT HOLDINGS LLC - T		-1,274			-1,274
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-1			-1
DJT HOLDINGS MM LLC	5,679			5,679	
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MANAGIN	5,114,234			5,114,234	
DJT HOLDINGS MM LLC/	1,289			1,289	
DJT HOLDINGS LLC - T		-32,994			-32,994
DJT HOLDINGS LLC - T		-2,856			-2,856
DJT HOLDINGS LLC - T		-2,756,411			-2,756,411
DJT HOLDINGS LLC - T		-1,560,541			-1,560,541
DJT HOLDINGS LLC - T		-607,143			-607,143
DJT HOLDINGS LLC - T		-638,042			-638,042
DJT HOLDINGS LLC - T		-586,804			-586,804
DJT HOLDINGS LLC - T		-6,217			-6,217
DJT HOLDINGS LLC - T		-313			-313
DJT HOLDINGS LLC - T		-591			-591
DJT HOLDINGS MM LLC		-3			-3
DJT HOLDINGS MM LLC		-63			-63
DJT HOLDINGS MM LLC		-29			-29
DJT HOLDINGS MM LLC		-337			-337
DJT HOLDINGS MM LLC		-40			-40
TAG AIR INC		-1,273,638			-1,273,638
DJT HOLDINGS MM LLC		-6,505			-6,505
DJT HOLDINGS MM LLC		-6			-6
DJT HOLDINGS MM LLC		-28,097			-28,097
DJT HOLDINGS LLC -		-637,524			-637,524
DJT HOLDINGS LLC -		-3,944			-3,944
DJT HOLDINGS MM LLC		-5,987			-5,987
DJT HOLDINGS MM LLC		-29			-29
TRUMP MARKS PUNE MAN		-48			-48
DJT HOLDINGS MM LLC		-3			-3
MIDOCEAN CREDIT OPPO	33,740	-7,854		25,886	
T INTERNATIONAL REAL		-455,454			-455,454
DJT HOLDINGS LLC - T		-431			-431
DJT HOLDINGS LLC - T	1,392,345			1,392,345	
DJT HOLDINGS - WHITE		-294			-294
DJT HOLDINGS JUPITER	14,211	-2,321,503			-2,307,292
DJT HOLDINGS - TRUMP		-17,550,863			-17,550,863
DJT HOLDINGS LLC - T		-1,745,543			-1,745,543
DJT HOLDINGS LLC - E		-570,001			-570,001
DJT HOLDINGS LLC - D	134,589			134,589	
DT MARKS VANCOUVER L	360,733			360,733	
DJT HOLDINGS LLC - T		-406			-406
DJT HOLDINGS LLC - T		-35,129			-35,129
DJT HOLDINGS LLC - T	318,377			318,377	
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC	1,373			1,373	
DJT HOLDINGS MM LLC		-358			-358
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-5,816			-5,816
DJT HOLDINGS MM LLC	3,248			3,248	
DJT HOLDINGS MM LLC		-17,810			-17,810
HUDSON WATERFRONT AS	3,094,176			3,094,176	
HUDSON WATERFRONT AS	5,789,255			5,789,255	
TRUMP 845 UN GP LLC	382,610			382,610	
DJT HOLDINGS LLC - T		-939,632			-939,632
DJT HOLDINGS MANAGIN		-1,465			-1,465
845 UN LIMITED PARTN	574,375			574,375	
TRUMP PARK AVENUE LL	5,929,927			5,929,927	
TRUMP PARK AVENUE LL	280,105			280,105	

