

0922131701524-6

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

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

See separate instructions.

Your first name and initial: DONALD J. Last name: TRUMP Your social security number: \_\_\_\_\_

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. \_\_\_\_\_

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: \_\_\_\_\_

☒ You ☒ Spouse

**Filing Status**

1 ☐ Single 4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

Check only one box.

**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 ☐

Boxes checked on 6a and 6b: 2

No. of children on 6c who: 1

- ☒ lived with you
- ☐ did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: 3

d Total number of exemptions claimed: 3

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 8 7 14,141.

8a Taxable interest. Attach Schedule B if required 8a 9,393,096.

b Tax-exempt interest. Do not include on line 8a 8b 18,586.

9a Ordinary dividends. Attach Schedule B if required 9a 1,729,897.

b Qualified dividends 9b 718,317. 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 <599,030.>

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13 35,835,153.

14 Other gains or (losses). Attach Form 4797 14 6,603,942.

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b 77,808.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 <7,882,011.>

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount SEE STATEMENT 1 21 <76,909,237.>

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 <31,736,841.>

**Adjusted Gross Income**

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27 19,594.

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36 19,594.

37 Subtract line 36 from line 22. This is your adjusted gross income 37 <31,756,435.>

510001 12-30-15

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2015)

SPC Kansas City, MO

OCT 20 2016

Internal Revenue Service  
Received LB WVN 437

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**Tax and Credits**

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

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

38	Amount from line 37 (adjusted gross income)	38	<31,756,435.>
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <b>1</b>	39a	1
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,997,882.
41	Subtract line 40 from line 38	41	<39,754,317.>
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	42	12,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax. Attach Form 6251	45	2,127,670.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	2,127,670.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	1,485,739.
55	Add lines 48 through 54. These are your total credits	55	1,485,739.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	641,931.

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	39,188.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	48,030.
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	6,023.
63	Add lines 56 through 62. This is your total tax	63	735,172.

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	3,017.
65	2015 estimated tax payments and amount applied from 2014 return	65	10,756.
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <b>66b</b>	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	14,276.
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	28,049.

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	707,123.
79	Estimated tax penalty (see instructions)	79	

**Third Party Designee**

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

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Date	Your occupation	Daytime phone number
Signature of preparer	10/12/16	EXECUTIVE	
Spouse's signature (if joint return, must sign)	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
Signature of spouse	10/12/16	EXECUTIVE	

**Paid****Preparer Use Only**

Print/preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DONALD BENDER		10/14/16		
Firm's name	Firm's EIN	Phone no.		
WEISERMAZARS T.T.P.	13 1459550	(516) 488-1200		



**SCHEDULE A  
(Form 1040)**

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

**Itemized Deductions**

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **07**

Your social security number

DONALD J. & MELANIA TRUMP

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	19,411.		
2	Enter amount from Form 1040, line 38	2	<31,756,435.>		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	0.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	19,411.		
<b>Taxes You Paid</b>		<b>State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5	5,139,693.		
b	<input type="checkbox"/> General sales taxes	6	968,463.		
6	Real estate taxes (see instructions)	7			
7	Personal property taxes	8			
8	Other taxes. List type and amount ►	9	6,108,156.		
9	Add lines 5 through 8				
<b>Interest You Paid</b>		10			
10	Home mortgage interest and points reported to you on Form 1098	11			
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 ►	12			
12	Points not reported to you on Form 1098. See instructions for special rules	13			
13	Mortgage insurance premiums (see instructions)	14	975,139.		
14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 17	15	975,139.		
15	Add lines 10 through 14				
<b>Gifts to Charity</b>		16	134,442.	STMT 16	
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	17	21,078,900.		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 SEE STATEMENT 18	18	20,760,811.		
18	Carryover from prior year	19	0.		
19	Add lines 16 through 18				
<b>Casualty and Theft Losses</b>		20			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)				
<b>Job Expenses and Certain Miscellaneous Deductions</b>		21			
21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	22	573,581.		
22	Tax preparation fees	23	293,146.		
23	Other expenses - investment, safe deposit box, etc. List type and amount ► SEE STATEMENT 13	24	866,727.		
24	Add lines 21 through 23	25	<31,756,435.>		
25	Enter amount from Form 1040, line 38	26	0.		
26	Multiply line 25 by 2% (.02)	27	866,727.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				
<b>Other Miscellaneous Deductions</b>		28	28,449.		
28	Other - from list in instructions. List type and amount ► SEE STATEMENT 14				
<b>Total Itemized Deductions</b>		29	7,997,882.		
29	Is Form 1040, line 38, over \$154,950? <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.				
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	<31,756,435.>
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 Absorb.							
	Less: NOL Abs. CRP							
	Lost C/O ...							
	CRP C/O ...							
2011	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
	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	<31,756,435.>	
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2014	Contributions			20,760,811.				
	Less: Allowed ...							
	Less: NOL Absorb.			15,487,353.				
	Less: NOL Abs. CRP							
	Carryover ...			5,273,458.				
	CRP C/O ...							
2015	Contributions		21,163,842.	49,500.				
	Less: Allowed ...	0.	0.	0.	0.	0.		
	Less: NOL Absorb.		21,163,842.	49,500.				
	Less: NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							
Charitable contributions to Schedule A, Line 19								5,273,458.

## Schedule A

## Charitable Contributions Limitation

NAME DONALD J. &amp; MELANIA TRUMP

## 50% Contributions

1. 50% of AGI ..... 0.
2. Contributions qualifying for 50% limit ..... 21,163,842.
3. Allowable 50% contributions ..... 0.

## 30% Contributions

4. Remaining 50% limit (Line 1 - Line 3) ..... 0.
5. Less capital gain property - special 30% limits .....
6. Balance of 50% of AGI ..... 0.
7. 30% of AGI .....
8. Contributions qualifying for 30% limit ..... 49,500.
9. Allowable 30% contributions (lesser of Line 6, 7 or 8) ..... 0.

