ALTERNATIVE MINIMUM TAX

(Rev. November 2009) Department of the Treasury Internal Revenue Service

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Seguence No. 31

lame(shown on return		Identifying number
			*
	LD J. TRUMP otion of activity (see page 2 of the instructions)		/
	P INTERNATIONAL GOLF CLUB INC 65-0711659		
	TI Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2	of the	instructions
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<238,052.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	-33	
2	that you are reporting on:		
а	Schedule D	2a	
	Form 4797	2b	
C	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,		
U	that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from		
710	Form 4952, that were not included on lines 1 through 2c	4	(
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing		
		5	<238,052.>
Pa	the rest of this form Till Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	this p	art.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)		
	on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).	700	
	Otherwise, enter -0- and see Pub. 925 for information on the recapture ryles	10b	
Pa	rt III Detailed Computation of Amount At Risk. /		
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	At effective date. Subtract line 14 from line 13/Do not enter less than zero.	NOTE:	
b	From your prior year Form 6198, line 19b. Fo not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):	TO SERVICE SER	
a	Effective date b The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	Effective date b The end of your prior year	18	
19 a	Subtract line 18 from line 17		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
	-0- and see Pub. 925 for information on the recapture rules	19b	
Pa	rt IV Deductible Loss		
20	Amount at risk. Enter the layger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	1381	
	to find out how to report any deductible loss and any carryover SEE STATEMENT 75	21	(0.)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8582.	tivity ru	tructions for Form 8810, ules. If only part of the loss

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ALTERNATIVE MINIMUM TAX

Form 6198

(Rev. November 2009) Department of the Treasury Internal Revenue Service At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545/0712

Ace No. 31

Name(s) shown on return DONALD J. TRUMP Description of activity (see page 2 of the instructions) TRUMP INTERNATIONAL GOLF CLUB LLC 65-0750446 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) 2,956,914. Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on; Schedule D 2a Form 4797 2b Other form or schedule 20 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c 4,852. Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c 4 Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing 5 2,961,766. Part II | Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero 3,074,277. 6 7 Increases for the tax year (see page 3 of the instructions) 7 8 Add lines 6 and 7 3,074,277. 8 9 Decreases for the tax year (see page 4 of the instructions) 9 10 a Subtract line 9 from line 8 3,074,277 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 10b 3,074,277. Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less 11 11 Increases at effective date 12 12 Add lines 11 and 12 13 13 Decreases at effective date 14 14 15 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less that zero.

Pa	rt IV Deductible Loss /		
20	Amount at risk. Enter the larger of line 10b or line 19b	20	3.074.277
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20, See the instructions		
	to find out how to report any deductible loss and any carryover	21 (

From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.

b The end of your prior year

b The end of your prior year

If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

LHA For Paperwork Reduction Act Notice, see page 8 of the instructions.

-0- and see Pub. 925 for information on the recapture rules

Increases since (check box that applies):

Decreases since (check box that applies):

19 a Subtract line 18 from line 17

Effective date

Add lines 15 and 16

Effective date

Form 6198 (Rev. 11-2009)

15

16

17

18

b

16

17

ALTERNATIVE MINIMUM TAX

(Rev. November 2009) Department of the Treasury Internal Revenue Service

At-Risk Limitations

Attach to your tax return.

b	0		1.0		
	See	separa	le ins	truction	S

OMB No. 1545-0712

DONALD J. TRUMP Description of activity (see page 2 of the instructions) TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set 1 Ordinary income (loss) from the activity (see page 2 of the instructions) 2 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	ee page 2 of the /1 /2 a /2 b	instructions.
Description of activity (see page 2 of the instructions) TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set 1 Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
Description of activity (see page 2 of the instructions) TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set 1 Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
1 Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
2 Gain (loss) from the sale or other disposition of each sale sale sale sale sale sale sale sale	2a 2b	<19,197.>
	2a 2b	
that you are reporting on:	2a 2b	
that you are reporting on: a Schedule D	2b	
a Schedule D b Form 4797	2b 2c	
b Form 4797 c Other form or schedule	2c	
c Other form or schedule 3 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,		
that were not included on lines 1 through 2c		
4 Other deductions and losses from the activity, including investment interest expense allowed from	3	
Form 4952, that were not included on lines 1 through 2c		
5 Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing	4	(1.
the rest of this form	ng	99
the rest of this form Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before co		<19,198.>
6 Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)	Impleting this pa	rt.
on the first day of the tax year. Do not enter less than zero		
7 Increases for the tax year (see page 3 of the instructions)	6	0.
8 Add lines 6 and 7	7	
9 Decreases for the tax year (see page 4 of the instructions)	8	
10 a Subtract line 9 from line 8	9	
b If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
Otherwise, enter -0- and see Pub. 925 for information on the recepture rules	106	
Part III Detailed Computation of Amount At Risk.	10b	
If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11 Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less	TI	
than zero	11	
12 Increases at effective date	12	
Add lines 11 and 12	13	
14 Decreases at effective date	14	
15 Amount at risk (check box that applies):		
a At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b From your prior year Form 6198, line 19b. Do not enter the agrount from line 10b of your prior year form.	15	
16 Increases since (check box that applies):		
a Effective date b The end of your prior year /	16	
17 Add lines 15 and 16	17	
Decreases since (check box that applies):	325	
a Effective date b The end of your prior year		
19 a Subtract line 18 from line 17		
b If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
-0- and see Pub. 925 for information on the recapture rules		
Part IV Deductible Loss		
20 Amount at risk. Enter the larger of line 10b or line 19b	20	0.
Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions		
to find out how to report any deductible loss and any carryover SEE STATEMENT 76	21 (0.)
Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitation Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichev		

(Rev. November 2009)
Department of the Treasury
Internal Revenue Service

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return Identifying number DONALD J. TRUMP Description of activity (see page 2 of the instructions) ULTIMATE AIR CORP 13-3747981 Part | Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) <17,842.> Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: Schedule D 2a Form 4797 Other form or schedule Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero 0 Increases for the tax year (see page 3 of the instructions) SEE STATEMENT 66 7 9,474. 7 Add lines 6 and 7 9,474. 8 Decreases for the tax year (see page 4 of the instructions) 9 10 a Subtract line 9 from line 8 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 9,474. Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less 11 11 12 Increases at effective date 12 Add lines 11 and 12 13 Decreases at effective date 14 14 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form. b Increases since (check box that applies): 16 b The end of your prior year Effective date 16 Add lines 15 and 16 17 17 Decreases since (check box that applies): b The end of your prior year a Effective date If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Part IV Deductible Loss Amount at risk. Enter the larger of line 10b or line 19b Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 65 Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810,

Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss

is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

(Rev. November 2009) Department of the Treasury Internal Revenue Service

Name(s) shown on return

At-Risk Limitations

Attach to your tax return

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See	se	parate	instru	ictions.

OMB No. 1545-0712

Attachment Sequence No. 31

Sequence N Identifying number

	LD J. TRUMP			
	ption of activity (see page 2 of the instructions)			
-	IP LAS OLAS MEMBER CORP 20-3002512		/	
Pa	(),	of the	instructions.	
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		<2,092.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	/	1	
	that you are reporting on:	/		
a	Schedule D	2a		
b	Form 4797	2b		
C	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,			
	that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from			
	Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing			
	the rest of this form	5		<2,092.>
Pai	the rest of this form Till Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	this p	art.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)			
	on the first day of the tax year. Do not enter less than zero	6		0.
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
10 a	Subtract line 9 from line 8			
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b		
Pai	t III Detailed Computation of Amount At Risk.			
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.			
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less			
	than zero	11		
12	Increases at effective date	12		
13	Add lines 11 and 12	13		
14	Decreases at effective date	14		
15	Amount at risk (check box that applies):			
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.			
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	1	
16	Increases since (check box that applies):			
a	Effective date b The end of your prior year	16	1	
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):			
a	Effective date b The end of your prior year	18	1	
19 a	Subtract line 18 from line 17			
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter			
	-0- and see Pub. 925 for information on the recapture rules	19b		
Pai	t IV Deductible Loss	100		
20	Amount at risk. Enter the larger of line 10b or line 19b	20		0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	20		
	to find out how to report any deductible loss and any carryover SEE STATEMENT 67	21	1	0.0
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or to Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules are the passive activity loss rules.	he Insi	tructions for Fo	orm 8810.

(Rev. November 2009) Department of the Treasury Internal Revenue Service

At-Risk Limitations

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See	separate	instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return		Identifying nur	mber
	ALD J. TRUMP ption of activity (see page 2 of the instructions)			
-	IP INTERNATIONAL GOLF CLUB INC 65-0711659		/	
2000	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page		instrucțiór	
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	_/_	<238,051.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)			
	that you are reporting on:		/	
a	Schedule D	2a/		
b	Form 4797	2b		
C	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,			
	that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from			
	Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing			
D-	the rest of this form Till Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	5		<238,051.>
_		ng this pa	art.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)			Mark
	on the first day of the tax year. Do not enter less than zero	6		0.
7	Increases for the tax year (see page 3 of the instructions)	1000		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
10 a				
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
Pa	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules t III Detailed Computation of Amount At Risk.	10b	2	
i u	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.			
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less			
11		44		
12	,	11		
13	Increases at effective date	12		
14	Add lines 11 and 12	13		
15	Amount at risk (check box that applies):	14		
а	At effective date. Subtract line 14 from line 13. Do not enter less than zero.			
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15		
16	Increases since (check box that applies):	. 10		
а	Effective date b The end of your prior year	16		
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):			
а	Effective data L The and of your prince of	18		
19 a	Subtract line 18 from line 17	10		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		*	
	-0- and see Pub. 925 for information on the recapture rules	19b		
Pa	TIV Deductible Loss	1 1 3 1		
20	Amount at risk. Enter the larger of line 10b of line 19b	20		0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions			
_,	to find out how to report any deductible loss and any carryover SEE STATEMENT 69	21	(0.)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive at	the Insti	ructions fo	r Form 8810,
	is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app	olies.	cs. II UIIIY	part or the loss

(Rev. November 2009) Department of the Treasury Internal Revenue Service Name(s) shown on return

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

DONA	LD J. TRUMP		
	ption of activity (see page 2 of the instructions)		
TRUM	IP INTERNATIONAL GOLF CLUB LLC 65-0750446		
Pai	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2	of the	instructions.
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1/	3,021,465.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	1	7,,
_		/	
a	that you are reporting on:	20	
b	Schedule D	2a	
-	Form 4797 Other form or schedule	2b	
C	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,	2c	
3			1 952
4	that were not included on lines 1 through 2c Other deductions and losses from the activity, including investment interest expense allowed from	3	4,852.
4	### 전 경우 전	١. ١	,
-	Form 4952, that were not included on lines 1 through 2c	4	
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing	_	2 026 217
Da	the rest of this form Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	5	3,026,317.
ALIENSE		this pa	art.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)		
	on the first day of the tax year. Do not enter less than zero	6	3,028,229.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	3,028,229.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
D	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	3,028,229.
Pa	Till Detailed Computation of Amount At Risk.		
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	Effective date b The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	Effective date b The end of your prior year	18	
19 a	Subtract line 18 from line 17		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
	-0- and see Pub. 925 for information on the recapture rules	19b	
Pa	rt IV Deductible Loss /		
20	Amount at risk. Enter the larger of line 10b or line 19b	20	3,028,229.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions		
	to find out how to report any deductible loss and any carryover	21	()
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or to Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity.	ivity rul	ructions for Form 8810, es. If only part of the loss
	is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever appli	29	

(Rev. November 2009) Department of the Treasury **At-Risk Limitations**

Attach to your tax return.

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OMB No. 1545-0712

Attachment

Stendburg numbers Part Stendburg Stendburg Stendburg Stendburg number Stendb	Interna	Revenue Service 566 Separate Instructions.		Sequence No. 37
PORT I LILL MERSER CORE (PSA CRESS* COURT MEMBER CORE 26-3467517	Name(s	s) shown on return		Identifying number
PORT I LILL MERSER CORE (PSA CRESS* COURT MEMBER CORE 26-3467517	DONA	LD J. TRUMP		/
Part II Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions 1				. , —
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2 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: a Schedule D b Form 4797 C Other form or schedule 3 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-8, or Form 1120S, that were not included on lines 1 through 2c 4 Other deductions and losses from the activity, from Schedule K-1 of Form 1065, Form 1065-8, or Form 1120S, that were not included on lines 1 through 2c 5 Current year profit (loss) from the activity, Combine lines 1 through 4, See page 3 of the instructions before completing the rest of this form 160 from 1	Lan and Australia and Australia			
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(Rev. November 2009)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. **31**

| Identifying number

מחסת	ALD J. TRUMP		
	iption of activity (see page 2 of the instructions)		_
	PAURANT 40 MEMBER CORP 45-4146506		
	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page	2 of the	instructions
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2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	_ 1	/ 32/1.5
	that you are reporting on:		
a	Schedule D	0.0	
b	Form 4797	2a	
C		2b 2c	/
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,	26	/
Ü	that were not included on lines 1 through 2c	./	
4	Other deductions and losses from the activity, including investment interest expense allowed from	3/	
•	Form 4952, that were not included on lines 1 through 2c	4	7
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing	1 4	
•	the rest of this form	5	<271.>
Pa	Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	na this na	\2/1.5
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)	Ig tills pe	
Ü	on the first day of the tax year. Do not enter less than zero		0.
7	Increases for the tax year (see page 3 of the instructions)	6	0.
8	Add lines 6 and 7		
9	Add lines 6 and 7 Decreases for the tax year (see page 4 of the instructions)	8	
	Subtract line 9 from line 8	9	
	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
u	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	106	
Pa	tt III Detailed Computation of Amount At Risk.	10b	
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):	14	
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 19b of your prior year form.	15	
16	Increases since (check box that applies):	. 13	
a		16	
17	Add lines 15 and 16	16	
18	Decreases since (check box that applies):	17	
а	Transfer data	40	
	Cultivat line 40 feet line 47	18	
	Subtract line 18 from line 17	-	
U	0, and see Rub. 00F for information on the recenture vales	401	
Pa	TIV Deductible Loss	19b	
20	Amount at risk. Enter the larger of line 10b or line 19b	T 00 T	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	20	0,
-1	to find out how to report any deductible loss and any carryover SEE STATEMENT 71	64	/
		21	(0.)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or	the Instr	uctions for Form 8810,
	Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive a is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app	ctivity rule	es. If only part of the loss
	, , , , , , , , , , , , , , , , , , ,		

(Rev. November 2009) Department of the Treasury Internal Revenue Service **At-Risk Limitations**

Attach to your tax return.

OMB No. 1545-0712

See separate instructions.