Name of activity	Current year		Prior years (c) Unallowed loss (line 3c)	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(d) Gain	(e) Loss
TRUMP PARK AVENUE LL	5,584,729			5,584,729	
TRUMP PARK AVENUE LL	127,207			127,207	
DT CONNECT II MEMBER		-6,494			-6,494
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-50			-50
DJT HOLDINGS MM LLC		-173			-173
DJT HOLDINGS MM LLC		-59			-59
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-11			-11
DJT HOLDINGS MM LLC		-4			-4
TTTT VENTURE MEMBER		-2,987			-2,987
DJT HOLDINGS MM LLC	14,206			14,206	
DJT HOLDINGS MM LLC	998			998	
DJT HOLDINGS MM LLC		-61,878			-61,878
DJT HOLDINGS LLC - T		-349			-349
DJT HOLDINGS LLC - T		-5,806			-5,806
DJT HOLDINGS LLC - T		-1,120			-1,120
DJT HOLDINGS LLC - T		-349			-349
DJT HOLDINGS LLC - T		-221			-221
DJT HOLDINGS LLC - P		-16,927			-16,927
DJT HOLDINGS LLC - T	97,856			97,856	
DJT HOLDINGS LLC - TW		-2,194,612			-2,194,612
DT CONNECT II LLC		-611,214			-611,214
DJT HOLDINGS LLC - T		-6,064,703			-6,064,703
DJT HOLDINGS MM LLC		-22,392			-22,392
DJT HOLDINGS MM LLC		-2			-2
DJT HOLDINGS MM LLC	145	-23,686			-23,541
DJT HOLDINGS MM LLC		-48			-48
DJT HOLDINGS MM LLC		-335			-335
DJT HOLDINGS MM LLC	1,465			1,465	
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-9			-9
DJT HOLDINGS MM LLC	1,513			1,513	
DJT HOLDINGS MM LLC		-38			-38
DJT HOLDINGS MM LLC		-4			-4
EID VENTURE II MEMBE		-370			-370
DJT HOLDINGS MM LLC		-4			-4
DJT HOLDINGS MM LLC		-4			-4
EID VENTURE II LLC		-466			-466
DJT HOLDINGS LLC - D		-392			-392
DJT HOLDINGS LLC - D	5,714,340			5,714,340	
DJT HOLDINGS MM LLC	58,304			58,304	
DJT HOLDINGS LLC - D		-31,389			-31,389
DJT HOLDINGS MM LLC		-15,922			-15,922
TRUMP PALACE PARC LL		-132,068			-132,068
DJT HOLDINGS LLC - W	14,964			14,964	
DJT HOLDINGS LLC - T		-794			-794
DJT HOLDINGS LLC - T	5,667			5,667	
DJT HOLDINGS LLC - T		-56			-56
DJT HOLDINGS LLC - W		-22,475			-22,475
DJT HOLDINGS LLC - T		-81			-81
DJT HOLDINGS LLC - L		-479			-479
DJT HOLDINGS LLC - T		-56			-56
DJT HOLDINGS LLC - T		-1,566			-1,566
DJT HOLDINGS LLC - T		-905			-905
DJT HOLDINGS LLC - T		-187			-187
DJT HOLDINGS LLC - C		-1,704			-1,704
DJT HOLDINGS LLC - D	50,237			50,237	
DJT HOLDINGS LLC - T		-353			-353
DJT HOLDINGS LLC - T		-259			-259
DJT HOLDINGS LLC - T		-94,710			-94,710
DJT HOLDINGS LLC - T		-42,405			-42,405
DJT HOLDINGS LLC - T		-113			-113
DJT HOLDINGS LLC - T		-25			-25
DJT HOLDINGS LLC - T		-271,309			-271,309
DJT HOLDINGS LLC - W		-117,702			-117,702
DJT HOLDINGS LLC - D		-135,740			-135,740
DJT HOLDINGS LLC - D		-32,877			-32,877
TRUMP EQUITABLE FIFT	20,305,017	-756,653		19,548,364	
DJT HOLDINGS MM LLC/		-307			-307
DJT HOLDINGS LLC		-144,987			-144,987
TRUMP FERRY POINT LL		-81,597			-81,597
DJT HOLDINGS MM LLC		-1,569			-1,569
DJT HOLDINGS MM LLC		-76			-76
DJT HOLDINGS MM LLC/		-2,741			-2,741
DJT HOLDINGS MM LLC/		-1,189			-1,189
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-8			-8
DJT HOLDINGS MM LLC/	57			57	
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-210,514			-210,514
DJT HOLDINGS MM LLC/		-16			-16
DJT HOLDINGS MM LLC/		-227			-227