## 30% Special Contributions

10. 30% of AGI .....
11. Contributions qualifying for 30% special limit .....
12. Remaining 50% limit (line 1 less lines 3 and 9) ..... 0.
13. Allowable 30% special contribution (lesser of Line 10, 11 or 12) ..... 0.

## 20% Contributions

14. 20% of AGI .....
15. 30% of AGI .....
16. Allowed 30% regular contributions .....
17. Line 15 less line 16 ..... 0.
18. Allowed 30% special contributions .....
19. Line 15 less line 18 ..... 0.
20. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13) ..... 0.
21. Contributions subject to the 20% limitation .....
22. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21) ..... 0.

## 50% and 100% Conservation Real Property Contributions

23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22) .....
24. Conservation real property contribution subject to 50% limit .....
25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24) ..... 0.
26. Remaining 100% of AGI .....
27. Conservation real property contribution subject to 100% limit .....
28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27) ..... 0.
29. Total 2015 contributions allowed on Schedule A .....
30. Total prior year carryovers allowed on Schedule A .....
31. Total charitable contributions to Schedule A, Line 19 .....



(Form 1040A or 1040)

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

► Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb)

OMB No. 1545-0074

2015  
Attachment  
Sequence No. 0

Your social security number

DONALD J. &amp; MELANIA TRUMP

## Part I 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 instructions and list this interest first. Also, show that buyer's social security number and address ►
- SEE STATEMENT 20

Amount

9,395,718.

**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.

SUBTOTAL FOR LINE 1

NOMINEE DISTRIBUTION

SEE STATEMENT 22

9,395,718.

 $\langle 2, 622, \rangle$ 

2 Add the amounts on line 1

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

9.393.096.

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

## Part II

### Ordinary Dividends

- 5 List name of payer ►  
SEE STATEMENT 21

Amount

1,729,897.

**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.

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a

1,729,897.

**Note:** If line 6 is over \$1,500, you must complete Part III.

### Part III Foreign Accounts and Trusts

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.

Yes	No
-----	----

7a At any time during 2015, 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

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, ST

8 During 2015, 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



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
AVIATION

**B** Enter code from instructions  
532290

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

**D** Employer ID number (EIN), (see instr.)  
46-0980157

**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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐ Yes ☒ No

**I** Did you make any payments in 2015 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	2967766 X1,345,779.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2967766 X1,345,779.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	1,345,779.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	259130
7	Gross income. Add lines 5 and 6	7	1,345,779.

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

8	Advertising	8		18	Office expense	18	7892
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	701235
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	837385 X15,027.	21	Repairs and maintenance	21	X539,900.
14	Employee benefit programs (other than on line 19)	14	20687	22	Supplies (not included in Part III)	22	94,997.
15	Insurance (other than health)	15	X92,304.	23	Taxes and licenses	23	5,797.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a	28339	a	Travel	24a	110888
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	48676 X48,126.
17	Legal and professional services	17	X110,134.	25	Utilities	25	312317 X311,671.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	307087 X75,703.
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 45)	27a	1019403 X<895,539.>
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			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.			28		28	X1,098,120.
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.			29		29	247,659.
				30		30	
				31		31	247,659.

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 (Form 1040) 2015



**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 2015, 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.

LICENSES & PERMITS	300.
TELEPHONE	31,064.
EQUIPMENT LEASES	97,248.
NONDEDUCTIBLE EXPENSES	<717,691.>
SECTION 274 LIMITATION	<306,460.>
48 Total other expenses. Enter here and on line 27a	48 <895,539.>

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐ Yes ☒ No

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	214,500.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	214,500.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	214,500.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 23	<b>6</b>	225,884.
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	440,384.

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	225,884.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a			<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7			<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
<b>30</b> 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			<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> 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.			<b>28</b>	<b>28</b>	225,884.
<b>32</b> 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.			<b>29</b>	<b>29</b>	214,500.
			<b>30</b>	<b>30</b>	
			<b>31</b>	<b>31</b>	214,500.

**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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
ACTOR

**B** Enter code from instructions  
711510

**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 2015? If "No," see instructions for limit on losses ☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here ☐

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	443.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	443.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	443.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	443.

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	0.	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	443.	<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	443.			
<b>32</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2015



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

SPEAKING ENGAGEMENT

**B** Enter code from instructions

812990

**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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here

**I** Did you make any payments in 2015 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

1 100,000.

**2** Returns and allowances

2

**3** Subtract line 2 from line 1

3 100,000.

**4** Cost of goods sold (from line 42)

4

**5** Gross profit. Subtract line 4 from line 3

5 100,000.

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

**7** Gross income. Add lines 5 and 6

7 100,000.

**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

9

**19** Pension and profit-sharing plans

19

(see instructions)

**20** Rent or lease (see instructions):

20

**10** Commissions and fees

10

**a** Vehicles, machinery, and equipment

20a

**11** Contract labor (see instructions)

11

**b** Other business property

20b

**12** Depletion

12

**21** Repairs and maintenance

21

**13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

**22** Supplies (not included in Part III)

22

**14** Employee benefit programs (other than on line 19)

14

**23** Taxes and licenses

23

**15** Insurance (other than health)

15

**24** Travel, meals, and entertainment:

24

**16** Interest:

16

**a** Travel

24a

**a** Mortgage (paid to banks, etc.)

16a

**b** Deductible meals and entertainment (see instructions)

24b

**b** Other

16b

**25** Utilities

25

**17** Legal and professional services

17

**26** Wages (less employment credits)

26

**27 a** Other expenses (from line 48)

27a

**b** Reserved for future use

27b

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

28 0.

**29** Tentative profit or (loss). Subtract line 28 from line 7

29 100,000.

**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.

31 100,000.