Attachment Sequence No. 81

Name(s) shown on return Identifying number DONALD J. TRUMP Description of activity (see page 2 of the instructions) TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC 20-5075337 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) <1,490,509.> Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: Schedule D Form 4797 2b Other form or schedule Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c 18. 3 Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c 5,201.) Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing <1,495,692.> Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero 254 369. Increases for the tax year (see page 3 of the instructions) 2,126,582. 7 2,380,951. Add lines 6 and 7 Decreases for the tax year (see page 4 of the instructions) 9 839,160. 10 a Subtract line 9 from line 8 1,541,791 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 1,541,791. Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less 11 11 Increases at effective date 12 12 Add lines 11 and 12 13 Decreases at effective date 14 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form. 15 Increases since (check box that applies): 16 Effective date b ____ The end of your prior year 16 Add lines 15 and 16 17 17 Decreases since (check box that applies): **b** The end of your prior year a Effective date 18 19 a Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Part IV **Deductible Loss** 1,541,791. Amount at risk. Enter the larger of line 10b or line 19b 20 Deductible loss. Enter the smaller of the line of loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover LOSS (ES) FULLY DEDUCTIBLE 1,495,692.) Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810,

Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss

is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 6198 (Rev. 11-2009)

LHA

Your name	Social security number		Business in which expenses were incurred			
DONALD J. TRUMP			THE EAST 61 ST. COM	PANY		
Part I Business Expenses and Reimburse	ements					
STEP 1 Enter Your Expenses		Τ	Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc involve overnight travel		2				
3 Travel expense while away from home overnight, including loc etc. Do not include meals and entertainment	doing, airplane, car rental.	3				
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals STATEMENT 106	4	11,169.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	r the result. In Column B,	6	11,169.			
NOTE: If you were not reimbursed for any expenses in Step	1, skip line 7 and enter the amo	unt fron	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7				
STEP 3 Figure Expenses Subject to the Lim	itation		*			
8 Subtract line 7 from line 6		8	11,169.			
9 In Column A, enter the amount from line 8. In Column B, multi amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If si	tiply the					
the Department of Transportation (DOT) hours-of-service limit Multiply by 80% (.80) instead of 50%)	ts:	9	11,169.			
10 Add the amounts on line 9 of both columns and enter the total These are your supplemental business expenses	I here.		>	10	11,169.	

	ement SBE (2015) DONALD J. TRUMP						Page 2
Pa	art II Vehicle Expenses					-	1 490 -
Sec	tion A General Information				(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service			11	12/ 200000	(b) voilioid	
12	Total miles vehicle was driven during 2015			12	miles		miles
13	Business miles included on line 12		******************************	13	miles		miles
14	Percent of business use. Divide line 13 by line 12			14	%		%
15	Average daily roundtrip commuting distance			15	miles		
16					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	17	miles		miles
18	Was your vehicle available for personal use durin	g off-duty	/ hours?	[4]	111163	Yes	miles No
19	Do you (or your spouse) have another vehicle ava	iilable for	personal use?			Yes	No
20	Do you have evidence to support your deduction?	*******				Yes	☐ No
21	If "Yes," is the evidence written?			********************		Yes	□ No
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether to co	mnlete this section	or Section C)		
			artification and car minority to ou	implete this section	or occion o.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	ere and o	on line 1		22		
Sect	ion C Actual Expenses		(a) Vehicle	9		ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
	Vehicle rentals	24a					
b	Inclusion amount	24b					
C	Subtract line 24b from line 24a	24c					
	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 14	27					
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on	20					
LU	1620. 7	29					
Sect	ion D Depreciation of Vehicles (Use this section		ou owned the vehicle and are	anmploting Coati	on O for the webists)		
	en b. bepresiation of remotes (one time accitor	Only if y					
30	Enter cost or other basis	30	(a) Vehicle		(b) V	ehicle	
	Enter cost or other basis Enter section 179 deduction	30					
	and special allowance	0.4					
	A STATE OF THE STA	31					
32	Multiply line 30 by line 14 (see Form 2106						
	instructions if you claimed the section 179						
	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33	2 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -				
34	Multiply line 32 by the percentage on line 33	34					
35	Add lines 31 and 34	35					
36	Enter the limitation amount	36					
37	Multiply line 36 by the percentage on line 14	37					
38	Enter the smaller of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Your name	Social security number		Business in wh	ich expenses	were incurred			
DONALD J. TRUMP			40 WALL DE	VELOPMENT	ASSOC	LIC		
Part I Business Expenses and Reimburse	ements		1	, DEGITEDITE	110000	, 1110		
STEP 1 Enter Your Expenses		T	Column A	1		Column B		
			Other Than M and Entertain	leals ment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1						
Parking fees, tolls, and transportation, including train, bus, etcinvolve overnight travel	c., that did not	2						
3 Travel expense while away from home overnight, including lo								
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals STATEMENT 107	4		480,976.				
5 Meals and entertainment expenses		5						
6 Total expenses. In Column A, add lines 1 through 4 and ente enter the amount from line 5	r the result. In Column B,	6		480,976.				
NOTE: If you were not reimbursed for any expenses in Step		ount fron	m line 6 on line 8	l.				
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1							
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7						
STEP 3 Figure Expenses Subject to the Lim	itation							
8 Subtract line 7 from line 6		8		480,976.				
9 In Column A, enter the amount from line 8. In Column B, mult amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If si the Department of Transportation (DOT) hours-of-service limit Multiply by 80% (.80) instead of 50%)	iply the ubject to ts:	9	-	480,976.				
10 Add the amounts on line 9 of both columns and enter the total These are your supplemental business expenses	I here.				40	400 076		

Stat	ement SBE (2015) DONALD J. TRUMP					Page 2
Pa	art II Vehicle Expenses					
Sec	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(b) volitoto
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12		13	miles	miles	
14	Percent of business use. Divide line 13 by line 12		14	%	%	
15	Average daily roundtrip commuting distance			15	miles	miles
16			*****		miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles	miles
18	Was your vehicle available for personal use during	g off-du	ity hours?		Tillios	Yes No
		3	*			[165 [] [\]
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?			Yes No
20	Do you have evidence to support your deduction?		***************************************			Yes No
21	If "Yes," is the evidence written?				2007	Yes No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to com	nplete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere and	d on line 1		22	
	ion C Actual Expenses		(a) Vehicle		(b) V	ehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
	Vehicle rentals	24a				
	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only i	f you owned the vehicle and are	completing Sect	ion C for the vehicle.)	
			(a) Vehicle			ehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					The second secon
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106				6978 68-15	
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				The state of the s
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Social s	Business in which expenses were incurred
DONALD J. TRUMP	PENN YARDS ASSOCIATES
Part I Business Expenses and Reimbursements	
STEP 1 Enter Your Expenses	Column A Column B Other Than Meals Meals and Entertainment Entertainment
1 Vehicle expense from line 22 or line 29	1
2 Parking fees, tolls, and transportation, including train, bus, etc., that did no involve overnight travel	
3 Travel expense while away from home overnight, including lodging, airplanetc. Do not include meals and entertainment	car rental
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT	
5 Meals and entertainment expenses	5
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In enter the amount from line 5	Column B, 6 10,679.
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7	
STEP 2 Reimbursements for Expenses Listed In STE	1
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7
STEP 3 Figure Expenses Subject to the Limitation	
8 Subtract line 7 from line 6	8 10,679.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	g 10,679.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	

	ement SBE (2015) DONALD J. TRUMP								Page 2
Pa	art II Vehicle Expenses							•	
Sect	tion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
12	Total miles vehicle was driven during 2015				12	miles			miles
13	Business miles included on line 12				13	miles			miles
14	Percent of business use. Divide line 13 by line 12				14	%			%
15	Average daily roundtrip commuting distance				15	miles			miles
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	miles			miles
18	Was your vehicle available for personal use during	a off-du	ity hours?					Yes	No
	PER CASE OF THE CONTROL OF T		,			******************************		103	1140
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?			******************************		Yes	□ No
20	Do you have evidence to support your deduction?	******					******	Yes	No
21	If "Yes," is the evidence written?							Yes	□ No
Sect	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to	complete th	is sect	tion or Section C.)			
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	are an	t on line 1				22		
	tion C Actual Expenses	ior o arre	(a) Vehi	icle	********		(b) Vehic	rle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					the state of	010	
	Vehicle rentals	24a			delan		123		Section.
	Inclusion amount	24b					-		
	Subtract line 24b from line 24a	24c					2000		
25	Value of employer-provided vehicle (applies	240	-						
20	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26							
		-							
27	Multiply line 26 by the percentage on line 14	27	-		-				
28	Depreciation. Enter amount from line 38 below	28	<u> </u>						
29	Add lines 27 and 28. Enter total here and on	_							
Cont	line 1	29	fuer annual than the first		0				
5601	ion D Depreciation of Vehicles (Use this section	l only i			ting S				
0.0	Enter post or other basis	00	(a) Vehi	icle			(b) Vehic	cle	Sestimate A
30	Enter cost or other basis	30					5 (S-11)		
31	Enter section 179 deduction								
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36							
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Your name	Social security number	Bu	isiness in which expenses v	vere inc	urred
DONALD J. TRUMP		PL	AZA OPERATING PART	NERS	LTD
Part I Business Expenses and Reimburse	ments	•			
STEP 1 Enter Your Expenses			Column A Other Than Meals nd Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, et involve overnight travel	c., that did not	2			
3 Travel expense while away from home overnight, including lo etc. Do not include meals and entertainment	dging, airolane, car rental	3			
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals STATEMENT 109	4	111,128.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and ente enter the amount from line 5		6	111,128.		
NOTE: If you were not reimbursed for any expenses in Step	1, skip line 7 and enter the amou	ınt from lir	ne 6 on line 8.		
STEP 2 Reimbursements for Expenses List	ed In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7			
STEP 3 Figure Expenses Subject to the Lim	itation	-			
8 Subtract line 7 from line 6		8	111,128.		
9 In Column A, enter the amount from line 8. In Column B, mult amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If s the Department of Transportation (DOT) hours-of-service limi Multiply by 80% (.80) instead of 50%)	ubject to	9	111,128.		
10 Add the amounts on line 9 of both columns and enter the tota			>	10	111,128.

Stat	ement SBE (2015) DONALD J. TRUMP							Page 2
Pa	art II Vehicle Expenses							1 490 -
Sect	tion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11		(0) (0)	
12	Total miles vehicle was driven during 2015				12	miles		miles
13	Business miles included on line 12				3	miles		miles
14	Percent of business use. Divide line 13 by line 12		***************************************		4	%		%
15	Average daily roundtrip commuting distance				5	miles		miles
16			*************************************		6	miles		
17	Other miles. Add lines 13 and 16 and subtract the	total f	rom line 12		7	miles		miles
18	Was your vehicle available for personal use during	a off-dı	utv hours?			111103	Yes	miles No
		410.700	· · · · · · · · · · · · · · · · · · ·				[] 163	140
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	☐ No
20	Do you have evidence to support your deduction?						Yes	No
								110
21	If "Yes," is the evidence written?						Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete thi	e saction	n or Saction C)		
	The standard minerage Mate (650 the moth dotte	7110 101	Tarri to find out whether	to complete thi	5 56000	TOT Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere an	d on line 1			22		
Sect	tion C Actual Expenses		(a) V	ehicle			ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a			OZNEN.			
b	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						WELLEY (1971)
25	Value of employer-provided vehicle (applies	2.70						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27			1161741406500			
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	20						
23	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle ar	d are complet	ina Coo	tion C for the yehiole)		
	Topicolation of Foliolog (200 tills 200till	T Only I		ehicle	ing sec	The second secon	-1-1-1-	
30	Enter cost or other basis	30	(4) (4)	GIIIGIG		(b) v	ehicle 	Attaittestrees
	Enter section 179 deduction	00				08/30/30/4/1/30/4/30/4/30/4/30/4/30/4/30/4		ALTO COLUMN
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106	1 01		Annaly to be			Grander Strategies	
UL	instructions if you claimed the section 179	1 1						
	daduation or angold allowance)	00						
22	Enter depreciation method and percentage	32						
33		33	NIA has say a say					
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35			Mary State			
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						14
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38	4200 A H BEIT (1842)					

Your name S	Social security number	Business in which expenses	were inc	urred
DONALD J. TRUMP		TRUMP CPS LLC		
Part I Business Expenses and Reimbursemen	ts			
STEP 1 Enter Your Expenses		Column A		Column B
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT	e meals	101,315.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	esult. In Column B,	101,315.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	om line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-27			
STEP 3 Figure Expenses Subject to the Limitation	on			
8 Subtract line 7 from line 6	8	101,315.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:	to			
Multiply by 80% (.80) instead of 50%)	9	101,315.	Tire	1
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	101.315

Pa	art II Vehicle Expenses					Page
	tion A General Information				/a/Materials	
11	Enter the date vehicle was placed in service				(a) Vehicle	(b) Vehicle
12	Total miles vehicle was driven during 2015			11		
13	Rusiness miles included on line 12			12	miles	mile:
14	Business miles included on line 12)		13	miles	mile
15	Percent of business use. Divide line 13 by line 12	2		14	%	9/
16	Average daily roundtrip commuting distance Commuting miles included on line 12				miles	mile:
17				16	miles	miles
18	Other miles. Add lines 13 and 16 and subtract th	e total fro	m line 12	17	miles	miles
10	Was your vehicle available for personal use during	ig on-auty	/ nours?			Yes N
19	Do you (or your spouse) have another vehicle av	ailable for	personal use?			Yes N
20	Do you have evidence to support your deduction	?		******************	***************************************	Yes N
21	If "Yes," is the evidence written?					
						VOCATION III AND
Sect	ion B Standard Mileage Rate (See the instructi	ons for Pa	art II to find out whether to co	omplete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and o	on line 1			
Sect	ion C Actual Expenses		(a) Vehic	le	(b)	Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals					
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on			10		
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio		ou owned the vehicle and ar	e completing Sect	ion C for the vehicle)	
		T	(a) Vehicl			Vehicle
30	Enter cost or other basis	30	(a) voinoi	0	(0)	venicie
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106		The second secon			100000000000000000000000000000000000000
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35		35				
36	Add lines 31 and 34 Enter the limitation amount	36				
			20130 2016 2016 2016 2016 2016 2016 2016 201	对五年中央 使支充。		
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					200 000 000 000 000
	line 35. Also enter this amount on line 28 above	38				

Supplemental Busil	iess exhelises				2010		
Your name	Social secur	ity number	Business in which expenses	were inc	urred		
DONALD J. TRUMP			TRUMP CPS DEVELOPMENT LLC				
Part I Business Expense	s and Reimbursements	\(\frac{1}{2}\)					
STEP 1 Enter Your Expens	ses		Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line	29	1					
2 Parking fees, tolls, and transportatio involve overnight travel							
3 Travel expense while away from hom	e overnight, including lodging, airplane, car inment	rental					
4 Business expenses not included on I and entertainment	nes 1 through 3. Do not include meals SEE STATEMENT 11	1 4	10,455.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add li enter the amount from line 5	nes 1 through 4 and enter the result. In Colu	ımn B,	10,455.				
	or any expenses in Step 1, skip line 7 and e		m line 6 on line 8.				
STEP 2 Reimbursements f	or Expenses Listed In STEP 1						
7 Enter amounts that were not reported Include any amount reported under continuous continuous and the second continuous continuou	t to you in box 1 of Form W-2. ode "L" in box 12 of your Form W-2	7					
STEP 3 Figure Expenses S	ubject to the Limitation			LES COLON			
8 Subtract line 7 from line 6		8	10,455.				
9 In Column A, enter the amount from amount on line 8 by 50% (.50). (If ze the Department of Transportation (DC)	o or less, enter -0-) (If subject to						
Multiply by 80% (.80) instead of 50%)	9	10,455.				
10 Add the amounts on line 9 of both co These are your supplemental busines			>	10	10,455.		