Name of activity	Current year		Prior years (c) Unallowed loss (line 3c)	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(d) Gain	(e) Loss
DJT HOLDINGS MM LLC/		-16			-16
DJT HOLDINGS MM LLC/		-9			-9
DJT HOLDINGS MM LLC/		-2			-2
DJT HOLDINGS MM LLC/		-17			-17
DJT HOLDINGS MM LLC/	507			507	
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-957			-957
DJT HOLDINGS MM LLC/	65,712			65,712	
DJT HOLDINGS MM LLC/		-333			-333
DJT HOLDINGS MM LLC/		-40			-40
DJT HOLDINGS MM LLC/		-29			-29
DJT HOLDINGS MM LLC/		-27,816			-27,816
DJT HOLDINGS MM LLC/		-15,763			-15,763
DJT HOLDINGS MM LLC/		-6,133			-6,133
DJT HOLDINGS MM LLC/	14,064			14,064	
DJT HOLDINGS MM LLC/		-78,406			-78,406
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/	144	-23,450			-23,306
DJT HOLDINGS MM LLC/	11,988			11,988	
DJT HOLDINGS MM LLC/	206			206	
DJT HOLDINGS MM LLC/		-177,281			-177,281
DJT HOLDINGS MM LLC/		-171			-171
DJT HOLDINGS MM LLC/		-22,168			-22,168
DJT HOLDINGS MM LLC/	988			988	
DJT HOLDINGS MM LLC/		-317			-317
DJT HOLDINGS MM LLC/		-61,260			-61,260
DJT HOLDINGS MM LLC/		-6,445			-6,445
DJT HOLDINGS MM LLC/	144			144	
DJT HOLDINGS MM LLC/		-6,440			-6,440
DJT HOLDINGS MM LLC/		-428			-428
DJT HOLDINGS MM LLC/		-9,491			-9,491
DJT HOLDINGS MM LLC/		-1,371			-1,371
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/	206			206	
DJT HOLDINGS MM LLC/		-1			-1
DJT HOLDINGS MM LLC/		-59			-59
DJT HOLDINGS MM LCC/		-332			-332
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/	96			96	
DJT HOLDINGS MM LLC/		-2			-2
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-3			-3
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-18			-18
DJT HOLDINGS MM LLC/		-6			-6
DJT HOLDINGS MM LLC/		-27			-27
DJT HOLDINGS MM LLC/	20,152			20,152	
DJT HOLDINGS MM LLC/		-13			-13
DJT HOLDINGS MM LLC/		-5			-5
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-171			-171
DJT HOLDINGS MM LLC/		-63			-63
DJT HOLDINGS MM LLC/		-13			-13
DJT HOLDINGS MM LLC/	17,241			17,241	
DJT HOLDINGS MM LLC/	1,276			1,276	
DJT HOLDINGS MM LLC	5,622			5,622	
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-355			-355
DJT HOLDINGS MM LLC/	1,539			1,539	
DJT HOLDINGS MM LLC/	151			151	
DJT HOLDINGS MM LLC/	151			151	
DJT HOLDINGS MM LLC/	347			347	
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/		-4			-4
DJT HOLDINGS MM LLC/	1,359			1,359	
DJT HOLDINGS MM LLC/		-21,754			-21,754
DJT HOLDINGS MM LLC/		-11			-11
DJT HOLDINGS MM LLC/		-2,282			-2,282
DJT HOLDINGS MM LLC/	7,867			7,867	
DJT HOLDINGS MM LLC/		-5,758			-5,758
DJT HOLDINGS MM LLC/	57,721			57,721	
DJT HOLDINGS MM LLC/		-12,842			-12,842
DJT HOLDINGS MM LLC/		-5,927			-5,927
DJT HOLDINGS MM LLC/L	3,216			3,216	
DJT HOLDINGS MM LLC/		-17,632			-17,632
RPV DEVELOPMENT LLC	6,084			6,084	
DONALD J. TRUMP	17,875			17,875	
DJT OPERATIONS I LLC	295,560			295,560	
DT ENDEAVOR I LLC	1,119,595			1,119,595	

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
1094 S. OCEAN AVENUE		-2,885			-2,885
124 WOODBRIDGE - 124		-1,336			-1,336
BOOK	325,074			325,074	

Form **8582-CR**
(Rev. January 2012)

Passive Activity Credit Limitations

OMB No. 1545-1034

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to Form 1040 or 1041.

Attachment
Sequence No. **89**

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

Identifying number

Part I Passive Activity Credits

Caution: If you have credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.

Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.)			
1a	Credits from Worksheet 1, column (a)	1a	
1b	Prior year unallowed credits from Worksheet 1, column (b)	1b	
c Add lines 1a and 1b		1c	
Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.)			
2a	Credits from Worksheet 2, column (a)	2a	1,556,874
2b	Prior year unallowed credits from Worksheet 2, column (b)	2b	
c Add lines 2a and 2b		2c	1,556,874
Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.)			
3a	Credits from Worksheet 3, column (a)	3a	
3b	Prior year unallowed credits from Worksheet 3, column (b)	3b	
c Add lines 3a and 3b		3c	
All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.)			
4a	Credits from Worksheet 4, column (a)	4a	214,326
4b	Prior year unallowed credits from Worksheet 4, column (b)	4b	1,292,115
c Add lines 4a and 4b		4c	1,506,441
5	Add lines 1c, 2c, 3c, and 4c	5	3,063,315
6	Enter the tax attributable to net passive income (see instructions)	6	0
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions	7	3,063,315

Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37.

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

Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.

8	Enter the smaller of line 1c or line 7	8	
9	Enter \$150,000. If married filing separately, see instructions	9	
10	Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16	10	
11	Subtract line 10 from line 9	11	
12	Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions	12	
13a	Enter the amount, if any, from line 10 of Form 8582	13a	
13b	Enter the amount, if any, from line 14 of Form 8582	13b	
c Add lines 13a and 13b		13c	
14	Subtract line 13c from line 12	14	
15	Enter the tax attributable to the amount on line 14 (see instructions)	15	
16	Enter the smaller of line 8 or line 15	16	

Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)
 Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

17	Enter the amount from line 7		17	3,063,315
18	Enter the amount from line 16		18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V		19	3,063,315
20	Enter the smaller of line 2c or line 19		20	1,556,874
21	Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26	21	250,000	
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30	22	36,051,893	
23	Subtract line 22 from line 21	23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions	24		
25a	Enter the amount, if any, from line 10 of Form 8582	25a		
b	Enter the amount, if any, from line 14 of Form 8582	25b		
c	Add lines 25a and 25b	25c		
26	Subtract line 25c from line 24	26		
27	Enter the tax attributable to the amount on line 26 (see instructions)	27		
28	Enter the amount, if any, from line 18	28		
29	Subtract line 28 from line 27	29		
30	Enter the smaller of line 20 or line 29	30		0

Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989
 Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7	31	
32	Enter the amount from line 30	32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36	33	
34	Enter the smaller of line 3c or line 33	34	
35	Tax attributable to the remaining special allowance (see instructions)	35	
36	Enter the smaller of line 34 or line 35	36	

Part V Passive Activity Credit Allowed

37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions	37	0
----	---	----	---

Part VI Election To Increase Basis of Credit Property

38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions <input type="checkbox"/>
39	Name of passive activity disposed of ▶
40	Description of the credit property for which the election is being made ▶
41	Amount of unallowed credit that reduced your basis in the property ▶ \$

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2017

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning JAN 1, 2017, and ending DEC 31, 2017

Attachment Sequence No. 118

Name of person filing this return: DONALD J. & MELANIA TRUMP. Filer's identifying number: []

Filer's address (if you are not filing this form with your tax return). A Category of filer: 1 [X], 2 [], 3 [], 4 []. B Filer's tax year beginning JAN 1, 2017, and ending DEC 31, 2017

C Filer's share of liabilities: Nonrecourse \$, Qualified nonrecourse financing \$, Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name, Address, EIN

E Check if any excepted specified foreign financial assets are reported on this form (see instructions) []

F Information about certain other partners (see instructions). Table with columns: (1) Name, (2) Address, (3) Identifying number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED C/O TRUMP ORGANIZATION NEW YORK, NY 10022. 2(a) EIN (if any): 98-0485744. 2(b) Reference ID number. 3 Country under whose laws organized: UNITED KINGDOM

4 Date of organization: 10/21/2005. 5 Principal place of business: UNITED KINGDOM. 6 Principal business activity code number: 713900. 7 Principal business activity: AMUSEMENT & REC. 8a Functional currency: UK POUNDS. 8b Exchange rate (see instr.): .740000

H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identifying number of agent (if any) in the United States. 2 Check if the foreign partnership must file: [] Form 1042, [] Form 8804, [] Form 1065 or 1065-B. Service Center where Form 1065 or 1065-B is filed:

3 Name and address of foreign partnership's agent in country of organization, if any. 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: TRUMP ORGANIZATION C/O JEFF MCCONNEY NEW YORK, NY 10022

5 Were any special allocations made by the foreign partnership? [] Yes, [X] No. 6 Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return. 7 How is this partnership classified under the law of the country in which it is organized? PRIVATE LIMITED CO. 8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? [] Yes, [X] No. b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [] Yes, [] No. 9 Does this partnership meet both of the following requirements? [] Yes, [X] No. • The partnership's total receipts for the tax year were less than \$250,000 and • The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," do not complete Schedules L, M-1, and M-2.