**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 (Form 1040) 2015



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
SPEAKING ENGAGEMENT

**B** Enter code from instructions  
812990

**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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here ☐

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	150,000.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	150,000.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	150,000.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	150,000.

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	0.	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	150,000.	<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	150,000.			
<b>32</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
SPEAKING ENGAGEMENT

**B** Enter code from instructions  
812990

**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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here ☐

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	50,000.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	50,000.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	50,000.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	50,000.

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	46,162.
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	46,162.	<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	3,838.	<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> 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.	<b>31</b>	3,838.			
<b>32</b> 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.			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

REAL ESTATE

B Enter code from instructions

531310

C Business name. If no separate business name, leave blank.

TIHT HOLDING COMPANY LLC

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

20-2249347

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 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

H If you started or acquired this business during 2015, check here

☐ Yes ☐ No

I Did you make any payments in 2015 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	88,632.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	88,632.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	88,632.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	88,632.

**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	15,696.	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	14,470.
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	3,055.	25	Utilities	25	646.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27 a	Other expenses (from line 48)	27a	27,002.
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			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.			28		28	60,869.
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.			29		29	27,763.
				30		30	
				31		31	27,763.
				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) 2015

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>Cost of goods sold.</b> 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 2015, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

COMMON CHARGES	26,977.
NYS FILING FEE	25.
48 <b>Total other expenses.</b> Enter here and on line 27a	48 27,002.



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
GOLF

**B** Enter code from instructions  
713900

**C** Business name. If no separate business name, leave blank.  
TRUMP GOLF ACQUISITIONS LLC

**D** Employer ID number (EIN), (see instr.)  
21-2412721

**E** Business address (including suite or room no.) ► C/O WEISERMAZARS  
City, town or post office, state, and ZIP code 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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 25	<b>6</b>	33,246.
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	33,246.

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	300.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	50.
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	55.	<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	
<b>30</b> 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	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> 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.	<b>31</b>	32,841.			
<b>32</b> 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.	<b>32a</b>				
	<b>32b</b>				

Schedule C (Form 1040) 2015

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



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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

532290

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.) ► C/O WEISERMAZARS

City, town or post office, state, and ZIP code 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 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

H If you started or acquired this business during 2015, check here

☐

I Did you make any payments in 2015 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	568,412.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	568,412.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	568,412.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	568,412.

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

8	Advertising	8		18	Office expense	18	7,892.
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	56,828.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	106,662.	21	Repairs and maintenance	21	161,335.
14	Employee benefit programs (other than on line 19)	14	968.	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	28,383.	23	Taxes and licenses	23	300.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	5,050.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	550.
17	Legal and professional services	17	15,095.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	231,384.
29	Tentative profit or (loss). Subtract line 28 from line 7			27 a	Other expenses (from line 48)	27a	<150,866.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).			b	Reserved for future use	27b	
	<b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____			28		28	463,581.
	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			29		29	104,831.
31	Net profit or (loss). Subtract line 30 from line 29.			30			
	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			31		31	104,831.
	• If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see instructions).						
	• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on 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 (Form 1040) 2015





**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

SPEAKING ENGAGEMENT

**B** Enter code from instructions

812990

**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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here

☐

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	450,000.
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	450,000.
<b>4</b> Cost of goods sold (from line 42)		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3		<b>5</b>	450,000.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6		<b>7</b>	450,000.

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b>
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b> 59,626.
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a		<b>26</b> Wages (less employment credits)	<b>26</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7		<b>27 a</b> Other expenses (from line 48)	<b>27a</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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		<b>b</b> Reserved for future use	<b>27b</b>
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.		<b>28</b>	<b>28</b> 59,626.
<b>32</b> 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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.		<b>29</b>	<b>29</b> 390,374.
		<b>30</b>	
		<b>31</b>	<b>31</b> 390,374.

**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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

ICE SKATING RINK

**B** Enter code from instructions

713900

**C** Business name. If no separate business name, leave blank.

WOLLMAN RINK OPERATIONS LLC

**D** Employer ID number (EIN), (see instr.)

13-4191030

**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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐ Yes ☒ No

**I** Did you make any payments in 2015 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	9,260,373.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	9,260,373.
4	Cost of goods sold (from line 42)	4	74,150.
5	Gross profit. Subtract line 4 from line 3	5	9,186,223.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	9,186,223.

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

8	Advertising	8	5,750.	18	Office expense	18	48,238.
9	Car and truck expenses (see instructions)	9	17,069.	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	10,003.
12	Depletion	12		b	Other business property	20b	3,271,460.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	348,710.	21	Repairs and maintenance	21	287,519.
14	Employee benefit programs (other than on line 19)	14	46,432.	22	Supplies (not included in Part III)	22	195,558.
15	Insurance (other than health)	15	210,118.	23	Taxes and licenses	23	121,485.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,140.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	4,139.
17	Legal and professional services	17	86,716.	25	Utilities	25	404,020.
				26	Wages (less employment credits)	26	4,113,742.
				27 a	Other expenses (from line 48)	27a	1,301,846.
				b	Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 10,473,945.

29 Tentative profit or (loss). Subtract line 28 from line 7 29 <1,287,722.>

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.

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 (Form 1040) 2015





**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
RESTAURANT

**B** Enter code from instructions

722513

**C** Business name. If no separate business name, leave blank.  
TRUMP RESTAURANTS LLC

**D** Employer ID number (EIN), (see instr.)

20-0343943

**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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐

**I** Did you make any payments in 2015 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	4873370
2	Returns and allowances	2	3,304,403.
3	Subtract line 2 from line 1	3	191,369.
4	Cost of goods sold (from line 42)	4	3,113,034.
5	Gross profit. Subtract line 4 from line 3	5	1,437,091.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	1,675,943.
7	Gross income. Add lines 5 and 6	7	1,675,943.