Pa	art II Vehicle Expenses					- Faye 2
	tion A General Information			- I	(a) Vehicle	/h\\/abiala
11	Enter the date vehicle was placed in service			11	(a) venicle	(b) Vehicle
12	Total miles vehicle was driven during 2015	*********	***************************************	12	miles	
13	Business miles included on line 12		***************************************	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************************************	14	"Miles	miles
15	Average daily roundtrip commuting distance		********************	15		
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	om line 12	17	miles	miles
18	Was your vehicle available for personal use durin	a off-du	ty hours?	[17]	miles	miles
19						
10	Do you (or your spouse) have another vehicle av	mable to	r personal use?		***************************************	Yes No
20	Do you have evidence to support your deduction?	·····		******	***************************************	Yes No
21	If "Yes," is the evidence written?			***********	***************************************	Yes No
	ion B Standard Mileage Rate (See the instructi					
	. Standard Miloago Hate (666 the matructi	0113 101 1	art ii to iiiid out whether to co	mpiete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result l	nere and	on line 1	AAAAAAAAA	22	
Sect	ion C Actual Expenses		(a) Vehicle	е		Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				7 12 2 15 3 Ay
24 a	Vehicle rentals	24a	50 F 5			
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies	0.00				
	only if 100% of annual lease value was	1 100				
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and ar	e completing Sect	ion C for the vehicle.)	
			(a) Vehicle	9	(b)	Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction	5.0				AP
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36	Salah			
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you	07				
(407)	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				
	The street and amount on the 20 above	00				

The state of the s	,3		2010		
Your name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP)			
Part I Business Expenses and Reimbursen	nents				
STEP 1 Enter Your Expenses			Column A		Column B
• 52			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	*****	1			
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2			
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ing, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S'	clude meals FATEMENT 112	4	55,361.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	he result. In Column B	6	55,361.		
NOTE: If you were not reimbursed for any expenses in Step 1,		int fron	ı line 6 on line 8.		(Control of the Control of the Contr
STEP 2 Reimbursements for Expenses Listed	I In STEP 1		***************************************		
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	-2. rrm W-2	7			
STEP 3 Figure Expenses Subject to the Limit	ation				
8 Subtract line 7 from line 6		8	55,361.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	y the ject to	9	55,361.		
10 Add the amounts on line 9 of both columns and enter the total he		0 1	>	10	55.361.

P	art II Vehicle Expenses					Page 2
	tion A General Information	TIPE SERVE			7-22/11/1	
11	Enter the date vehicle was placed in service			14	(a) Vehicle	(b) Vehicle
12	Total miles vehicle was driven during 2015			11		
13	Business miles included on line 12			12	mil	Tillios
14	Percent of business use. Divide line 13 by line 1	2		14	mil	111103
15	Average daily roundtrip commuting distance			15	The state of the s	% %
16	Commuting miles included on line 12			16	mile	111103
17	Other miles. Add lines 13 and 16 and subtract th	e total fro	m line 12	17	mile	1111103
18	Was your vehicle available for personal use duri	na off-duty	/ hours?	17	mile	es miles
	part of the state	ig on day	, modra:			Yes No
19	Do you (or your spouse) have another vehicle av	railable for	personal use?		***************************************	Yes No
20	Do you have evidence to support your deduction	?		***********		Yes No
21	If "Yes," is the evidence written?					
CONTRACTOR OF THE PARTY OF THE	The state of the second decreases the second decrease the second decreases the second decreas	**********	***************************************			Yes No
Sect	tion B Standard Mileage Rate (See the instruct	ions for Pa	art II to find out whether to	complete this se	ction or Section C)	
				(3/		
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and c	on line 1		STOCK THE REPORT AND A PROPERTY AND A PROPERTY AND A STOCK AND A S	22
Sect	non G Actual Expenses		(a) Ve	hicle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				(4) (4)
24 a	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26		· · · · · · · · · · · · · · · · · · ·		
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below					
	Add lines 27 and 28. Enter total here and on	20	-			
	line 1	29				
Secti	ion D Depreciation of Vehicles (Use this sectio		ou owned the vehicle and			
	apraise of remains (555 time 550tio	l only if y			Section C for the vehicle.)	
30	Enter cost or other basis	30	(a) Veh	licie		(b) Vehicle
	Enter section 179 deduction	30				
	and special allowance	04				
32	Multiply line 30 by line 14 (see Form 2106	31				Service Control
	instructions if you claimed the section 179					
	deduction or special allowance)					
22		32				
	Enter depreciation method and percentage	33				
	Multiply line 32 by the percentage on line 33	34				
	Add lines 31 and 34	35				
	Enter the limitation amount	36				
	Multiply line 36 by the percentage on line 14	37				
	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					ROLLER Garages
	line 35. Also enter this amount on line 28 above	38				

Supplemental business expense	S				2010
Your name	Social security number		Business in which expenses	were in	curred
DONALD J. TRUMP			TRUMP EQUITABLE FIF	ENUE CO	
Part I Business Expenses and Reimbursem	ients				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel	that did not	2			
3 Travel expense while away from home overnight, including lodgir etc. Do not include meals and entertainment	nn airnlane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST	lude meals 'ATEMENT 113	4	191,195.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A. add lines 1 through 4 and enter th	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5		191,195.		
NOTE: If you were not reimbursed for any expenses in Step 1, s		unt fron	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	-2. rm W-2	7			***************************************
STEP 3 Figure Expenses Subject to the Limita	ition				
8 Subtract line 7 from line 6		8	191,195.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to Describe of Texas (.50)).	the ect to				
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	***************************************	9	191,195.		
Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses			b	10	191.195
O Add the amounts on line 9 of both columns and enter the total her			>	10	

	<u> </u>					
Sta	tement SBE (2015) DONALD J. TRUMP					Person
	art II Vehicle Expenses					Page
Sec	tion A General Information				(a) Vehicle	/b) \/ab:-I-
11	Enter the date vehicle was placed in service				(tt) volliolo	(b) Vehicle
12	Total miles vehicle was driven during 2015			12	miles	
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 1	2		14	"/"	miles
15	Average daily roundtrip commuting distance			15	miles	%
16	Commuting miles included on line 12		***************************************	16		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from	line 12	17	miles	miles
18	Was your vehicle available for personal use duri	ng off-duty h	nours?		miles	miles Yes N
40						
19	Do you (or your spouse) have another vehicle av	ailable for p	ersonal use?			Yes Ne
20	Do you have evidence to support your deduction	?				
		• ••••••••	******************************			Yes No
21	If "Yes," is the evidence written?	,				Yes No
Sect	ion B Standard Mileage Rate (See the instruct	ions for Part	t II to find out whether to	complete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on	line 1		22	
-	ion C Actual Expenses		(a) Ve	hicle		ehicle
	Gasoline, oil, repairs, vehicle insurance, etc.					
	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Secti	on D Depreciation of Vehicles (Use this sectio	n only if you	owned the vehicle and	are completing Secti	on C for the vehicle.)	
			(a) Veh		(b) Ve	hicle
30	Enter cost or other basis	30			(b) ve	mole
	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	20				

Enter depreciation method and percentage

Add lines 31 and 34

Multiply line 32 by the percentage on line 33

Enter the limitation amount

Enter the smaller of line 35 or line 37. If you

Multiply line 36 by the percentage on line 14

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

Cappionional Business Expenses	ALL NO STATE OF THE STATE OF TH		2010	
Your name So	cial security number	were inci	urred	
DONALD J. TRUMP		MISS UNIVERSE LP, I	LP	
Part I Business Expenses and Reimbursement	S			
STEP 1 Enter Your Expenses		Column A		Column B
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29				
2 Parking fees, tolls, and transportation, including train, bus, etc., that d involve overnight travel	id not			
3 Travel expense while away from home overnight, including lodging, air etc. Do not include meals and entertainment	plane, car rental.			
4 Business expenses not included on lines 1 through 3. Do not include rand entertainment SEE STATEM	meals MENT 114 4	75,013.		
5 Meals and entertainment expenses	5			
Total expenses. In Column A, add lines 1 through 4 and enter the resuenter the amount from line 5	ult In Column D	75,013.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip lin				
TEP 2 Reimbursements for Expenses Listed In S	STEP 1			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-	2 7			J.
TEP 3 Figure Expenses Subject to the Limitation			West Sel	
Subtract line 7 from line 6	8	75,013.		4
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to				
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	75,013.		
		,5,015.		
Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		>	10	75.01
		**********************	10	75,01

P	art II Vehicle Expenses							Page 2
Se	ction A General Information					(-) (-)	The second second	
11	Enter the date vehicle was placed in service				_	(a) Vehicle	(b) Vehicle	
12	Total miles vehicle was driven during 2015			1	1			
13	Business miles included on line 12	***********			2	miles		miles
14	Percent of business use. Divide line 13 by line 1	2	*****************************			miles		miles
15	Average daily roundtrip commuting distance					%		%
16	Commuting miles included on line 12					miles		miles
17	Other miles. Add lines 13 and 16 and subtract th	ne total from	m line 19			miles		miles
18	Was your vehicle available for personal use duri	ng off-dut	thours?	1	7	miles		miles
	Was your vehicle available for personal use duri	ng on-duty	/ Hours ?	*****************			Yes	No
19	Do you (or your spouse) have another vehicle a	/ailable for	personal use?				Yes	No
20								
21								No
	If "Yes," is the evidence written?						Yes	☐ No
Sec	tion B Standard Mileage Rate (See the instruct	ions for Pa	art II to find out whether t	to complete this	section	or Section C.)		
	Multiply line 13 by 57.5¢ (.575). Enter the result							
Sec	tion C Actual Expenses	nore and e	(a) Ve	ehicle			1	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		omoro -		(D)	Vehicle	
24 a	Vehicle rentals		A STATE OF THE STA	The Control of the Co	(ESTAN)			
b	Inclusion amount	The second second						
	Subtract line 24b from line 24a	200						
	Value of employer-provided vehicle (applies	. 240						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27				_		
28	Depreciation. Enter amount from line 38 below	21						
29	Add lines 27 and 28. Enter total here and on	. 28						
	line 1	00						
Sect		29						
-	ion D Depreciation of Vehicles (Use this sectio	I only if yo			g Section	n C for the vehicle.)		
30	Enter cost or other basis	L no T	(a) Ve	hicle		(b) V	/ehicle	
	Enter section 179 deduction	30	50 Marie 200 (190 (190 (190 (190 (190 (190 (190 (1					
0 1								
20	and special allowance	31						
2								
	instructions if you claimed the section 179							
2.0	deduction or special allowance)	32				3		
	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
	Multiply line 36 by the percentage on line 14	37						1
	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

The state of the s			2010
Your name	Social security number	Business in which expenses	were incurred
DONALD J. TRUMP	<u>.</u>	LC	
Part I Business Expenses and Reimburseme	ents		
STEP 1 Enter Your Expenses		Column A	Column B
		Other Than Meals and Entertainment	Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not		
3 Travel expense while away from home overnight, including lodgin	g, airplane, car rental,		
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	Jde meals TEMENT 115 4	45,476.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result In Column B	45,476.	
NOTE: If you were not reimbursed for any expenses in Step 1, sk		m line 6 on line 8.	
STEP 2 Reimbursements for Expenses Listed	In STEP 1		
7 Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form	n W-2 7		
STEP 3 Figure Expenses Subject to the Limitat	ion	-	
8 Subtract line 7 from line 6	8	45,476.	
9 In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject	he et to		
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		45,476.	
O Add the amounts on line 9 of both columns and enter the total here		,	10 45,476
Those ore recurrent to the terms of the term		>	10