Sign Here Only if You Are Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge. Signature of general partner or limited liability company member, Date

Paid Preparer Use Only. Print/Type preparer's name: DONALD BENDER. Preparer's signature, Date. Check [] if self-employed, PTIN. Firm's name: MAZARS USA LLP. Firm's address: WOODBURY, NY 11797-2003. Firm's EIN: 13-1459550. Phone no.: (516) 488-1200

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest

b Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1

Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-2

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B

Income Statement - Trade or Business Income

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a	Gross receipts or sales	1a		1c	
	b	Less returns and allowances	1b		2	
	2	Cost of goods sold			3	
	3	Gross profit. Subtract line 2 from line 1c			4	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			5	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			6	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			7	3,325,902.
	7	Other income (loss) (attach statement) STATEMENT 62			8	3,325,902.
Deductions <small>(see instructions for limitations)</small>	8	Total income (loss). Combine lines 3 through 7			9	
	9	Salaries and wages (other than to partners) (less employment credits)			10	
	10	Guaranteed payments to partners			11	
	11	Repairs and maintenance			12	
	12	Bad debts			13	
	13	Rent			14	
	14	Taxes and licenses			15	
	15	Interest			16a	1,035,126.
	16 a	Depreciation (if required, attach Form 4562)	16a	1,035,126.	16c	1,035,126.
	b	Less depreciation reported elsewhere on return	16b		17	
	17	Depletion (Do not deduct oil and gas depletion.)			18	
	18	Retirement plans, etc.			19	
	19	Employee benefit programs			20	4,478,460.
	20	Other deductions (attach statement) STATEMENT 63			21	5,513,586.
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			22	-2,187,684.
22	Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8					

Schedule K Partners' Distributive Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22)	1	-2,187,684.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶ UNITED KINGDOM		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ 3,325,902. f Other (att. stmt.) ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ 5,417,364. k Other (att. stmt.) ▶	16k	
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	13,004.
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Schedule L Balance Sheets per Books. (Not required if Item H9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		187,252.		179,576.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories		168,333.		257,211.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STMT 66	10,559.		89,774.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets	25,779,116.		22,274,749.	
b Less accumulated depreciation	5,796,486.	19,982,630.	1,019,786.	21,254,963.
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)		11,469,361.		12,585,299.
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STMT 65	12,907,113.		10,155,014.
14 Total assets		44,725,248.		44,521,837.
Liabilities and Capital				
15 Accounts payable		307,034.		454,866.
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STMT 64	384,185.		422,546.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)	STMT 67	45,331.		29,936.
21 Partners' capital accounts		43,988,698.		43,614,489.
22 Total liabilities and capital		44,725,248.		44,521,837.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year). See instructions				
21 Amounts loaned (enter the maximum loan balance during the year). See instructions				

Schedule M-1 Balance Sheets for Interest Allocation		(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets		
2	Total foreign assets:		
a	Passive category	44,725,248.	44,492,277.
b	General category		
c	Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H9, page 1, is answered "Yes.")			
1	Net income (loss) per books	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):	a	Tax-exempt interest \$
3	Guaranteed payments (other than health insurance)	7	Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):	a	Depreciation \$
a	Depreciation \$	8	Add lines 6 and 7
b	Travel and entertainment \$	9	Income (loss). Subtract line 8 from line 5
5	Add lines 1 through 4		

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H9, page 1, is answered "Yes.")				
1	Balance at beginning of year	41,778,369.	6	Distributions: a Cash
2	Capital contributed:		b	Property
a	Cash	1,836,120.	7	Other decreases (itemize):
b	Property			
3	Net income (loss) per books		8	Add lines 6 and 7
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5
5	Add lines 1 through 4	43,614,489.		43,614,489.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