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

8	Advertising	8	1,074.	18	Office expense	18	10,592.
9	Car and truck expenses (see instructions)	9	6,548.	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	4,068.
12	Depletion	12		b	Other business property	20b	97,701.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1807853	21	Repairs and maintenance	21	104,286.
14	Employee benefit programs (other than on line 19)	14	26,010.	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	8,148.	23	Taxes and licenses	23	14,045.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	2,197.
b	Other	16b	31161	b	Deductible meals and entertainment (see instructions)	24b	2,736.
17	Legal and professional services	17	19,512.	25	Utilities	25	76,520.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3490175	26	Wages (less employment credits)	26	1,333,767.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<368,057.>	27a	Other expenses (from line 48)	27a	297,695.
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		27b	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	<368,057.>				
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 (Form 1040) 2015

**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	162,405.
36 Purchases less cost of items withdrawn for personal use	36	1,453,728.
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	1,616,133.
41 Inventory at end of year	41	179,042.
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,437,091.

**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 2015, 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.

UNIFORM EXPENSE	40,836.
PAYROLL TAXES	150,424.
BANK CHARGES	69,609.
COMPUTER PAYROLL EXPENSE	9,708.
TELEPHONE	3,292.
COMPUTER SERVICES	13,343.
DUES AND SUBSCRIPTIONS	869.
EXTERMINATING	7,829.
NYS FILING FEE	25.
AMORTIZATION	1,760.
48 Total other expenses. Enter here and on line 27a	48 297,695.



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
**AVIATION**

**B** Enter code from instructions  
532290

**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.) ► C/O WEISERMAZARS  
City, town or post office, state, and ZIP code 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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	1,276,051.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	1,276,051.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	1,276,051.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	1,276,051.

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	50.
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	1,828,752.	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	3,022.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	2,934.	<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	<434,486.>
<b>30</b> 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	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> 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.	<b>31</b>				
<b>32</b> 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.					
				<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.	
				<b>32b</b> <input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2015

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 2015, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## SECTION 274 LIMITATION

NYS FILING FEE

&lt;434,511.&gt;

25.

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

48

&lt;434,486.&gt;



**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

SALES

**B** Enter code from instructions

▶ 423990

**C** Business name. If no separate business name, leave blank.

TRUMP ICE LLC

**D** Employer ID number (EIN), (see instr.)

20-0956212

**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 2015? If "No," see instructions for limit on losses☐ Yes ☒ No**H** If you started or acquired this business during 2015, check here**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>	292,916.
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	292,916.
<b>4</b> Cost of goods sold (from line 42)		<b>4</b>	338,292.
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	<45,376.>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	<45,376.>

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

<b>8</b> Advertising	<b>8</b>	9,150.	<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	1,909.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	5,000.	<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27 a</b> Other expenses (from line 48)	<b>27a</b>	4,132.
<b>30</b> 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	<b>30</b>		<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> 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.	<b>31</b>				
<b>32</b> 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.				<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.	

PAL

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

Schedule C (Form 1040) 2015





**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
**MANAGEMENT SERVICES**

**B** Enter code from instructions

541600

**C** Business name. If no separate business name, leave blank.

610 PARK DEVELOPMENT LLC

**D** Employer ID number (EIN), (see instr.)

13-3930013

**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 2015? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here

☐

**I** Did you make any payments in 2015 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	<b>Gross profit.</b> Subtract line 4 from line 3		5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6
7	<b>Gross income.</b> Add lines 5 and 6		7

**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	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b	6,699.	b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	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). <b>Simplified method filers only:</b> 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	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	<6,699.>				
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 <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a	<input checked="" 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) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
REAL ESTATE MANAGEMENT

B Enter code from instructions

531310

C Business name. If no separate business name, leave blank.

TRUMP 767 MANAGEMENT LLC

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

13-4016770

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 2015? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2015, check here

☐ Yes ☒ No

I Did you make any payments in 2015 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)		6
7	Gross income. Add lines 5 and 6		7

**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	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b	10,813.	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			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	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			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.			28		28	10,813.
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.			29		29	<10,813.>
				30		30	
				31		31	<10,813.>

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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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.  
**TRUMP ORGANIZATION LLC**

**D** Employer ID number (EIN), (see instr.)

13-4076569

**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 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here

**I** Did you make any payments in 2015 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

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)

6

**7** Gross income. Add lines 5 and 6

7

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

**8** Advertising

8

**9** Car and truck expenses  
(see instructions)

9

**10** Commissions and fees

10

**11** Contract labor (see instructions)

11

**12** Depletion

12

**13** Depreciation and section 179  
expense deduction (not included in  
Part III) (see instructions)

13

**14** Employee benefit programs (other  
than on line 19)

14

**15** Insurance (other than health)

15

**16** Interest:

**a** Mortgage (paid to banks, etc.)

16a

**b** Other

16b

**17** Legal and professional services

17

**18** Office expense

18

**19** Pension and profit-sharing plans

19

**20** Rent or lease (see instructions):

**a** Vehicles, machinery, and equipment

20a

**b** Other business property

20b

**21** Repairs and maintenance

21

**22** Supplies (not included in Part III)

22

**23** Taxes and licenses

23

9.

**24** Travel, meals, and entertainment:

**a** Travel

24a

**b** Deductible meals and  
entertainment (see instructions)

24b

**25** Utilities

25

**26** Wages (less employment credits)

26

**27 a** Other expenses (from line 48)

27a

**b** Reserved for future use

27b

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

28

119.