12 Total miles vehicle was driven during 2015 12 miles	Pa	rt II Vehicle Expenses								
11	Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
12 Total miles vehicle was driven during 2015 12 miles	11	Enter the date vehicle was placed in service				1				
13 Business miles included on line 12	12	Total miles vehicle was driven during 2015				2	miles	6		miles
14 Percent of business use, Divide line 13 by Jine 12	13	Business miles included on line 12				3	miles	3		miles
15 Average daily roundring commuting distances 15 miles miles miles of Commuting miles included on line 12 16 miles miles 17 Other miles. Add lines 13 and 16 and subtract the total from line 12 17 miles miles 18 Was your vehicle available for personal use during off-duty hours?	14	Percent of business use. Divide line 13 by line 12				4	9/			
16 Commuting miles included on line 12 19 miles mile	15	Average daily roundtrip commuting distance				5	miles	3		100
Multiply line 3 by 57.5c (.575). Enter the result here and on line 1 22 3 22 3 3 3 3 3 3	16	A SERVICE OF THE PROPERTY OF T				6	miles	3		
No. 20 Do you (or your spouse) have another vehicle available for personal use? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 If "Yes," is the evidence written? 23 Well of the evidence written? 24 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 25 Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 26 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 27 Section C Actual Expenses 28 (a) Vehicle 29 Gasoline, oil, repairs, vehicle insurance, etc. 29 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 20 Section Orm W-2 21 Section D Depreciation in Part III to find out whether to complete this section or Section C.) 29 Add lines 23, 24c, and 25 20 Section D Depreciation in III is section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of the Action	17					7	miles	3		
20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22 Section D Actual Expenses (a) Vehicle 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 15 Inclusion amount 24 Vehicle rentals 25 Value of employer-provided vehicle (applies only if 100% of annual lesse value was included on Form W-2) 25 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Section D Depreciation of Vehicles (Use this section only if 100 wowned the vehicle and are completing Section C for the vehicle.) 28 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Section D Depreciation of Section 179 deduction and special allowance an	18								. Yes	□ No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 24 Vehicle rentals 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24d, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section 179 deduction and special allowance 30 Enter cost or other basis 31 Enter section 179 deduction in a special allowance 32 Multiply line 30 by line 14 (see Form 2108 instructions if you claimed the section 179 deduction in or special allowance 33 Add lines 31 and 34 34 Multiply line 30 by the percentage on line 43 35 Add lines 35 and 37 4 36 Enter the limitation amount 36 Enter the limitation amount 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 37 Section 179 defaultion and percentage on line 4 37 Multiply line 36 by the percentage on line 14 37 Section 179 defaultion amount 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	19	Do you (or your spouse) have another vehicle ava	ilable for p	ersonal use?					Yes	□ No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 23 4a Vehicle rentals 24a Vehicle rentals 24b Could be subjected to the subject of	20	20 Do you have evidence to support your deduction?								No
22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22	21	If "Yes," is the evidence written?		· · · · · · · · · · · · · · · · · · ·					Yes	☐ No
22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22	Cost	ion D. Ctondard Mileago Date (Con the instance)	on for De	t II to find out whathar t			as Realize CV			
Section C Actual Expenses (a) Vehicle (b) Vehicle (a) Vehicle (c) Vehicle	sect	ion b Standard Mileage Hate (See the Instruction	nis for Par	t it to find out whether to	complete thi	s section	or Section C.)	т		
Section C Actual Expenses (a) Vehicle (b) Vehicle (a) Vehicle (c) Vehicle	00	Multiply line 12 by E7 Eq. / E7E). Enter the regult by	are and an	line 1						
23 Gasoline, oil, repairs, vehicle insurance, etc. 23 24a 24b 24b 24b 24b 24c 24c		ion C - Actual Expenses	iere and on						hicle	
24a Vehicle rentals 24a	The case of		00	(a) ven	1016			(0) ve	THUE	
b Inclusion amount c Subtract line 24b from line 24a 24c 5 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 24c, and 25 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Enter section 179 deduction on special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from								SHEE		
C Subtract line 24b from line 24a 24c				7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)										
only if 100% of annual lease value was included on Form W-2) 25 26 Add lines 23, 240, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)			240							
Included on Form W-2 25 26 26 26 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this se	25	and the same of th								
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27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle 30 Enter cost or other basis 30 (a) Vehicle (b) Vehicle 31 Enter section 179 deduction and special allowance 31 (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (c	221			_			_	-		
28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 30			3350	_			_			
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle 10 Enter cost or other basis (a) (b) Vehicle 11 Enter section 179 deduction and special allowance (a) (b) Vehicle (b) Vehicle (b) Vehicle (c)			1.50	-			_			
Iline 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f)	28		28	_						
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 The instruction and instruction and instruction and instruction are completing Section C for the vehicle. (a) Vehicle (b) Vehicle (b) Vehicle (c) (a) Vehicle (b) Vehicle (c) (a) Vehicle (d) Ve	29		20							
(a) Vehicle (b) Vehicle 30 Enter cost or other basis 30 Senter section 179 deduction and special allowance 31 Senter section 179 deduction and special allowance 31 Senter depreciation method and percentage 33 Senter depreciation method and percentage 33 Senter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 Senter the limitation amount 36 Senter the limitation amount 36 Senter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	Sect			u owned the vehicle and	are complet	ing Sect	ion C for the vehicle.)	POLICE I		
30 Enter cost or other basis 30 Senter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 34 35 Add lines 31 and 34 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from								(b) Ve	hicle	
Solution 179 deduction and special allowance 31 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30	17						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33	31							100		
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33		and special allowance	31							
instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32			22						
deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	RIW!									
33 Enter depreciation method and percentage 33 34 34 35 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			32							
34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	33									
35 Add lines 31 and 34 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			10.000					7.00		
36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			3757							
37 Multiply line 36 by the percentage on line 14		Enter the limitation amount						S. P. Parker		15 18 18 17 1
Skipped lines 36 and 37, enter the amount from				0.27 - 10.00 10.00 - 10.00 10.00					WV 45 2 75 71	
skipped lines 36 and 37, enter the amount from			- 01							
	00									
line 35. Also enter this amount on line 28 above 1.38.1		line 35. Also enter this amount on line 28 above	38							

oupplemental business Expenses						
Your name So	ocial security number	vere incurred				
DONALD J. TRUMP	DONVAN ENTERPRISES INC					
Part I Business Expenses and Reimbursement	S					
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column Meals a Entertain	ınd		
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that dinvolve overnight travel	fid not					
3 Travel expense while away from home overnight, including lodging, ai etc. Do not include meals and entertainment	rplane, car rental.					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATES	meals MENT 116 4	3,735.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the res enter the amount from line 5	ult. In Column B,	3,735.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip li	ine 7 and enter the amount fro	m line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W	/-2 7					
STEP 3 Figure Expenses Subject to the Limitation	n					
8 Subtract line 7 from line 6	8	3,735.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		3,735.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	3,735.		

Pa	art II Vehicle Expenses						raye L	
	tion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(d) vollido	(b) venicle	
12	Total miles vehicle was driven during 2015				12	miles	miles	
13	Business miles included on line 12		*****************************		13	miles	miles	
14	Percent of business use. Divide line 13 by line 12		***************************************		14	%		
15	Average daily roundtrip commuting distance				15	miles		
16					16	miles	miles	
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	miles	miles	
18	Was your vehicle available for personal use durin	a off-du	tv hours?			111165	miles Yes No	
	, , , , , , , , , , , , , , , , , , , ,	9 011 00	ty nouro.	***************			Yes No	
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?	••••••			Yes No	
20	Do you have evidence to support your deduction?							
21	If "Yes," is the evidence written?		***************************************				Yes No	
Sect	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete th	is section	or Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere and	on line 1			22		
Sect	tion C Actual Expenses	lor o un c		ehicle			_I Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		I		(0)	Verificie	
	Vehicle rentals	24a						
		24b						
	0.17	24c	Tarrier Conservation					
25	Value of employer-provided vehicle (applies	246						
20	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
		-						
27	Multiply line 26 by the percentage on line 14	27				_		
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section		vou owned the vehicle an	l nd are comple	ting Sect	ion C for the vehicle \		
		T	(a) Ve		ting coo		Vehicle	
30	Enter cost or other basis	30	(a) v	CITICIO		(D)	Vernicle	
	Enter section 179 deduction	00						
110000011	and anguial allowance	31						
32	Multiply line 30 by line 14 (see Form 2106	01						
02	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33					EAST STATE OF THE		
35	Add lines 31 and 34	34				_		
36	Enter the limitation amount	36			4021642257		FERENCE STREET	
					WEEK LIST			
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you	100						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38					20	

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP							
Part I Business Expenses and	Reimbursements		FLIGHTS INC.				
Parti Dumies Expenses and	Tronnour serients			,			
STEP 1 Enter Your Expenses			Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, includi							
3 Travel expense while away from home overniq etc. Do not include meals and entertainment							
4 Business expenses not included on lines 1 thr and entertainment	ough 3. Do not include meals SEE STATEMENT 117	. 4	76,241.				
5 Meals and entertainment expenses		. 5					
6 Total expenses. In Column A, add lines 1 threenter the amount from line 5	ough 4 and enter the result. In Column B,	6	76,241.				
NOTE: If you were not reimbursed for any ex	xpenses in Step 1, skip line 7 and enter the ar	nount from	ı line 6 on line 8.				
STEP 2 Reimbursements for Exp	enses Listed In STEP 1						
7 Enter amounts that were not reported to you in Include any amount reported under code "L" in	in box 1 of Form W-2. 1 box 12 of your Form W-2	. 7					
STEP 3 Figure Expenses Subject	to the Limitation			L			
8 Subtract line 7 from line 6		8	76,241.				
9 In Column A, enter the amount from line 8. In amount on line 8 by 50% (.50). (If zero or less the Department of Transportation (DOT) hours	s, enter -0-) (If subject to						
Multiply by 80% (.80) instead of 50%)		9	76,241.				
10 Add the amounts on line 9 of both columns ar These are your supplemental business expens				10	76,241.		

Pa	art II Vehicle Expenses							raye 2
	ion A General Information		419-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11	(4) 10111010		(b) vernore	
12	Total miles vehicle was driven during 2015			12		miles		miles
13	Business miles included on line 12			13		miles		miles
14	Percent of business use. Divide line 13 by line 12	***********		14		%		%
15	Average daily roundtrip commuting distance	********		15		miles		miles
16						miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 12			miles		miles
18	Was your vehicle available for personal use during	a off-duty	hours?				Yes	No
	, ,	g on dary					[] 165	140
19	Do you (or your spouse) have another vehicle ava	ilable for p	personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?				*****************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	t II to find out whether t	o complete this s	ection or Section C.)		year-100-100-100-100-100-100-100-100-100-10	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and o				. 22		
Sect	ion C Actual Expenses		(a) Ve	ehicle		(b) V	ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc							
24 a	Vehicle rentals							
b	Inclusion amount	24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							-
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if yo	u owned the vehicle an	d are completing	Section C for the vehicle	.)		
			(a) Ve	ehicle		(b) V	ehicle	
30	Enter cost or other basis	30				V-1		
31	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							Charles II
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34		4				OHIEROLOTO
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37			400 - 21 - 21 - 21 - 21 - 21 - 21 - 21 -			
38	Enter the smaller of line 35 or line 37. If you	01						
5.5	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name							
Tour name	Social security number	Social security number Business in		in which expenses were incurred			
DONALD J. TRUMP		FOOTBALL GENE			ERALS INC.		
Part I Business Expenses and Reimburser	ments						
STEP 1 Enter Your Expenses			Column A		Column B		
		Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel							
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment							
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 118		4	12,910.				
5 Meals and entertainment expenses							
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5		6	12,910.				
NOTE: If you were not reimbursed for any expenses in Step 1	, skip line 7 and enter the am	ount fror	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Liste	d In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your F	W-2. Form W-2	7					
STEP 3 Figure Expenses Subject to the Limi	tation						
8 Subtract line 7 from line 6		8	12,910.				
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If su	oly the						
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		9	12,910.				
10 Add the amounts on line 9 of both columns and enter the total							
These are your supplemental business expenses	nere.		>	10	12,910.		

Pa	art II Vehicle Expenses					raye 2		
	tion A General Information				(a) Vehicle	(b) Vehicle		
11	Enter the date vehicle was placed in service			11	(a) voinoio	(b) verificie		
12				12	miles	miles		
13	Business miles included on line 12			13	miles	miles		
14				14	%	%		
15	Average daily roundtrip commuting distance		15	miles	miles			
16				miles				
17			line 12	17	miles	miles		
18 Was your vehicle available for personal use during off-duty hours?			hours?		111103	miles Yes No		
	Was your vehicle available for personal use during off-duty hours?							
19	Do you (or your spouse) have another vehicle available for personal use?							
20	Do you have evidence to support your deduction?							
21	If "Yes," is the evidence written?							
Sect	tion B Standard Mileage Rate (See the instruction	ns for Pa	t II to find out whether to o	complete this sec	ction or Section C.)			
20	Multiply line 12 by 57 Fg / 575). Enter the regult h		ones a					
Sect	Multiply line 13 by 57.5¢ (.575). Enter the result be tion C Actual Expenses	ere and o				22		
-		100	(a) Vehi	cie		b) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
b	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	tion D Depreciation of Vehicles (Use this section	only if yo						
20	Enter cost or other basis	00	(a) Vehi	cle		b) Vehicle		
30	***************************************	30		Barrell William				
31	Enter section 179 deduction	24						
0.0	and special allowance	31	Clares Wilder Control of the Control					
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35				1000 1000 1000 1000		
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Cappionicital Dasiness Expense	73				2010	
Your name	Social security number	Business in which expenses were incurred				
DONALD J. TRUMP		HELICOPTER AIR SERVICES INC				
Part I Business Expenses and Reimbursen	nents					
STEP 1 Enter Your Expenses			Column A		Column B	
*			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2				
3 Travel expense while away from home overnight, including lodg	jing, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S	clude meals TATEMENT 119	4	11,326.			
5 Meals and entertainment expenses	22442777447448444444444444	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	the result. In Column B	6	11,326.			
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	ount fror	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	d In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo		7				
STEP 3 Figure Expenses Subject to the Limit	ation					
8 Subtract line 7 from line 6	***************************************	8	11,326.			
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits:	ject to					
Multiply by 80% (.80) instead of 50%)		9	11,326.			
10 Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	ere.			40	11 22	

Pa	art II Vehicle Expenses								Taye 2
	tion A General Information					(a) Vehicle	(h) \/	ehicle	-
11	Enter the date vehicle was placed in service				11	(d) voiliolos	(0) v	GIIIGIG	
12	Total miles vehicle was driven during 2015			**********	12	miles			miles
13	Business miles included on line 12				13	miles		-	
14	Percent of business use. Divide line 13 by line 12				14	%			miles %
15	Average daily roundtrip commuting distance	*******			15	miles			The same of the sa
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	om line 12		17	miles			miles
18	Was your vehicle available for personal use during	a off-dut	v hours?			1111163		Yes	miles No
		,						162	
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?	***************		***************************************		Yes	No
20	Do you have evidence to support your deduction?				********			Yes	☐ No
21	If "Yes," is the evidence written?							Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruction	ons for P	art II to find out whether	to complete th	s section	or Section C.)			
0.0	Multiply line 10 by 57 5 / 575) Fater the could be							(4)	
22 Sect	Multiply line 13 by 57.5¢ (.575). Enter the result hition C Actual Expenses	iere and			<u> </u>				
		T 00	(a) v	/ehicle		(b)) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.			1985 (Car. LD. 2	12111212121			24 20 to 10 to	
	Vehicle rentals	24a					_		
	Inclusion amount	24b		SECTION AND					
	Subtract line 24b from line 24a	24c						-	
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was	18							
	included on Form W-2)								
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
Sont	line 1 iion D Depreciation of Vehicles (Use this section	29							
0601	tion b Depreciation of Venicles (use this section	I Only II	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	0.00/19 65.00	ing Sect				
30	Enter cost or other basis	30	(a) V	'ehicle T	42556	(b)) Vehicle	1257-9036	536566 2003
31	Enter cost or other basis Enter section 179 deduction	30							dresen a
01		0.4							
20	and special allowance Multiply line 30 by line 14 (see Form 2106	31							
32									
	instructions if you claimed the section 179	00							
0.0	deduction or special allowance)	32					_		
33	Enter depreciation method and percentage	33					THE REAL		d while is
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35		100000000000000000000000000000000000000					
36	Enter the limitation amount	36				AND THE RESIDENCE OF THE PARTY			
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Cappionicital Business Expense					2010	
Your name	Social security number		Business in which expenses	were inc	urred	
DONALD J. TRUMP	TRUMP PALM BEACHES CORP.					
Part I Business Expenses and Reimbursen	nents		*			
STEP 1 Enter Your Expenses			Column A		Column B	
STEP 1 Litter Four Expenses			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1	10			
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2				
3 Travel expense while away from home overnight, including lodgi etc. Do not include meals and entertainment	ng, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE 55	clude meals FATEMENT 120	4	12,426.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		6	12,426.			
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amou	unt fron	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	I In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	r-2. orm W-2	7				
STEP 3 Figure Expenses Subject to the Limit	ation					
8 Subtract line 7 from line 6		8	12,426.			
9 In Column A, enter the amount from line 8. In Column B, multipl	y the					
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits:						
Multiply by 80% (.80) instead of 50%)	***************************************	9	12,426.			
10 Add the amounts on line 9 of both columns and enter the total here are your supplemental business expenses			Sec.			
tuese are lear subhiguigural pasingss exhauses				10	12,426.	