2017

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Business or activity to which this form relates

TRUMP INTERNATIONAL GOLF CLUB

SCOTLAND

Identifying number

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/	0	MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year:					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Foreign Taxes

Name of partnership/corporation TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED		Employer identification number 98-0485744
a	Name of foreign country or U.S. possession	UNITED KINGDOM
b	Total gross income sourced at shareholder/partner level	
c	Total gross income sourced at corporate/partnership level:	
	(1) Passive category	
	(2) General category	3,325,902.
	(3) Section 901(j) income	
	(4) Income re-sourced by treaty	
	(5) Other income	
d	Deductions allocated and apportioned at shareholder/partner level:	
	(1) Interest expense	
	(2) Other	
e	Deductions allocated and apportioned at corporate/partnership level:	
	(1) Passive category	
	(2) General category	5,417,364.
	(3) Section 901(j) income	
	(4) Income re-sourced by treaty	
	(5) Other income	
f	Total foreign taxes - <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	
g	Reduction in taxes available for credit	

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.
▶ Attach to your tax return.

For calendar year **2017** or tax year beginning _____ and ending _____

If you have attached continuation statements, check here Number of continuation statements _____

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

2 TIN _____

3 Type of filer
a Specified individual b Partnership c Corporation d Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)
a Name _____ b TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

1 Number of Deposit Accounts (reported in Part V) _____ ▶

2 Maximum Value of All Deposit Accounts \$ _____

3 Number of Custodial Accounts (reported in Part V) ▶

4 Maximum Value of All Custodial Accounts \$ _____

5 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

1 Number of Foreign Assets (reported in Part VI) ▶

2 Maximum Value of All Assets (reported in Part VI) \$ _____

3 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$ _____		
	1b Dividends	\$ _____		
	1c Royalties	\$ _____		
	1d Other income	\$ _____		
	1e Gains (losses)	\$ _____		
	1f Deductions	\$ _____		
	1g Credits	\$ _____		
2 Other Foreign Assets	2a Interest	\$ _____		
	2b Dividends	\$ _____		
	2c Royalties	\$ _____		
	2d Other income	\$ _____		
	2e Gains (losses)	\$ _____		
	2f Deductions	\$ _____		
	2g Credits	\$ _____		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 _____ 2. Number of Forms 3520-A _____ 3. Number of Forms 5471 _____ 1

4. Number of Forms 8621 _____ 5. Number of Forms 8865 _____ 1

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

1 Type of account Deposit Custodial

2 Account number or other designation _____

3 Check all that apply
a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ _____

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
---	--	--

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions) (continued)

7a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.	
9 City or town, state or province, and country (including postal code)	

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

1 Description of asset	2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable _____	
b Date asset disposed of during tax year, if applicable _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse	
d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
4 Maximum value of asset during tax year (check box that applies)	
a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000	
e If more than \$200,000, list value _____ \$	
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 If you answered "Yes" to line 5, complete all that apply.	

(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
--	--	--

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity _____	b GIIN (Optional) _____
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no.	
e City or town, state or province, and country (including postal code)	

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty _____	Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty
b Type of issuer or counterparty	
(1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
e City or town, state or province, and country (including postal code)	

Form 1116

U.S. and Foreign Source Income Summary

NAME

DONALD J. & MELANIA TRUMP

INCOME TYPE	TOTAL	U.S.	FOREIGN GENERAL
Compensation	373,629.	373,629.	
Dividends/Distributions	SEE STATEMENT 89 21,984.	13,838.	8,146.
Interest	6,758,494.	6,758,494.	
Capital Gains	12,206,298.	12,206,298.	
Business/Profession	2,265,119.	2,265,119.	
Rent/Royalty	745,037.	745,037.	
State/Local Refunds			
Partnership/S Corporation	SEE STATEMENT 90 216,158,712.	160,772,909.	55,385,803.
Trust/Estate	-5,848.	-5,848.	
Other Income	32,791,662.	32,791,662.	
Gross Income	271,315,087.	215,921,138.	55,393,949.
Less:			
Section 911 Exclusion			
Capital Losses	4,678,000.	4,678,000.	
Capital Gains Tax Adjustment			
Total Income - Form 1116	266,637,087.	211,243,138.	55,393,949.
Deductions:			
Business/Profession Expenses	137,638,421.	96,228,569.	41,409,852.
Rent/Royalty Expenses	214,663.	214,663.	
Partnership/S Corporation Losses	96,629,569.	85,471,286.	11,158,283.
Trust/Estate Losses	5,848.	5,848.	
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction	97,548.	97,548.	
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments	44,979,682.	44,979,682.	
Capital Gains Tax Adjustment			
Total Deductions	279,565,731.	226,997,596.	52,568,135.
Adjusted Gross Income	-12,928,644.	-15,754,458.	2,825,814.
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest	881,759.	881,759.	
Ratably Allocated	9,356,162.	7,445,907.	1,910,255.
Total Adjustments to Adjusted Gross Income	10,237,921.	8,327,666.	1,910,255.
Taxable Income Before Exemptions	-23,166,565.	-24,082,124.	915,559.