**29** Tentative profit or (loss). Subtract line 28 from line 7

29

<119.>

**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.

PAL

**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.

31

<119.>

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

Schedule C (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
MORTGAGE BROKER

**B** Enter code from instructions  
541940

**C** Business name. If no separate business name, leave blank.  
TRUMP REALTY SERVICES LLC

**D** Employer ID number (EIN), (see instr.)  
13-4116884

**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 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐ Yes ☒ No

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>
<b>2</b> Returns and allowances	<b>2</b>
<b>3</b> Subtract line 2 from line 1	<b>3</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b> 574.
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b>
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>
		<b>26</b> Wages (less employment credits)	<b>26</b>
		<b>27 a</b> Other expenses (from line 48)	<b>27a</b> 25.
		<b>b</b> Reserved for future use	<b>27b</b>

<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b> 599.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b> <599.>

**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.

**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 (Form 1040) 2015





**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
REAL ESTATE DEVELOPMENT

**B** Enter code from instructions

531310

**C** Business name. If no separate business name, leave blank.  
TRUMP CHICAGO DEVELOPMENT LLC

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

30-0050040

**E** Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code CHICAGO, IL

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here

**I** Did you make any payments in 2015 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 ☐

**2** Returns and allowances

**3** Subtract line 2 from line 1

**4** Cost of goods sold (from line 42)

**5** Gross profit. Subtract line 4 from line 3

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

**7** Gross income. Add lines 5 and 6

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

**8** Advertising

**9** Car and truck expenses  
(see instructions)

**10** Commissions and fees

**11** Contract labor (see instructions)

**12** Depletion

**13** Depreciation and section 179  
expense deduction (not included in  
Part III) (see instructions)

**14** Employee benefit programs (other  
than on line 19)

**15** Insurance (other than health)

**16** Interest:

**a** Mortgage (paid to banks, etc.)

**b** Other

**17** Legal and professional services

**18** Office expense

**19** Pension and profit-sharing plans

**20** Rent or lease (see instructions):

**a** Vehicles, machinery, and equipment

**b** Other business property

**21** Repairs and maintenance

**22** Supplies (not included in Part III)

**23** Taxes and licenses

**24** Travel, meals, and entertainment:

**a** Travel

**b** Deductible meals and  
entertainment (see instructions)

**25** Utilities

**26** Wages (less employment credits)

**27 a** Other expenses (from line 48)

**b** Reserved for future use

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

**29** Tentative profit or (loss). Subtract line 28 from line 7

**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.

**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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
REAL ESTATE DEVELOPMENT

**B** Enter code from instructions  
531310

**C** Business name. If no separate business name, leave blank.  
TRUMP LAS VEGAS DEVELOPMENT LLC

**D** Employer ID number (EIN), (see instr.)  
11-3668692

**E** Business address (including suite or room no.)  
City, town or post office, state, and ZIP code LAS VEGAS, NV 89101

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

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐ Yes ☒ No

**I** Did you make any payments in 2015 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**

<b>1</b> 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"/>	<b>1</b>
<b>2</b> Returns and allowances	<b>2</b>
<b>3</b> Subtract line 2 from line 1	<b>3</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense	<b>18</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b> 650.
<b>16</b> Interest:		<b>24</b> Travel, meals, and entertainment:	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b>
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>
<b>17</b> Legal and professional services	<b>17</b> 110.	<b>25</b> Utilities	<b>25</b>
		<b>26</b> Wages (less employment credits)	<b>26</b>
		<b>27 a</b> Other expenses (from line 48)	<b>27a</b>
		<b>b</b> Reserved for future use	<b>27b</b>

<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b> 760.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b> <760.>

**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.

**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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
REAL ESTATE DEVELOPMENT

**B** Enter code from instructions

531390

**C** Business name. If no separate business name, leave blank.  
TRUMP PHOENIX DEVELOPMENT LLC

**D** Employer ID number (EIN), (see instr.)

20-0238198

**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 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here

☐ Yes ☒ No

**I** Did you make any payments in 2015 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)		6
7	Gross income. Add lines 5 and 6		7

**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	Depreciation	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	300.
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	55.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	355.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<355.>

**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.	31	<355.>
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• 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.

**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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)  
GOLF MANAGEMENT

**B** Enter code from instructions  
713900

**C** Business name. If no separate business name, leave blank.  
TRUMP GOLF MANAGEMENT LLC

**D** Employer ID number (EIN), (see instr.)  
20-2306412

**E** Business address (including suite or room no.) ►  
City, town or post office, state, and ZIP code BRIAR CLIFF MANOR, NY 10510

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here ☐ Yes ☒ No

**I** Did you make any payments in 2015 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)	6
7	Gross income. Add lines 5 and 6	7

**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
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
		55.	26	Wages (less employment credits)	26
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		27 a	Other expenses (from line 48)	27a
29	Tentative profit or (loss). Subtract line 28 from line 7		b	Reserved for future use	27b
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		28		55.
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.		29		<55.>
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.		30		
			31		<55.>
			32a	<input checked="" 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) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

REAL ESTATE

**B** Enter code from instructions

531390

**C** Business name. If no separate business name, leave blank.

CHICAGO UNIT ACQUISTION 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

**F** Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here

**I** Did you make any payments in 2015 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

☐ 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)

6

**7** Gross income. Add lines 5 and 6

7

**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):

20

**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

**16** Interest:

16

**24** Travel, meals, and entertainment:

24

**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

**26** Wages (less employment credits)

26

**27 a** Other expenses (from line 48)

27a

**b** Reserved for future use

27b

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

28

**29** Tentative profit or (loss). Subtract line 28 from line 7

29

**30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

1,719.

<1,719.>

**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.

30

• 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**.

PAL

• If a loss, you **must** go to line 32.

<1,719.>

**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 (Form 1040) 2015



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

GAME SHOW

**B** Enter code from instructions

711510

**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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here

☐ Yes ☒ No

**I** Did you make any payments in 2015 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

☐

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)

6

**7** Gross income. Add lines 5 and 6

7

**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):

20

**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

**16** Interest:

**a** Mortgage (paid to banks, etc.)

16a

**24** Travel, meals, and entertainment:

24

**b** Other

16b

**a** Travel

24a

**b** Deductible meals and  
entertainment (see instructions)

24b

**25** Utilities

25

**26** Wages (less employment credits)

26

**27 a** Other expenses (from line 48)

27a

**b** Reserved for future use

27b

**17** Legal and professional services

17

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

28

1,084.