Section A - General Information	Pa	art II Vehicle Expenses							7	rage z
11 Enter the date vehicle was placed in service 11 11 11 11 11 11 11							(a) Vehicle		(b) Vehicle	***
12 Total miles vehicle was driven during 2015 12 miles	11	Enter the date vehicle was placed in service			1	1	(1)		(5) + 0111010	
18 Business miles included on line 12 13	12	Total miles vehicle was driven during 2015		***************************************	1		miles			miles
14 Percent of Dusiness use, Divide line 13 by Jine 12 15 Avrage daily crownolking community glistance 16 Avrage daily crownolking miles included on line 12 17 Other miles. Add lines 13 and 16 and subtract the total from line 12 18 Inmiles miles miles 18 Was your velocide available for personal used? 19 Do you (or your spouse) have another vehicle available for personal use? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 Multiply line 13 by 57,5e (,575). Enter the result hire and on line 1 22 Multiply line 13 by 57,5e (,575). Enter the result hire and on line 1 22 Multiply line 13 by 57,5e (,575). Enter the result hire and on line 1 23 Gasoline, Of, regards, whicle insurance, etc. 24 Vehicle remais 24 Vehicle remais 25 Value of amployer-provided wehicle (applies only if 10% of annual lases value was included on Form W-2) 26 Add lines 23, 24e, and 25 27 Add lines 27, 24e, and 25 28 Add lines 27 and 28. Enter total here and on line 1 29 Included on Form W-2) 29 Add lines 27 and 28. Enter total here and on line 1 29 Section 0 Despreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Find roost or other basis 30 Find roost or other basis 31 Find roost or other basis 32 Add lines 27 and 28. Enter total here and on line 1 35 Enter the findination amount 1 (a) Vehicle 36 Enter the findination amount 1 (a) Section 1 (a) Vehicle (b) Vehicle (c) Vehicle (13	Business miles included on line 12			1	3 .				
15 Average daily countring distance 15 miles miles miles commuting miles included on the 12 miles mile	14	Percent of business use. Divide line 13 by line 12			1	4				
16 Commuting miles included on line 12 15 miles miles miles 17 miles miles miles 18 Was your vehicle available for personal use during off-duty hours?	15	Average daily roundtrip commuting distance			1	5				1
More miles, Add lines 13 and 16 and subtract the total from line 12	16					6	miles			
No your verticals available for personal use during off-duty hours? Posyour (or your spouse) have another vehicle available for personal use?	17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	1	7	miles			
Do you have evidence to support your deduction? If "Yes," is the evidence written? Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) Multiply line 13 by 57.5c (.575). Enter the result have and on line 1 Ze Multiply line 13 by 57.5c (.575). Enter the result have and on line 1 Ze Section C Actual Expenses (a) Vehicle (b) Vehicle 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals Inclusion amount 24 Value of employer-provided vehicle (applies only if 100% of annual base value was included on Form W-2) 25 Add lines 23, 24c, and 25 76 Multiply line 26 by the percentage on line 14 27 Zeb Depreciation. Enter amount from line 38 below 18 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 28 Enter cost or other basis 30 (a) Vehicle (b) Vehicle 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Inter cost or other basis 30 (a) Vehicle (b) Vehicle 20 (b) Vehicle (c) Vehicle 30 (a) Vehicle (b) Vehicle 21 (b) Vehicle 22 (c) Vehicle 23 (a) Vehicle 24 (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Ve	18	Was your vehicle available for personal use during	off-dut	y hours?		******	*******************		Yes	
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, whicle insurance, etc. 24 Vehicle entals 24a Vehicle entals 24b c Subtract line 24b from line 24a 25 Value of employer-provided whicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24d, and 25 26 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 28 Enter cost or other basis 30 (a) Vehicle (b) Vehicle (b) Vehicle (c)	19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?					Yes	No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 2 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 2 Section C Actual Expenses 2 Gasolino, oil, repairs, vehicle insurance, etc. 2 Gasolino, oil, repairs, vehicle insurance, etc. 2 Ja Vehicle rentals 2 Lata 2 De Coulousion amount 2 Coulous of amount 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 3 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 4 Add lines 23, 24c, and 25 4 Add lines 26 by the percentage on line 14 5 Coulous of employer-provided vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (c) Vehicle (a) Vehicle (b) Vehicle (c) Vehicle (a) Vehicle (b) Vehicle (c) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (f) Vehicle (g) Vehicle (g) Vehicle (h) Vehicle (g) Vehicle (h) V	20	Do you have evidence to support your deduction?							Yes	☐ No
22 Multiply line 13 by 57.5e (.575), Enter the result here and on line 1 22	21	If "Yes," is the evidence written?						* 1 * 3 * * 4 *	Yes	No
22 Multiply line 13 by 57.5e (.575), Enter the result here and on line 1 22										
Section C, - Actual Expenses (a) Vehicle (b) Vehicle	Sect	ion B Standard Mileage Rate (See the instruction	ons for P	art II to find out whether to	complete this	section	or Section C.)			
Section C, - Actual Expenses (a) Vehicle (b) Vehicle	20	Multiply line 12 by 57 5 a / 575). Enter the regult b	ara and	on line 1						
23 Gasoline, oil, repairs, vehicle insurance, etc. 23	Sect	tion C Actual Expenses	ere and						nicla	-
24a Vehicle rentals 24a	-		22	(a) voi	noto			D) VEI	11010	
b Inclusion amount c Subtract line 24b from line 24a 24c 5 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 24c, and 25 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from							Para Control of the C	1888		
c Subtract line 24b from line 24a		***************************************						-		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24e, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)			-					10,012		
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Included on Form W-2 25	20									
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation Of Vehicles (Use this section only if you owned the vehicle and are		1.0.0 4.10 場所のよう - かりはんない n 10.04 100-00 1.00 100 100 100 100 100 100 100 100	25							
27 Multiply line 26 by the percentage on line 14	26							-		
28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation C for the vehicle.)			-					-		
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicl			2					-		
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Comparison of Comparison of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Comparison of Compariso			20	-						
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	29		29							
Call Vehicle Call Vehicle Call Vehicle Call Vehicle	Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and	l are complet	ng Sect	on C for the vehicle.)	2003		
30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from				And a state of the second seco		<u> </u>		b) Vel	nicle	
31 Enter section 179 deduction and special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Senter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30					T		
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33	31		100							
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33		and special allowance	31							
instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32	Multiply line 30 by line 14 (see Form 2106								
deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 35 or line 37. If you skipped lines 36 and 37, enter the amount from								9.69		
33 Enter depreciation method and percentage 33 34 34 35 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		151	32					28		
Multiply line 32 by the percentage on line 33	33		33							
35 Add lines 31 and 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	34	1 11 11 11 11 11 11 11 11 11 11 11 11 1	100							
36 Enter the limitation amount 36										
37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		Enter the limitation amount	_					15		
Skipped lines 36 and 37, enter the amount from									THE STREET OF STREET	
skipped lines 36 and 37, enter the amount from				-	-					
		100 mg 1 m								
			38							

Your name	Social security number	Business in which expense	Business in which expenses were incurred				
DONALD J. TRUMP		ION					
Part I Business Expenses and Reimburseme	ents						
STEP 1 Enter Your Expenses		Column A	T	Column B			
- Enter Four Expenses		Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29							
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel							
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	g, airplane, car rental.						
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STR	ude meals	170,697					
5 Meals and entertainment expenses	5						
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		170,697					
NOTE: If you were not reimbursed for any expenses in Step 1, sl	kip line 7 and enter the amount fr	om line 6 on line 8.					
STEP 2 Reimbursements for Expenses Listed	In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For		8					
STEP 3 Figure Expenses Subject to the Limita	tion						
8 Subtract line 7 from line 6	8	170,697					
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjections)	the ect to						
the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	170,697	. 22.32				
10 Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	e.	>	10	170,697			

	ement SBE (2015) DONALD J. TRUMP							Page 2
-	art II Vehicle Expenses							
	tion A General Information				_	(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service			1	1			
12	Total miles vehicle was driven during 2015			1	2	miles		miles
13	Business miles included on line 12			1	3	miles		miles
14	Percent of business use. Divide line 13 by line 1			1	4	%		%
15	Average daily roundtrip commuting distance	************		1	5	miles		miles
16	Commuting miles included on line 12			1	6	miles		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from li	ne 12	1	7	miles		miles
18	Was your vehicle available for personal use duri	ng off-duty ho	urs?				Yes	No
19	Do you (or your spouse) have another vehicle as	ailable for per	sonal use?	*****************			Yes	No
20	Do you have evidence to support your deduction	?		***************************************			Yes	No
21	If "Yes," is the evidence written?						Yes	No
Sect	tion B Standard Mileage Rate (See the instruct							
							T	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on li	ne 1	,		22		
Sect	tion C Actual Expenses			Vehicle			/ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	. 23						
	Vehicle rentals					10 60 10 10 10 10 10 10		
b	Inclusion amount	24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14							
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	n only if you	owned the vehicle a	nd are completing	ng Secti	on C for the vehicle.)		
				/ehicle			'ehicle	
30	Enter cost or other basis	30	\./			(6) v	Cincio	
31	Enter section 179 deduction	1000					- Lensing - Control	
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							10 10 10 10
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33							
35	Add lines 31 and 34	A STATE OF THE PARTY OF THE PAR		-				
36	Enter the limitation amount	36						1.000000000
37	Multiply line 36 by the percentage on line 14		3 (14 1 No.			A STATE OF THE A STATE OF THE ASSESSMENT OF THE		
38	Enter the smaller of line 35 or line 37. If you	37						
30	Lines the smaller of the 30 of the 37. If you	- 35		1				

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

supplemental business E	xpenses				2010	
our name	Social security number		Business in which expenses	were incu	ırred	
OONALD J. TRUMP		TRUMP EMPIRE STATE, INC.				
Part I Business Expenses and Re	eimbursements					
STEP 1 Enter Your Expenses		T	Column A		Column B	
The Total Expenses			Other Than Meals and Entertainment		Meals and Entertainment	
Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including tinvolve overnight travel						
Travel expense while away from home overnight, etc. Do not include meals and entertainment	including lodging airplane car rental					
Business expenses not included on lines 1 througand entertainment	h 3. Do not include meals SEE STATEMENT 122	4	15,729.			
Meals and entertainment expenses		5				
Total expenses. In Column A, add lines 1 throug enter the amount from line 5	h 4 and enter the result. In Column B.		15,729.			
NOTE: If you were not reimbursed for any expen	nses in Step 1, skip line 7 and enter the am	ount fror	n line 6 on line 8.			
TEP 2 Reimbursements for Expen	ses Listed In STEP 1	1 11				
Enter amounts that were not reported to you in be Include any amount reported under code "L" in bo	ox 1 of Form W-2. x 12 of your Form W-2	7				
TEP 3 Figure Expenses Subject to	the Limitation					
Subtract line 7 from line 6		8	15,729.			
In Column A, enter the amount from line 8. In Col amount on line 8 by 50% (.50). (If zero or less, er the Department of Transportation (DOT) hours-of	iter -0-) (If subject to					
Multiply by 80% (.80) instead of 50%)	-service minits;	9	15,729.			
Add the amounts on line 9 of both columns and e These are your supplemental business expenses	nter the total here.			10	15 7	

Pa	art II Vehicle Expenses					- Faye Z
	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(a) vernois	(b) venicle
12	Total miles vehicle was driven during 2015			12	miles	milan
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	miles
15	Average daily roundtrip commuting distance			15	miles	% miles
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	17		miles
18	Was your vehicle available for personal use durin	a off-duty	/ hours?	[]/	miles	miles
17.1176	jan		, nours:			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?			Yes No
20	Do you have evidence to support your deduction?			***************		Yes No
21	If "Yes," is the evidence written?					Yes No
Sect	tion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether to comp	ete this sectio	on or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	nere and o				2
Sect	tion C Actual Expenses	1	(a) Vehicle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.					
	Vehicle rentals					
	Inclusion amount	24b	2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27		CACACA SAMON SAMAY EN ANTICO		
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if y	rou owned the vehicle and are co	mpleting Sec	ction C for the vehicle.)	
			(a) Vehicle		(b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37			Professional Section (Section)	
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Si	ocial security number	Business in which expenses were incurred				
DONALD J. TRUMP		AGEMENT CORP				
Part I Business Expenses and Reimbursement	ts					
STEP 1 Enter Your Expenses		Column A		Column B		
orer i enter rour expenses		Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not 2					
Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	irplane, car rental,					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals MENT 123 4	9,665.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the remember the amount from line 5	sult. In Column B,	9,665.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	m line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form V	V-2 7			Managaran 1827 - 1944		
STEP 3 Figure Expenses Subject to the Limitatio	n					
8 Subtract line 7 from line 6	8	9,665.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject t the Department of Transportation (DOT) hours-of-service limits:	0					
Multiply by 80% (.80) instead of 50%)	9	9,665.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	9 . 6 6 5		

Pa	art II Vehicle Expenses					- 1 430
Sec	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		(2) (3)
12	Total miles vehicle was driven during 2015			12		miles
13	Business miles included on line 12			13	miles	
14	Percent of business use. Divide line 13 by line 12			14	0/0	
15	Average daily roundtrip commuting distance			15	miles	
16					miles	
17	Other miles. Add lines 13 and 16 and subtract the	total from	m line 12	17	miles	111100
18	Was your vehicle available for personal use during	g off-duty	hours?			
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?	***************		Yes No
20	Do you have evidence to support your deduction?			**********		Yes No
21	If "Yes," is the evidence written?			******	***************************************	Yes No
Sect	ion B Standard Mileage Rate (See the instruction	ns for Pa	art II to find out whether to c	omplete this s	ection or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and c				22
0.655	ion C Actual Expenses	100	(a) Vehic	cle	100 75 TK 100 K 200 W 20 W 20 W	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		W-15-15-15-15-15-15-15-15-15-15-15-15-15-		
	Vehicle rentals	24a				
	Inclusion amount	24b	THE STATE OF THE S			
	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was	200				
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26	_			
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if y	ou owned the vehicle and a	re completing	Section C for the vehicle.)	
			(a) Vehic	ele		(b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				ATTENDED
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				130 H
38	Enter the smaller of line 35 or line 37. If you			_		
	skipped lines 36 and 37, enter the amount from	差				
	line 35. Also enter this amount on line 28 above	38				