Form 1116

Allocation of Itemized Deductions

NAME

DONALD J. & MELANIA TRUMP

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	5,243,690.	5,243,690.			5,243,690.
Interest - Not Including Investment Interest					
Contributions					
Miscellaneous Deductions Subject to 2%	4,096,981.	4,096,981.			4,096,981.
Other Miscellaneous Deductions - Not Including Gambling Losses	15,491.	15,491.			15,491.
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	9,356,162.	9,356,162.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental					
Investment Interest	881,759.	881,759.	881,759.		
Casualty Losses					
Gambling Losses					
Qualified contributions					
Foreign Adjustment					
Total Itemized Deductions	10,237,921.				
Total Allowed on Schedule A		10,237,921.	881,759.		9,356,162.

NAME

DONALD J. & MELANIA TRUMP

Alternative minimum tax deductions allocation:

Itemized deductions	15,491.
Other deductions not directly allocated	0.
Total alternative minimum tax adjustments	15,491.
Total foreign source income	55,393,949.
Total gross income	271,315,087.
Ratio of foreign source income to gross income204168
Total foreign source deductions	3,162.

Total deductions allocated to foreign income class:

General limitation income	3,112.
Passive income	50.
Section 901(j) income	
Income re-sourced by treaty	

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount

Total Foreign Business and Profession Income

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1

Form 1116

Pro Rata Share of Allocated Losses

NAME

DONALD J. & MELANIA TRUMP

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	915,559.			
Totals	915,559.			

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	915,559.	24,070,428.	915,559.	23,154,869.
Totals	915,559.	24,070,428.	915,559.	23,154,869.

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				
Recapture percentage				

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
General limitation income		7,128,592.		7,128,592.
Totals		7,128,592.		7,128,592.

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	2,486,985.		2,486,985.
Totals	0.	2,486,985.		2,486,985.

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	53,553.		53,553.
Totals	0.	53,553.		53,553.

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive						
Re-sourced by treaty						
General limitation		-915,559.				-915,559.

**Alternative Minimum Tax Foreign Tax Credit
Pro Rata Share of Allocated Losses**

Form 1116

NAME

DONALD J. & MELANIA TRUMP

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	2,821,506.			
Totals	2,821,506.			

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income	2,821,506.			
Totals	2,821,506.			

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	2,821,506.	6,064,517.	1,410,753.	4,653,764.
Totals	2,821,506.	6,064,517.	1,410,753.	4,653,764.
Recapture percentage	.5000			

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income			1,410,753.	
Income re-sourced by treaty				
General limitation income	1,410,753.	3,582,284.		2,171,531.
Totals	1,410,753.	3,582,284.	1,410,753.	2,171,531.

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	12,795,689.	43,853,308.	12,795,689.	31,057,619.
Totals	12,795,689.	43,853,308.	12,795,689.	31,057,619.

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive				1,410,753.		1,410,753.
Re-sourced by treaty						
General limitation			-1,410,753.	-1,410,753.	12,795,689.	9,974,183.

Additional Data

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

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

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

2017

Attachment
Sequence No. 71

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	373,629.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	373,629.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			123,629.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			1,113.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	6,727,405.		
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10 Enter the amount from line 4	10	373,629.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	0.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			6,727,405.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			60,547.

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

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

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18			61,660.
---	----	--	--	---------

Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	6,968.		
20 Enter the amount from line 1	20	373,629.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,418.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			1,550.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24			1,550.