**29** Tentative profit or (loss). Subtract line 28 from line 7

29

<1,084.>

**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.

30

• 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**.

PAL

• If a loss, you **must** go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **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 (Form 1040) 2015



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

**B** Enter code from instructions

AVIATION

532290

**C** Business name. If no separate business name, leave blank.

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

DJT OPERATIONS II LLC

27-3212492

**E** Business address (including suite or room no.) ► C/O WEISERMAZARS

City, town or post office, state, and ZIP code 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 2015? If "No," see instructions for limit on losses

☐ Yes ☒ No

**H** If you started or acquired this business during 2015, check here

**I** Did you make any payments in 2015 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

**2** Returns and allowances

**3** Subtract line 2 from line 1

**4** Cost of goods sold (from line 42)

**5** Gross profit. Subtract line 4 from line 3

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

**7** Gross income. Add lines 5 and 6

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

**8** Advertising

**9** Car and truck expenses  
(see instructions)

**10** Commissions and fees

**11** Contract labor (see instructions)

**12** Depletion

**13** Depreciation and section 179  
expense deduction (not included in  
Part III) (see instructions)

**14** Employee benefit programs (other  
than on line 19)

**15** Insurance (other than health)

**16** Interest:

**a** Mortgage (paid to banks, etc.)

**b** Other

**17** Legal and professional services

**18** Office expense

**19** Pension and profit-sharing plans

**20** Rent or lease (see instructions):

**a** Vehicles, machinery and equipment

**b** Other business property

**21** Repairs and maintenance

**22** Supplies (not included in Part III)

**23** Taxes and licenses

**24** Travel, meals, and entertainment:

**a** Travel

**b** Deductible meals and  
entertainment (see instructions)

**25** Utilities

**26** Wages (less employment credits)

**27a** Other expenses (from line 48)

**b** Reserved for future use

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

**29** Tentative profit or (loss). Subtract line 28 from line 7

**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.

**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 (Form 1040) 2015





**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

REAL ESTATE

**B** Enter code from instructions

531390

**C** Business name. If no separate business name, leave blank.

THC HOTEL DEVELOPMENT LLC

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

45-1174418

**E** Business address (including suite or room no.) ►

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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here

☒

**I** Did you make any payments in 2015 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

☐

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)

6

**7** Gross income. Add lines 5 and 6

7

**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):

20

**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

**16** Interest:

16

**24** Travel, meals, and entertainment:

24

**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

**26** Wages (less employment credits)

26

**27 a** Other expenses (from line 48)

27a

**b** Reserved for future use

27b

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

28

300.

**29** Tentative profit or (loss). Subtract line 28 from line 7

29

<300.>

**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

<300.>

**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 (Form 1040) 2015



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**  
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)

REAL ESTATE DEVELOPMENT

**B** Enter code from instructions

531310

**C** Business name. If no separate business name, leave blank.

TRUMP C DEVELOPMENT LLC

**D** Employer ID number (EIN), (see instr.)

11-3626042

**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code CHICAGO, IL

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

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here

**I** Did you make any payments in 2015 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

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)

6

**7** Gross income. Add lines 5 and 6

7

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

**8** Advertising

8

**9** Car and truck expenses  
(see instructions)

9

**10** Commissions and fees

10

**11** Contract labor (see instructions)

11

**12** Depletion

12

**13** Depreciation and section 179  
expense deduction (not included in  
Part III) (see instructions)

13

**14** Employee benefit programs (other  
than on line 19)

14

**15** Insurance (other than health)

15

**16** Interest:

16

**a** Mortgage (paid to banks, etc.)

16a

**b** Other

16b

**17** Legal and professional services

17

110.

**18** Office expense

18

**19** Pension and profit-sharing plans

19

**20** Rent or lease (see instructions):

**a** Vehicles, machinery, and equipment

20a

**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:

**a** Travel

24a

**b** Deductible meals and  
entertainment (see instructions)

24b

**25** Utilities

25

**26** Wages (less employment credits)

26

**27 a** Other expenses (from line 48)

27a

**b** Reserved for future use

27b

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

28

110.

**29** Tentative profit or (loss). Subtract line 28 from line 7

29

<110.>

**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.

30

• 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.

**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.

31

<110.>

**32a** ☒ All investment  
is at risk.

**32b** ☐ Some investment  
is not at risk.



**SCHEDULE D  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2015**Attachment  
Sequence No. **12**

Name(s) shown on return

DONALD J. &amp; 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)
<b>1a</b> 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				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	38,841,496.	39,167,884.	2,763.	<323,625.>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 27			4	20,401.
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 29			5	<76,723.>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	( )
<b>7</b> 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	<379,947.>

**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)
<b>8a</b> 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				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	6,848,449.	6,837,977.		10,472.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	8,415,599.	7,759,886.		655,713.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> 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 28 SEE STATEMENT 30			11	30,139,013.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	4,644,386.
<b>13</b> Capital gain distributions SEE STATEMENT 31			13	765,816.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	( )
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	36,215,400.