Your name s	Social security number Business in which expenses w			were inc	urred
DONALD J. TRUMP		TRUMP PLAZA MANAGEMENT CORP.			
Part I Business Expenses and Reimbursemen	ts	TROMP PE	AZA MANAGEM	ENT CC	JRP.
		Colum	ля А	Г	0-1
STEP 1 Enter Your Expenses		Other Tha			Column B Meals and
		and Entert			Entertainment
1 Vehicle expense from line 22 or line 29	1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not				
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals EMENT 124 4		4,402.		
5 Meals and entertainment expenses	5	ALC: YES			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	sult. In Column B.		4,402.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fr	om line 6 on lir	ne 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form \	N-2 7				
STEP 3 Figure Expenses Subject to the Limitation	on			here in her	
		1			
8 Subtract line 7 from line 6			4,402.		**
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the contract of the contr	to.				
the Department of Transportation (DOT) hours-of-service limits:					
Multiply by 80% (.80) instead of 50%)	9		4,402.		
10 Add the amounts on line 9 of both columns and enter the total here.					
These are your supplemental business expenses				40	1 10

Pa	art II Vehicle Expenses					Pag	e z
	tion A General Information				(a) \/=h:=l=		
11	Enter the date vehicle was placed in service	-		- 44	(a) Vehicle	(b) Vehicle	
12							
13			***************************************	12	miles		niles
14	Business miles included on line 12			13	miles	n	niles
	Percent of business use. Divide line 13 by line 12	* * * * * * * * * * * * * * * *	•••	14	%		%
15	Average daily roundtrip commuting distance Commuting miles included on line 12				miles	n	niles
16				16	miles	n	niles
17	Other miles. Add lines 13 and 16 and subtract the	total from line	9 12	17	miles	n	niles
18	Was your vehicle available for personal use durin	g off-duty hour	(8,5)			Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable for perso	onal use?			Yes	No
20	Do you have evidence to support your deduction?	***********				Yes	No
21	If "Yes," is the evidence written?	*****************	***************************************			Yes	No
						Stages Section Control of Control	
Sect	ion B Standard Mileage Rate (See the instruction	ons for Part II t	to find out whether to comp	lete this section	or Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	ere and on line					
Sect	ion C Actual Expenses		(a) Vehicle		(b)	Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
24 a	Vehicle rentals	24a					
b	Inclusion amount	24b					
C	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 14	27					_
28	Depreciation, Enter amount from line 38 below	28					-
29	Add lines 27 and 28. Enter total here and on						
	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this section		wned the vehicle and are c	ompleting Sect	ion C for the vehicle \		
		1	(a) Vehicle	omprotting octor		Inhiala	
30	Enter cost or other basis	30	(a) verificie		(0)	Vehicle 1	4.004
31	Enter section 179 deduction	00					82
01	and special allowance	31					
32	Multiply line 30 by line 14 (see Form 2106	31					
02							
	instructions if you claimed the section 179						
0.0	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33	\$200 Sept. 6 (200				
34	Multiply line 32 by the percentage on line 33	34			_		
35	Add lines 31 and 34	35		eg seginosa.			
36	Enter the limitation amount	36					
37	Multiply line 36 by the percentage on line 14	37					
38	Enter the smaller of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Your name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP					
Part I Business Expenses and Reimburse	monto		SOFO REALTY CORP		
Part Business Expenses and Reimburse	ments				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc involve overnight travel	c., that did not	2			
3 Travel expense while away from home overnight, including loc etc. Do not include meals and entertainment	dning airnlane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals	4	31,055.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	r the result. In Column B	6	31,055.		
NOTE: If you were not reimbursed for any expenses in Step		ount fror	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7			
STEP 3 Figure Expenses Subject to the Lim	itation				
8 Subtract line 7 from line 6		8	31,055.		
9 In Column A, enter the amount from line 8. In Column B, multi amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If su the Department of Transportation (DOT) hours-of-service limit	ubject to				
Multiply by 80% (.80) instead of 50%)	J.	9	31,055.		
10 Add the amounts on line 9 of both columns and enter the total	here.				

Section A General Information (a) Yehicle (b) Vehicle	Pa	art II Vehicle Expenses						1 ago	_
11	-					T	(a) Vehicle	(h) Vehicle	-
12 Total miles while was driven during 2015 12 miles miles	11	Enter the date vehicle was placed in service			T	11	(a) volitoto	(b) vernote	-
13 Business miles included on line 12 14 Persent of business usus. Divide In 13 by line 12 15 Average daily roundrift commuting distance 16 Ommuting miles included on line 12 17 Inmiles miles 18 Was your vehicle available for personal use during off-duty hours? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Din you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 Multiply line 13 by 57.5c (575). Enter the result here and on line 1 23 Gascoline, 0.1, repairs, whicle insurance, etc. 24 Value of employer-provided whicle (applies only if 100% of annual lease value was included on Form W-2) 25 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 26 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 30 Enter cost or other basis 31 Enter section 170 deduction and special allowance 33 August 14 (septiment of the personal only if you owned the vehicle and are completing Section C for the vehicle.) 31 Enter cost or other basis 32 Multiply line 30 by its percentage on line 14 33 Multiply line 30 by the percentage on line 14 34 Multiply line 30 by the percentage on line 14 35 Multiply line 30 by the percentage on line 14 36 Multiply line 30 by the percentage on line 14 37 Multiply line 30 by the percentage on line 14 36 Enter the smaller of line 30 or line 30 o	12	Total miles vehicle was driven during 2015					milas	mile	-
14 Percent of business use. Divide line 31 by line 12	13	Business miles included on line 12							
15 Average daily countifuir commuting distance 15 Commuting miles included on line 12 16 miles m		Percent of business use. Divide line 13 by line 12		*************					_
16 Communing miles included on line 12 17 miles miles 18 Was your vehicle available for personal use during off-duly hours? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 24 Vas decision C Actual Expenses 25 Gasoline, oil, repairs, vehicle insurance, etc. 28 Section C Actual Expenses 29 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 20 Section C Actual Expenses 20 Sasoline, oil, repairs, vehicle insurance, etc. 21 If "Yes," is the evidence written? 25 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 26 Section C Actual Expenses 26 Sasoline, oil, repairs, vehicle insurance, etc. 27 Multiply line 26 by the percentage on line 14 27 Section C Actual control of a manual lases availe was included on Form W-2) 28 Add lines 23, 24c, and 25 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Whicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Inclusion amount (Inc. 1) 30 Enter cost or other basis 30 (a) Vehicle 31 Enter section 779 defluction and special allowance 31 Enter depreciation method and porcentage and line 14 37 Multiply line 30 by the percentage on line 14 38 Enter the immittation amount on 13 39 Enter the immittation amount 13 30 Enter the immittation amount 13 31 Multiply line 36 by the percentage on line 14 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from 15 30 Enter the immittation amount 13 31 Multiply line 36 by the percentage on line 14 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from 15		Average daily roundtrip commuting distance							
17 Other miles. Add lines 13 and 16 and subtract the total from line 12.									-
Was your vehicle available for personal use during off-duty hours? Yes No			total fro	m line 12					
19 Do you (or your spouse) have another vehicle available for personal use? Yes No		Was your vehicle available for personal use during	off-dut	v houre?				Mile Van	_
21 If Yes, "is the evidence written?	10	Trae year vernore available for personal ase during	y on du	y nours:			***************************************	Yes	1/10
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22	19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?			***************************************	Yes	No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 24 Inclusion amount 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Add lines 27 and 28. Enter total here and on line 1 28 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	20	Do you have evidence to support your deduction?	******			**********		Yes Yes	No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 24 Inclusion amount 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Add lines 27 and 28. Enter total here and on line 1 28 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	21	If "Yes," is the evidence written?		******************************	**************			Yes	No
22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22									
Section C Actual Expenses (a) Vehicle (b) Vehicle	Sect	ion B Standard Mileage Rate (See the instruction	ns for P	art II to find out whether to	o complete th	nis section	n or Section C.)		_
Section C Actual Expenses (a) Vehicle (b) Vehicle									
23 Gasoline, oil, repairs, vehicle insurance, etc. 23	22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and	on line 1				2	
24a	Sect			(a) Ve	hicle		(t) Vehicle	
b Inclusion amount c Subtract line 24b from line 24a 24b 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 24c, and 25 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Depreciation. Enter amount from line 38 below 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Inter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Multiply line 30 by the percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the limitation amount from skipped lines 36 and 37, enter the amount from	23	Gasoline, oil, repairs, vehicle insurance, etc	23					54	
C Subtract line 24b from line 24a 24c	24 a	Vehicle rentals	24a						
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)	b	Inclusion amount	24b						
only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 246, and 25 26 Add lines 23, 246, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)	C	Subtract line 24b from line 24a	24c						
Included on Form W-2)	25	Value of employer-provided vehicle (applies							
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation only if you owned the vehicle and are completing Section C for the vehicle.) Section D De		only if 100% of annual lease value was	1						
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation only if you owned the vehicle and are completing Section C for the vehicle.) Section D De		included on Form W-2)	25						
27 Multiply line 26 by the percentage on line 14	26	Add lines 23, 24c, and 25							
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	27		27						
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	28	Depreciation. Enter amount from line 38 below	28						_
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle	29	Add lines 27 and 28. Enter total here and on							_
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 30 Section 179 deduction and special allowance 31 Section 179 deduction and special allowance 31 Section 179 deduction or special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Section 179 deduction or special allowance 33 Section 179 deduction or special allowance 34 Multiply line 32 by the percentage on line 33 Section 179 Sec		line 1	29						
California Cost or other basis Substitution S	Sect		only if	you owned the vehicle and	d are comple	ting Sec	tion C for the vehicle.)		_
30 Enter cost or other basis 30	Service		P-1-10-510-5170) Vehicle	
and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 36 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32	31	Enter section 179 deduction	100						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32		and special allowance	31						
instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32	Multiply line 30 by line 14 (see Form 2106							
deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 35 or line 37. If you skipped lines 36 and 37, enter the amount from									
33 Enter depreciation method and percentage 33 34 34 35 34 35 35 36 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			32						
Multiply line 32 by the percentage on line 33	33								
35 Add lines 31 and 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from									
36 Enter the limitation amount 36									
37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		Enter the limitation amount		PARTY CARROLLE PRODUCT NO ARTS	12.00			No. of the second secon	
Skipped lines 36 and 37, enter the amount from			-		AND THE PERSON				
skipped lines 36 and 37, enter the amount from			07						_
			30						

-	applemental Basilless Expelises					
YOU	ur name	Social security number		Business in which expenses were incurred		
DOI	NALD J. TRUMP			ULTIMATE AIR CORP		
P	art I Business Expenses and Reimburseme	ents				
CT.	EP 1 Enter Your Expenses			Column A		Column B
	EF 1 Enter rour Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29		1			
2	Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not	2			
3	Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	g, airplane, car rental,	3			
4	Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	Ide meals TEMENT 126	4	9,474.		
5	Meals and entertainment expenses		5			
6	Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,	6	9,474.		No.
	NOTE: If you were not reimbursed for any expenses in Step 1, sk	ip line 7 and enter the amour	nt fror	n line 6 on line 8.		
ST	EP 2 Reimbursements for Expenses Listed I	In STEP 1				
7	Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form		7			
ST	EP 3 Figure Expenses Subject to the Limitat	tion				
8	Subtract line 7 from line 6		8	9,474.		
9	In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to	9	9,474.		
10	Add the amounts on line 9 of both columns and enter the total here				10	9,474.

Stat	ement SBE (2015) DONALD J. TRUMP				3	
-	art II Vehicle Expenses					Page
-	tion A General Information					
11		-			(a) Vehicle	(b) Vehicle
12	Enter the date vehicle was placed in service			11		
13	Total miles vehicle was driven during 2015			12	miles	miles
14	Business miles included on line 12			13	miles	miles
15	Percent of business use. Divide line 13 by line 13			14	%	%
	Average daily roundtrip commuting distance Commuting miles included on line 12				miles	miles
16				16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract th	e total fro	om line 12	17	miles	miles
18	Was your vehicle available for personal use during	ıg oπ-au	ty nours?			Yes N
19	Do you (or your spouse) have another vehicle av	ailable fo	r personal use?	Property of the special states of the special states of the special special states of the special states of the special special states of the special states of the special special states of the special states of the special special states of the special		Yes N
20	Do you have evidence to support your deduction	?		************	***************************************	Yes N
21	If "Yes," is the evidence written?			***************************************		Yes N
Sect	ion B Standard Mileage Rate (See the instruct	ions for F	Part II to find out whether to c	omplete this section	or Section C)	
22 Sect	Multiply line 13 by 57.5¢ (.575). Enter the result ion C Actual Expenses	here and	on line 1(a) Vehic			2) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			1,2	7 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /
24a	Vehicle rentals					
b	Inclusion amount					
	Subtract line 24b from line 24a	1.5				(在2年 5 m) (本2年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1
	Value of employer-provided vehicle (applies	- 10				
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14					
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio		you owned the vehicle and a	re completing Secti	on C for the vehicle)	新
			(a) Vehic	7) Vehicle
30	Enter cost or other basis	30	(4) 101110	10	(0) verificie
31	Enter section 179 deduction	2				
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
950.780	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
	Multiply line 32 by the percentage on line 33	34				SARAM SA
	1 J on 2 J por contago on mio do	107				

Add lines 31 and 34

Enter the limitation amount

Multiply line 36 by the percentage on line 14 $_{\odot}$

Enter the smaller of line 35 or line 37. If you

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

Valle	planting Baomood Expenses					2010
Your name		Social security number		Business in which expenses	were in	curred
DONA	LD J. TRUMP			SHUTTLE INC		
Par	Business Expenses and Reimburseme	ents				
STE	P 1 Enter Your Expenses			Column A		Column B
				Other Than Meals and Entertainment		Meals and Entertainment
1 V	ehicle expense from line 22 or line 29		1			
in	arking fees, tolls, and transportation, including train, bus, etc., tha volve overnight travel	at did not	2			
3 Tr	avel expense while away from home overnight, including lodging c. Do not include meals and entertainment	, airplane, car rental,	3			
4 Bu	usiness expenses not included on lines 1 through 3. Do not included on	de meals TEMENT 127	4	255,245.		
5 M	eals and entertainment expenses		5			
6 To	otal expenses. In Column A, add lines 1 through 4 and enter the other the amount from line 5	result In Column D	6	255,245.		
	OTE: If you were not reimbursed for any expenses in Step 1, ski		unt from	ı line 6 on line 8.		
STE	P 2 Reimbursements for Expenses Listed I	n STEP 1				
7 En	nter amounts that were not reported to you in box 1 of Form W-2. clude any amount reported under code "L" in box 12 of your Form	1 W-2	7			4
STEF	² 3 Figure Expenses Subject to the Limitati	ion			Section 1	
8 Su	obtract line 7 from line 6		8	255,245.		
				· · · · · · · · · · · · · · · · · · ·		
9 In Column A, enter the amount from line 8. In Column B, multamount on line 8 by 50% (.50). (If zero or less, enter -0-) (If set the Department of Transportation (DOT) hours-of-service limit		ne t to				
Μι	Iltiply by 80% (.80) instead of 50%)		9	255,245.		
10 Ad Th	d the amounts on line 9 of both columns and enter the total here. ese are your supplemental business expenses			>	10	255 245.