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

Schedule D (Form 1040) 2015



**Part III Summary**

16 Combine lines 7 and 15 and enter the result .....	<b>16</b>	35,835,453.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17 Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions .....	<b>18</b>	
19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions ..... <div style="text-align: right;">SEE STATEMENT 32</div>	<b>19</b>	
20 Are lines 18 and 19 <b>both</b> zero or blank? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> 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 <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<b>21</b>	( )
<b>Note:</b> 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"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2015

**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.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

**2015**

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 2015 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 REGENCY ENERGY PARTNERS LP - Royalty

B ENERGY TRANSFER PARTNERS LP - Royalty

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	6	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.	A		<input type="checkbox"/>
B	6		B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

**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	13.	12.	

**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			
13 Other interest	13			
14 Repairs	14		5477	48276
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	8.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	8.		
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	5.	12.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			

23a Total of all amounts reported on line 3 for all rental properties	23a	122,334.	
b Total of all amounts reported on line 4 for all royalty properties	23b	3,144,118.	
c Total of all amounts reported on line 12 for all properties	23c	9,853.	
d Total of all amounts reported on line 18 for all properties	23d	56,010.	
e Total of all amounts reported on line 20 for all properties	23e	1,417,559.	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	2,265,524.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	416,631.)
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	1,848,893.

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

Schedule E (Form 1040) 2015



**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.

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **13**

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

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 2015 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  
B PALM BEACH, FL 33480

C ALM BEACH, FL 33480

1b Type of Property (from list below)  
A 1  
B 1  
C 1  
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	365		<input type="checkbox"/>
B	365		<input type="checkbox"/>
C	365		<input type="checkbox"/>

**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		46,700.	75,634.
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			7,560.
9 Insurance	9		3,892.	2,152.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12		6,601.	3,252.
13 Other interest	13	8,756.		
14 Repairs	14		5,477.	48,276.
15 Supplies	15			
16 Taxes	16		142,939.	40,330.
17 Utilities	17		23,482.	12,891.
18 Depreciation expense or depletion	18		42,639.	13,363.
19 Other (list) ▶ STMT 40 STMT 41	19		10,872.	4,349.
20 Total expenses. Add lines 5 through 19	20	8,756.	235,902.	132,173.
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	<8,756.>	<189,202.>	<56,539.>
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	8,756.)	189,202.)	56,539.)
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			

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

Schedule E (Form 1040) 2015







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.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

2015

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 2015 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☐ No  
☐ Yes ☐ No

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

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

A

B ROYALTY INCOME

C ROYALTY INCOME

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			<input type="checkbox"/>
B	365		<input type="checkbox"/>
C	365		<input type="checkbox"/>

**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 2,705,902.

**Expenses:**

5 Advertising 5

6 Auto and travel (see instructions) 6

7 Cleaning and maintenance 7

8 Commissions 8 397,500.

9 Insurance 9

10 Legal and other professional fees 10 110. 110.

11 Management fees 11

12 Mortgage interest paid to banks, etc. (see instructions) 12

13 Other interest 13

14 Repairs 14

15 Supplies 15

16 Taxes 16 153. 300.

17 Utilities 17

18 Depreciation expense or depletion 18

19 Other (list) ▶ STMT 44 19 109,781.

20 Total expenses. Add lines 5 through 19 20 507,281. 263. 410.

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 2,198,621. <263.> <410.>

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 263. 410.)

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

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

Schedule E (Form 1040) 2015



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.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

2015

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 2015 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 ROYALTY INCOME

B

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	365		<input type="checkbox"/>
B	365		<input type="checkbox"/>
C	365		<input type="checkbox"/>

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

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 10 125,571. 55.

11 Management fees 11

12 Mortgage interest paid to banks, etc. (see instructions) 12

13 Other interest 13

14 Repairs 14

15 Supplies 15

16 Taxes 16 144. 144.

17 Utilities 17

18 Depreciation expense or depletion 18

19 Other (list) ▶ STMT 46 STMT 47 19 709. 25.

20 Total expenses. Add lines 5 through 19 20 126,424. 199. 25.

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 <126,424.> <199.> <25.>

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 126,424. 199. 25.

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

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

Schedule E (Form 1040) 2015



**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.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

**2015**  
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 2015 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

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

**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)

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received	<b>3</b>			
<b>4</b> Royalties received	<b>4</b>	62.		16,199.
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>		55.	
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>		144.	
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>			
<b>19</b> Other (list) ▶ STMT 48	<b>19</b>		26,267.	
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>		26,466.	
<b>21</b> 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	<b>21</b>	62.	<26,466.>	16,199.
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>		26,466.	
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>			
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>			
<b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			
<b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			
<b>26</b> 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	<b>26</b>			

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

Schedule E (Form 1040) 2015



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

Your social security number

DONALD J. &amp; 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? ☒ Yes ☐ No
- If you answered "Yes," see instructions before completing this section.

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if for foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SEE STATEMENT 50				
B					
C					
D					

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					
B					
C					
D					
29a Totals	43,810,000.			25,711,876.	
b Totals	25,974,559.	53,153,212.	125,009.		
30 Add columns (g) and (j) of line 29a				69,521,876.	30
31 Add columns (f), (h), and (i) of line 29b				( 79,252,780. )	31
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				<9,730,904.>	32

**Part III** Income or Loss From Estates and Trusts

	(a) Name	(b) Employer identification number
A	SEE STATEMENT 51	
B		

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			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38					
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V** Summary \* ENTIRE DISPOSITION OF ACTIVITY

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	<7,882,011.>
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	26,572,380.



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

OMB No. 1545-0121

**2015**Attachment  
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	GREECE	OTHER COUNTRIES	
1a Gross income from sources within country shown above and of the type checked above:					
		1,023,983.		230,123.	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"/>					
<b>Deductions and losses</b> (Caution: See instructions):					
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)				825.	
3 Pro rata share of other deductions <b>not definitely related</b> :					
a Certain itemized deductions or standard deduction		7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)					
c Add lines 3a and 3b		7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income		1,023,983.		230,123.	
e Gross income from all sources		316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e		.00324	.00000	.00073	
g Multiply line 3c by line 3f		22,692.		5,096.	
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		22,692.		5,921.	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	Taxes withheld at source on:			
A									
B									
C						4,026.		4,570.	8,596.

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.

Form **1116** (2015)



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**Attachment  
Sequence No. **19**▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	PANAMA	BRAZIL	DOMINICAN REPUBLIC	
1a Gross income from sources within country shown above and of the type checked above:	855,560.			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"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)			820.	
3 Pro rata share of other deductions <b>not definitely related</b> :				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income	855,560.			
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00270	.00000	.00000	
g Multiply line 3c by line 3f	18,961.			
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	18,961.		820.	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	Foreign taxes paid or accrued							
	In foreign currency				In U.S. dollars			
	Taxes withheld at source on:				Taxes withheld at source on:			
	(h) <input checked="" type="checkbox"/> Paid				(n) Other foreign taxes paid or accrued			
	(i) <input type="checkbox"/> 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.

Form **1116** (2015)



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**Attachment  
Sequence No. **19**▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	TURKEY	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"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)				
3 Pro rata share of other deductions <b>not definitely related</b> :				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
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
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	(r) Other foreign taxes paid or accrued	
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.

Form **1116** (2015)



## Foreign Tax Credit

(Individual, Estate, or Trust)

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	UNITED ARAB EMIRATES	OTHER COUNTRIES	EGYPT	
1a Gross income from sources within country shown above and of the type checked above:		230,123.		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 <b>definitely related</b> to the income on line 1a (attach statement)		825.		
3 Pro rata share of other deductions <b>not definitely related</b> :				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income		230,123.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00073	.00000	
g Multiply line 3c by line 3f		5,092.		
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		5,917.		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						4,026.			4,570.	8,596.
C										

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

8



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**Attachment  
Sequence No. **19**▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	PUERTO RICO	SOUTH AFRICA	THAILAND	
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"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)				
3 Pro rata share of other deductions <b>not definitely related</b> :				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
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
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					
		(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	(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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)



# Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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		INDIA	GEORGIA	ISRAEL	
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"/>					
<b>Deductions and losses</b> (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		7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)					
c Add lines 3a and 3b		7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income					
e Gross income from all sources		316,509,660.	316,509,660.	316,509,660.	
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
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	(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		(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.



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**Attachment  
Sequence No. **19**▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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
		A	B	C	(Add cols. A, B, and C.)
g	Enter the name of the foreign country or U.S. possession	GRENADA	URUGUAY	UNITED KINGDOM	
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)				
<b>Deductions and losses</b> (Caution: See instructions):					
2	Expenses <b>definitely related</b> to the income on line 1a (attach statement)				
3	Pro rata share of other deductions <b>not definitely related</b> :				
a	Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d	Gross foreign source income				
e	Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
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
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

		Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars			
Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			
		(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.

Form **1116** (2015)



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**Attachment  
Sequence No. **19**▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	azerbaijan	SAINT MARTIN	QATAR	
1a Gross income from sources within country shown above and of the type checked above:				1a 2,339,789.
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"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses <b>definitely</b> related to the income on line 1a (attach statement) <small>SEE STATEMENT 55</small>	152,520.		85,403.	
3 Pro rata share of other deductions <b>not definitely</b> related:				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
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	152,520.		85,403.	6 292,234.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 2,047,555.

**Part II Foreign Taxes Paid or Accrued**

SEE STATEMENT 54

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:				(r) Other foreign taxes paid or accrued
		(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 8,596.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)



**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	8,596.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	8,596.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	8,596.	
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	2,047,555.	
16	Adjustments to line 15	16	<2,047,555.>	
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	<b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption	18		
<b>Caution:</b> 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	<b>Individuals:</b> Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	20		
<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Enter the <b>smaller</b> 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 <b>smaller</b> 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 <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30	0.	

## Form 1116

Department of the Treasury  
Internal Revenue Service (99)

## Foreign Tax Credit

(Individual, Estate, or Trust)

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

OMB No. 1545-0121

2015

Attachment  
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

DONALD J. &amp; 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	
<b>g</b> Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	KOREA, SOUTH	UNITED KINGDOM	
<b>1a</b> Gross income from sources within country shown above and of the type checked above:	7,351,696.		22,386,312.	<b>1a</b>
<b>b</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"/>				
<b>Deductions and losses</b> (Caution: See instructions):				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)	1,689,378.	9.	36,142,607.	
<b>3</b> Pro rata share of other deductions <b>not definitely related</b> :				
<b>a</b> Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
<b>b</b> Other deductions (attach statement)				
<b>c</b> Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
<b>d</b> Gross foreign source income	7,351,696.		22,386,312.	
<b>e</b> Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
<b>f</b> Divide line 3d by line 3e	.02323	.00000	.07073	
<b>g</b> Multiply line 3c by line 3f	163,119.		496,696.	
<b>4</b> Pro rata share of interest expense:				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
<b>b</b> Other interest expense				
<b>5</b> Losses from foreign sources				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5	1,852,497.	9.	36,639,303.	<b>6</b>
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				<b>7</b>

**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					
		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
A									211,431.	211,431.
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.

Form 1116 (2015)



Form

**1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0041

**2015**Attachment  
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Name

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DONALD J. &amp; MELANIA TRUMP

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- 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 ▶		CHINA	DOMINICAN REPUBLIC	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:				1,769,455.	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"/>					
<b>Deductions and losses</b> (Caution: See instructions):					
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)		1,498,456.	51,530.	569,467.	
3 Pro rata share of other deductions <b>not definitely related</b> :					
a Certain itemized deductions or standard deduction		7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)					
c Add lines 3a and 3b		7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				1,769,455.	
e Gross income from all sources		316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e		.00000	.00000	.00559	
g Multiply line 3c by line 3f				39,255.	
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		1,498,456.	51,530.	608,722.	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		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				
Credit is claimed for taxes (you must check one)		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			
(h) <input checked="" type="checkbox"/> Paid	(i) <input type="checkbox"/> Accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest	
A								55,202.	55,202.
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.

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