P	art II Vehicle Expenses					Page 2		
	tion A General Information	-		The second second				
11	Enter the date vehicle was placed in service	-			(a) Vehicle	(b) Vehicle		
12	Total miles vehicle was driven during 2015		******************************	11				
13	Business miles included on line 12			12		miles		
14	Percent of business use. Divide line 13 by line 12)		13		miles		
15	Average daily roundtrip commuting distance	******	***************************************	14		%		
16	Commuting miles included on line 12			15		miles		
17	Other miles. Add lines 13 and 16 and subtract th	o total fr	om line 10	16		miles		
18	Was your vehicle available for personal use during	e total II	om line 12	17	miles	miles		
10	Was your vehicle available for personal use during	ig 011-00	ty nours?			Yes No		
19	Do you (or your spouse) have another vehicle av	ailable fo	or personal use?			Yes No		
20	Do you have evidence to support your deduction	?			7.7.7.7.8.6.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	Yes No		
21	If "Yes," is the evidence written?							
Sect	tion B Standard Mileage Rate (See the instructi	ons for l	Part II to find out whether to co	omplete this sec	tion or Section C.)			
12/12/	THE REPORT OF THE PROPERTY CONTROL OF THE							
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and	on line 1		22			
-	ion G Actual Expenses		(a) Vehic	le		ehicle (b) Vehicle miles miles miles miles % % miles miles miles miles miles miles miles miles Myes No Yes No Yes No C.)		
23	Gasoline, oil, repairs, vehicle insurance, etc.							
	Vehicle rentals							
b	*********************************	24b	SP (SP)					
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	opino.						
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and ar	e completing S	ection C for the vehicle)			
			(a) Vehicl			/ahicla		
30	Enter cost or other basis	30	麦 養		(5)	CHICIC		
31	Enter section 179 deduction					1000 FE 2010 19 FE ESTERNE CAN FAST		
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106		24					
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35						
	Enter the limitation amount	36		100000000				
	Multiply line 36 by the percentage on line 14	37						
	Enter the smaller of line 35 or line 37. If you	07						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						
	and an indicate and an indicate	00				i .		

Your name			Y		2010
Tour name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP			T MANAGEMENT LLC (T	MG MEI	MBER LLC)
Part I Business Expenses and Reimbursem	ents				
STEP 1 Enter Your Expenses			Column A		Column B
20 000 30 00 0000000 0000000 			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel	hat did not	2			
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	ng, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST	lude meals ATEMENT 128	4	69,337.		
5 Meals and entertainment expenses	*****	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter th enter the amount from line 5	e result. In Column B,	6	69,337.		
NOTE: If you were not reimbursed for any expenses in Step 1, s		unt from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				-
7 Enter amounts that were not reported to you in box 1 of Form W- Include any amount reported under code "L" in box 12 of your For	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limita	ition				
8 Subtract line 7 from line 6		8	69,337.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjections)	the ect to				
the Department of Transportation (DOT) hours-of-service limits:			2000		
Multiply by 80% (.80) instead of 50%)		9	69,337.		
Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	e.			10	69 23

Pa	art II Vehicle Expenses					Page 2		
	tion A General Information				(a) Vahiala	The state of the s		
11	Enter the date vehicle was placed in service			11	(a) Vehicle	(b) Vehicle		
12					mile			
13	Business miles included on line 12			13	mile mile	111100		
14	Percent of business use. Divide line 13 by line 12)	***************************************	14		111100		
15	Average daily roundtrip commuting distance	*****		15		7		
16	Commuting miles included on line 12	* * * * * * * * * *	******************************	16	mile	Timos		
17	Other miles. Add lines 13 and 16 and subtract the	e total fr	om line 12	10	mile	711100		
18	Was your vehicle available for personal use durin	n off-du	tv hours?	11	mile	s miles		
19	Do you (or your spouse) have another vehicle available.	ailable fo	or personal use?			Yes No		
20	Do you have evidence to support your deduction?	?			************************************	Yes No		
21	If "Yes," is the evidence written?					Yes No		
Sect	tion B Standard Mileage Rate (See the instructi	ons for l	Part II to find out whether to	o complete this s	ection or Section C.)			
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	nere and	l on line 1			22		
Sect	ion C Actual Expenses		(a) Ve	hicle				
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				18 m		
24 a	Vehicle rentals		VALUE OF THE PROPERTY OF THE P					
b		24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and	d are completing	Section C for the vehicle \	R.E. Stor		
		T	(a) Ve		occurred for the ventore.)	(b) Vehicle		
30	Enter cost or other basis	30	(4) 10	200		(D) venicle		
31	Enter section 179 deduction	20						
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106	01						
	instructions if you claimed the section 179							
	deduction or enecial allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34			ENVIRONE TRANSPORTER			
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14							
		37						
38	Enter the smaller of line 35 or line 37. If you	100						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38				1207		

Your name	Social security number		Business in which expenses	were inc	curred
DONALD J. TRUMP			TRUMP PARK AVENUE L	LC (D)	ELMONTCO)
Part I Business Expenses and Reimburs	ements				
STEP 1 Enter Your Expenses		T	Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, e involve overnight travel	etc., that did not				
3 Travel expense while away from home overnight, including I					
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	ot include meals E STATEMENT 129	4	18,089.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the amount from line 5	ter the result. In Column B,	6	18,089.		
NOTE: If you were not reimbursed for any expenses in Ste	p 1, skip line 7 and enter the am	ount from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Lis	ted In STEP 1				
7 Enter amounts that were not reported to you in box 1 of For Include any amount reported under code "L" in box 12 of you	m W-2. ur Form W-2	7			
STEP 3 Figure Expenses Subject to the Lir	mitation				
8 Subtract line 7 from line 6		8	18,089.		
		X TO SERVICE OF THE PROPERTY O			
9 In Column A, enter the amount from line 8. In Column B, mu amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If the Department of Transportation (DOT) hours-of-service lim	subject to				
Multiply by 80% (.80) instead of 50%)		9	18,089.		
10 Add the amounts on line 9 of both columns and enter the tot These are your supplemental business expenses	al here.		•	10	18 089

	1				1	
Stat	ement SBE (2015) DONALD J. TRUMP					Dogo 9
	art II Vehicle Expenses					Page 2
10.111.00	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(u) voilioio	(b) vernote
12	Total miles vehicle was driven during 2015	****************	*********************	12	miles	miles
13	Business miles included on line 12	*****************		13	miles	miles
14	Percent of business use. Divide line 13 by line 12)	************************	14	%	// // // // // // // // // // // // //
15	Average daily roundtrip commuting distance		***************************************	15	miles	miles
16			***************************************		miles	miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from line	12	17	miles	miles
18	Was your vehicle available for personal use during	g off-duty hour	s?			Yes No
19	Do you (or your spouse) have another vehicle av	ailable for perso	onal use?			Yes No
20	Do you have evidence to support your deduction	?				Yes No
21	If "Yes," is the evidence written?					Yes No
Sect	ion B Standard Mileage Rate (See the instructi	ons for Part II t	o find out whether to c	omplete this section	n or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on line			22	
Sect	ion C Actual Expenses	1	(a) Vehic	ele	(b)	Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc					
24 a	Vehicle rentals					
b		24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if you ov	vned the vehicle and a	re completing Sect	tion C for the vehicle.)	
			(a) Vehic	le	(b)	Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					

			(a) venicie	(b) V	enicle
30	Enter cost or other basis	30		3677 34 - 1	
31	Enter section 179 deduction and special allowance	31			
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32			
33	Enter depreciation method and percentage	33			
34	Multiply line 32 by the percentage on line 33	34			
35	Add lines 31 and 34	35	725		
36	Enter the limitation amount	36			
37	Multiply line 36 by the percentage on line 14	37			
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38			

Your name So	ocial security number	Business in which expenses were incurred				
DONALD J. TRUMP		1	LLC (767 MANAGER LLC)			
Part I Business Expenses and Reimbursement	s	, e, bbe (101 mmod	K BBC)			
STEP 1 Enter Your Expenses	=	Column A	Column B			
		Other Than Meals and Entertainment	Meals and Entertainment			
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	fid not					
3 Travel expense while away from home overnight, including lodging, ai etc. Do not include meals and entertainment	rolane car rental					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals	12,602.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the res enter the amount from line 5	ult. In Column B,	12,602.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip li	SCHOOL CHESCHOOLS AND MANAGEMENT AND					
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W	-2 7					
STEP 3 Figure Expenses Subject to the Limitation	n					
8 Subtract line 7 from line 6	8	12,602.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		12,602.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			12 (02			

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
1	Enter section 179 deduction	with the late		
	and special allowance	31		
2	Multiply line 30 by line 14 (see Form 2106			
	instructions if you claimed the section 179			
	deduction or special allowance)	32		
3	Enter depreciation method and percentage	33		
4	Multiply line 32 by the percentage on line 33	34		
5	Add lines 31 and 34	35		
6	Enter the limitation amount	36	是是各种的基本的	
7	Multiply line 36 by the percentage on line 14	37		
3	Enter the smaller of line 35 or line 37. If you			
	skipped lines 36 and 37, enter the amount from			
	line 35. Also enter this amount on line 28 above	38		

29

line 1

Variation and Dubiness Expenses					2010	
Your name	Social security number		Business in which expenses	were in	curred	
DONALD J. TRUMP	_	RPV DEVELOPMENT LLC				
Part I Business Expenses and Reimburseme	nts					
STEP 1 Enter Your Expenses			Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	t did not	2				
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	airnlane car rental	3				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STAT	de meals	4	2,487.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	esult. In Column B	6	2,487.			
NOTE: If you were not reimbursed for any expenses in Step 1, ski	p line 7 and enter the amoun	t fron	ı line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed II	n STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7				
STEP 3 Figure Expenses Subject to the Limitati	on			-	A	
8 Subtract line 7 from line 6		8	2,487.			
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits;	e to					
Multiply by 80% (.80) instead of 50%)		9	2,487.			
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	2 49	

	ement SBE (2015) DONALD J. TRUMP					Page 2
	Art II Vehicle Expenses					
_	tion A General Information				(a) Vehicle	(b) Vehicle
	Enter the date vehicle was placed in service			11		
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12	*************		13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	%
15	Average daily roundtrip commuting distance				miles	miles
16	Commuting miles included on line 12			16	miles	miles
17 18	Other miles. Add lines 13 and 16 and subtract the	e total from line	12	17	miles	miles
10	Was your vehicle available for personal use durin	g on-duty hours	57		***************************************	Yes No
19	Do you (or your spouse) have another vehicle ava	ailable for persor	nal use?	***************************************		Yes No
20	Do you have evidence to support your deduction	?	***************************************			Yes No
21	If "Yes," is the evidence written?	**************************				Yes No
	ion B Standard Mileage Rate (See the instructi					
	The state of the s	one for Farth to	mid out whether to complet	.6 11113 3601101	r or Section c.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on line	1		22	
Sect	ion C Actual Expenses		(a) Vehicle	****************		ehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		V-1	\$15000 PER 1000 PER	
	Vehicle rentals					
	Inclusion amount					
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Secti	ion D Depreciation of Vehicles (Use this section	n only if you ow	ned the vehicle and are con	pleting Sect	ion C for the vehicle.)	
			(a) Vehicle		(b) V	ehicle
	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
	Enter depreciation method and percentage	33			10 (A) 10 (A) 10 (A)	
	Multiply line 32 by the percentage on line 33	34				
	Add lines 31 and 34	35				
	Enter the limitation amount	36				
	Multiply line 36 by the percentage on line 14	37				
	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP			TRUMP PARK AVE LLC - ACQUISITIONS				
Part I Business Expenses and Reimbursen	nents		1				
STEP 1 Enter Your Expenses		1	Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	, that did not	2					
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ning, airplane, car rental	3					
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S	nclude meals TATEMENT 132	4	10,080.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	the result. In Column B,	6	10,080.				
NOTE: If you were not reimbursed for any expenses in Step 1,	, skip line 7 and enter the amo	unt fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Lister	d In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form V Include any amount reported under code "L" in box 12 of your Fo	V-2. orm W-2	7					
STEP 3 Figure Expenses Subject to the Limit	tation						
8 Subtract line 7 from line 6	******	8	10,080.				
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sut the Department of Transportation (DOT) hours-of-service limits;	oject to						
Multiply by 80% (.80) instead of 50%)	•	9	10,080.				
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	nere.			10	10.080		

Part II Vehicle Ex	penses							raye Z
Section A General Inf					T	(a) Vehicle	(h) Vahiola	
11 Enter the date vehi	cle was placed in service	OF ITALIAN CONTRACTOR OF CONTR		T	11	(a) venicle	(b) Vehicle	
12 Total miles vehicle	was driven during 2015				12	miles		as the s
13 Business miles inc	luded on line 12		***************************************		13	miles		miles
14 Percent of busines	s use. Divide line 13 by line 12	?			14	"Miles		miles
15 . Average daily roun	dtrip commuting distance	******	************************		15			%
16 Commuting miles i					16	miles		miles
17 Other miles. Add lin	nes 13 and 16 and subtract th	e total fro	om line 12		7	miles miles		miles
18 Was your vehicle a	vailable for personal use durin	a off-du	tv hours?			illies	Yes	miles
								L No
19 Do you (or your sp	ouse) have another vehicle av	ailable fo	r personal use?	****************	**********	***************************************	Yes	No
20 Do you have evider	nce to support your deduction	?		*****************			Yes	No
	ence written?							
			**************************		*********		Yes	L No
Section B Standard M	ileage Rate (See the instructi	ons for F	art II to find out whethe	r to complete thi	s section	or Section C.)		
22 Multiply line 13 by	57.5¢ (.575). Enter the result	nere and	on line 1				2	
Section G Actual Expe	nses		(a)	Vehicle		1000 10	Vehicle	
	s, vehicle insurance, etc							
24a Vehicle rentals		24a						
b Inclusion amount	***************************************	24b						
c Subtract line 24b fr		24c						
25 Value of employer-p	provided vehicle (applies							
only if 100% of ann								
included on Form W	/-2)	25						
26 Add lines 23, 24c, a	nd 25	26						
27 Multiply line 26 by t	the percentage on line 14	27						
28 Depreciation, Enter	amount from line 38 below	28						
	. Enter total here and on							
line 1		29					N. Committee	
Section D Depreciation	n of Vehicles (Use this section	only if	you owned the vehicle	and are complet	ng Secti	on C for the vehicle.)		
				Vehicle			Vehicle	
30 Enter cost or other I		30						
31 Enter section 179 de	eduction							
and special allowand	ce	31						
32 Multiply line 30 by li	ine 14 (see Form 2106							
instructions if you c	laimed the section 179							
deduction or special	allowance)	32						
33 Enter depreciation n	nethod and percentage	33						
	he percentage on line 33	34						
Add lines 31 and 34		35						
B6 Enter the limitation a	amount	36						
	he percentage on line 14	37		ii				W. C. L. S. C.
	line 35 or line 37. If you			AG .				
	137, enter the amount from			Za.				
	nis amount on line 28 above	38						

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP			TRUMP ENTREPRENEUR	INITIATIVE LLC			
Part I Business Expenses and Reimbursen	nents						
STEP 1 Enter Your Expenses		T	Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	******************************	1					
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel		2					
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ing airplane car rental	3					
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	clude meals TATEMENT 133	4	1,571.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5	he result. In Column B,	6	1,571.				
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	ount fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed	d In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	V-2. orm W-2	7					
STEP 3 Figure Expenses Subject to the Limit	ation						
8 Subtract line 7 from line 6		8	1,571.				
9 In Column A, enter the amount from line 8. In Column B, multipl amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	1,571.				
10 Add the amounts on line 9 of both columns and enter the total here are your supplemental business expenses	ere.			10	1 571		

Stat	ement SBE (2015) DONALD J. TRUMP						
_	art II Vehicle Expenses						Page 2
	tion A General Information		***	T	(a) Vehicle	(b) \ / a l	elele.
11	Enter the date vehicle was placed in service		11		(a) vernicie	(b) Veh	licie
12	Total miles vehicle was driven during 2015		12		miles		5000T 50
13	Business miles included on line 12		13		miles		miles
14	Percent of business use. Divide line 13 by line 1)	14		miles		miles
15	Average daily roundtrip commuting distance		15		100		%
16			16		miles		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total fr	rom line 12		miles miles		miles
18	Was your vehicle available for personal use during	na off-di	ity hours?		IIIIes		miles es N
		3 -1				Т	es N
19	Do you (or your spouse) have another vehicle av	ailable f	or personal use?				es N
							c2 [] IA
20	Do you have evidence to support your deduction	?				Πv	es N
							63 [] [
21	If "Yes," is the evidence written?						es N
					*****************************		U3 IN
Sect	ion B Standard Mileage Rate (See the instruct	ions for	Part II to find out whether to complete this	section (or Section C.)		
							_
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and	d on line 1		2	22	
Sect	ion C Actual Expenses		(a) Vehicle) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
24 a	Vehicle rentals	24a					
b	Inclusion amount	24b					
C	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26		-			
27	Multiply line 26 by the percentage on line 14	27					
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on						
	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this sectio	n only it	f you owned the vehicle and are completing	g Sectio	n C for the vehicle.)	25.9	
			(a) Vehicle) Vehicle	
30	Enter cost or other basis	30			(b	The state of the s	
31	Enter section 179 deduction						And the second s
	and special allowance	31					
32	Multiply line 30 by line 14 (see Form 2106					E.E. 1879 1873	
	instructions if you claimed the section 179						

33

34

35

36

37

deduction or special allowance)

Enter depreciation method and percentage

Add lines 31 and 34

Multiply line 32 by the percentage on line 33

Enter the limitation amount

Multiply line 36 by the percentage on line 14

Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

32

33

34

35

36

37

Your name	Social security number		Puninaga in which avpanaga was in-			
	oocial security number	/ number Business in which expenses were incurred				
DONALD J. TRUMP	TRUMP ENTREPRENEUR INITIATIVE LLC					
Part I Business Expenses and Reimburseme	ents					
STEP 1 Enter Your Expenses			Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
2 Parking fees, tolls, and transportation, including train, bus, etc., th involve overnight travel		2				
Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	n airnlane car rental	3				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	ude meals TEMENT 134	4	16,967.			
Meals and entertainment expenses		5				
Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B	6	16,967.			
NOTE: If you were not reimbursed for any expenses in Step 1, sk	cip line 7 and enter the amount	from	line 6 on line 8.			
TEP 2 Reimbursements for Expenses Listed	In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Forr		7				
TEP 3 Figure Expenses Subject to the Limitat	tion					
Subtract line 7 from line 6		8	16,967.			
In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to	9	16,967.			
Add the amounts on line 9 of both columns and enter the total here These are your supplemental business expenses.	Э.					

Stat	ement SBE (2015) DONALD J. TRUMP							Page 2
	art II Vehicle Expenses							
Sec	tion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11		(-/	
12	Total miles vehicle was driven during 2015				12	miles		miles
13	Business miles included on line 12				13	miles		miles
14	Percent of business use. Divide line 13 by line 12)			14	%		%
15	Average daily roundtrip commuting distance				15	miles		miles
16					16	miles		1 1 1 1 1 1 1 1
17	Other miles. Add lines 13 and 16 and subtract the	e total fro	om line 12			miles		miles
18	Was your vehicle available for personal use durin	a off-dut	v hours?		.,	111103	Yes	miles
		3			************		[] 165	No
19	Do you (or your spouse) have another vehicle av	ailable for	r personal use?				Yes	N
						***************************************	[] 162	L No
20	Do you have evidence to support your deduction	7					Ven	N
	Source Processing Community Communit		****************************			***************************************	Yes	L No
21	If "Yes," is the evidence written?							
			*************************		**********	***************************************	Yes	L No
Sect	ion B Standard Mileage Rate (See the instructi	ons for P	Part II to find out whether t	to complete th	ic continu	or Coation C \		
	The state of the s	0110 101 1	art in to find out whether t	to complete ti	iis section	JI Section 6.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result	nore and	on line 1					
Sect	tion C Actual Expenses	icic and		ehicle			l ehicle	
	Gasoline, oil, repairs, vehicle insurance, etc.	23	(a) v	CITICIE		(D) V	enicie	
	Vehicle rentals			1940barantan	Na Ber di N. S.		(A) (1. (2) (4. (4. (4. (4. (4. (4. (4. (4. (4. (4.	
	Subtract line 24b from line 24a	100						
		24c						
23	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
0.0	included on Form W-2)	25						
	Add lines 23, 24c, and 25							
27	Multiply line 26 by the percentage on line 14							
28	Depreciation. Enter amount from line 38 below	28			7.			
29	Add lines 27 and 28. Enter total here and on							
	line 1	29	re filt sendone					
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle an	id are comple	ting Section	n C for the vehicle.)		
			(a) Ve	ehicle		(b) V	ehicle	
	Enter cost or other basis	30						
	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106						Version of the second	
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35						
	Enter the limitation amount	36	The second secon	53.50			LOCALIST BOSON A	description is
	Multiply line 36 by the percentage on line 14	37				State of the property of the contract of the c	OF SAVE SEEDS	
	Enter the smaller of line 35 or line 37. If you	0,						
250	skipped lines 36 and 37, enter the amount from							
		183						

line 35. Also enter this amount on line 28 above

Variables					2010	
Your name S	Social security number	in which expenses	were inc	urred		
DONALD J. TRUMP	BAYROCK-TRUMP SOHO MEMBER LLC					
Part I Business Expenses and Reimbursemen	ts					
STEP 1 Enter Your Expenses		Colu	ımn A		Column B	
			nan Meals ertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29						
2 Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel						
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental,					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals		1,025.			
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the re enter the amount from line 5	sult. In Column B,		1,025.			
NOTE: If you were not reimbursed for any expenses in Step 1, skip		om line 6 on	line 8.			
STEP 2 Reimbursements for Expenses Listed In	STEP 1		× = 110 - 10 = 110 - 110			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form V	N-2					
STEP 3 Figure Expenses Subject to the Limitation	on					
8 Subtract line 7 from line 6	8		1.025.			
		276				
9 In Column A, enter the amount from line 8. In Column B, multiply the						
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:						
Multiply by 80% (.80) instead of 50%)	9		1,025.			
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			•	40	1 005	
				10	1,025	

Pa	art II Vehicle Expenses						1.0	age L
	tion A General Information				T	(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(a) volliolo	(b) verificie	
12	Total miles vehicle was driven during 2015				12	miles		miles
13	Business miles included on line 12				13	miles		
14	Percent of business use. Divide line 13 by line 12		***************************************		14	%		miles
15	Average daily roundtrip commuting distance	******			15	miles		% miles
16			******************************		16	miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	************	17	miles		miles
18	Was your vehicle available for personal use durin	a off-du	tv hours?			111162	Yes	miles
		9	.,		**********	***********************************	E res	No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?	****************	*********		Yes	No
20	Do you have evidence to support your deduction?		***************************************				Yes	No
21	If "Yes," is the evidence written?			************			Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for l	Part II to find out whether	r to complete	his section	on or Section C.)		
22	Multiply line 12 by 57 5g / 575) Enter the regult by		Las liss 4					
	Multiply line 13 by 57.5¢ (.575). Enter the result hit ion C Actual Expenses	iere and	on line 1	Vehicle				
	Gasoline, oil, repairs, vehicle insurance, etc.	100	(d)	venicie		(D	Vehicle	
23	The same of the sa	23					CAS	ASSTRUCTED AND ADDRESS OF THE PARTY OF THE P
	1 1 1	24a		_				
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
0 4	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if		washing the second	eting Se			
0.0	Fater and worth or business		(a) \	Vehicle		(b)	Vehicle	
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
00	and special allowance	31		24 54 54 54 7 TO				
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35		Output Plant Comment				
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from	5						
	line 35. Also enter this amount on line 28 above	38						

Your name	Casial assurity and be						
Tour name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP		FIHT COMMERCIAL LLC					
Part I Business Expenses and Reimbursemen	nts						
STEP 1 Enter Your Expenses			Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., tha involve overnight travel	t did not	2					
Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3					
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STAT	de meals TEMENT 136	4	1,336.	41			
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	esult. In Column B,	6	1,336.				
NOTE: If you were not reimbursed for any expenses in Step 1, ski	o line 7 and enter the amoun	t fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	n STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7					
STEP 3 Figure Expenses Subject to the Limitati	on						
8 Subtract line 7 from line 6		8	1,336.				
9 In Column A, enter the amount from line 8. In Column B, multiply th	e						
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:	W1550 F						
Multiply by 80% (.80) instead of 50%)		9	1,336.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			>	10	1 336		

	art II Vehicle Expenses					Page 2
	tion A General Information				/-> \ / - L : L	
11	Enter the date vehicle was placed in service			1 22	(a) Vehicle	(b) Vehicle
12	Total miles we high was driver drive 2015			1	- 11-	
13	Business miles included on line 12			12	miles	111100
14	Percent of business use. Divide line 13 by line 12			L E	miles	1111100
15	Average daily roundtrip commuting distance			14	%	1
16					miles	111100
17	Other miles. Add lines 13 and 16 and subtract the	total from	m line 10	16	miles	
18	Was your vehicle available for parsonal use durin	a off duty	hours?	17	miles	miles
10	Was your vehicle available for personal use durin	y on-duty	110urs?			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?	21 ************************************		Yes No
20	Do you have evidence to support your deduction?					Yes No
21	If "Yes," is the evidence written?		***************************************			Yes No
						900 000 000 000 000 000 000 000 000 000
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether to	o complete this sec	tion or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	nere and c	on line 1			22
Sect	ion C Actual Expenses		(a) Ve	hicle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.					
	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)					
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if y	ou owned the vehicle an	d are completing S	ection C for the vehicle.)	99-30
			(a) Ve			b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106				Alberta de la companya del companya de la companya del companya de la companya de	
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36	TO THE REPORT OF THE PROPERTY.			
37	Multiply line 36 by the percentage on line 14	37		THE WAY THE STORY AT USE		DESCRIPTION AND ADDRESS OF THE PERSON OF THE
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name	00							
Tour name	Social security number	Social security number Business in which expenses were						
DONALD J. TRUMP		TRUMP MARKS HOLDING LP						
Part I Business Expenses and Reimburser	ments							
STEP 1 Enter Your Expenses			Column A		Column B			
			Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29		1						
Parking fees, tolls, and transportation, including train, bus, etc. involve overnight travel	., that did not	2						
3 Travel expense while away from home overnight, including lod etc. Do not include meals and entertainment	ging airplane car rental	3						
4 Business expenses not included on lines 1 through 3. Do not i and entertainment SEE s	nclude meals STATEMENT 137	4	19,128.					
5 Meals and entertainment expenses		5						
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	the result. In Column B,	6	19,128.					
NOTE: If you were not reimbursed for any expenses in Step 1	, skip line 7 and enter the amo	unt from	line 6 on line 8.					
STEP 2 Reimbursements for Expenses Liste	d In STEP 1							
7 Enter amounts that were not reported to you in box 1 of Form \ Include any amount reported under code "L" in box 12 of your F	W-2. Form W-2	7						
STEP 3 Figure Expenses Subject to the Limi	tation							
8 Subtract line 7 from line 6		8	19,128.					
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If su the Department of Transportation (DOT) hours-of-service limits Multiply by 80% (.80) instead of 50%)	bject to	9	19,128.					
10 Add the amounts on line 9 of both columns and enter the total I These are your supplemental business expenses	here.				10.10			

Pa	art II Vehicle Expenses								raye 2
	tion A General Information					(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(a) vollicio	1	(b) vernicle	
12	Total miles vehicle was driven during 2015				12	miles			miles
13	Business miles included on line 12	********			13	miles	1		miles
14	Percent of business use. Divide line 13 by line 12			33333333333	14	%			%
15	Average daily roundtrip commuting distance				15	miles			miles
16					16	miles			Vier man 1 Sec.
17	Other miles. Add lines 13 and 16 and subtract the	total fro	om line 12		17	miles	1		miles
18	Was your vehicle available for personal use during	off-dut	ty hours?					Yes	miles No
	*	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					165	
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?			***************************************		Yes	No
20	Do you have evidence to support your deduction?			**************				Yes	☐ No
21	If "Yes," is the evidence written?					************************************		Yes	☐ No
-									
Sect	ion B Standard Mileage Rate (See the instruction	ons for F	art II to find out whether t	to complete th	s section	or Section C.)			
22	Multiply line 12 by 57 5a / 576). Enter the regult by	ore and	on line 4						
Sect	Multiply line 13 by 57.5¢ (.575). Enter the result him C Actual Expenses	iere ariu		ehicle			(b) Vel	aiola	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(a) v	CITICIC		WELL-YELF STEELS	(u) vei	IICIE	
	Vehicle rentals	24a							2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Inclusion amount	24a					-		
		24c		A STATE OF STATE OF			0.000		
	Value of employer-provided vehicle (applies	246							
20	only if 100% of annual lease value was	1000000							
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26				_	-		
	Multiply line 26 by the percentage on line 14	27					-		
27 28	Depreciation. Enter amount from line 38 below				-				
	Add lines 27 and 28. Enter total here and on	28					-		
29	10.004	29							
Sect	line 1 ion D Depreciation of Vehicles (Use this section		you owned the vehicle an	d are comple	ing Cont	ion C for the vehicle \			
	ion b. Boprosiation of ventores (ose this section	l only ii		ehicle	ing Sect		/1-> \ /- \	-1-1-	
30	Enter cost or other basis	30	(a) ve	5111616	Grand Carlott	0.6	(b) Vel	licie	
31	Enter section 179 deduction	30		4 T 7 T T T T T T T T T T T T T T T T T	100011111111111111111111111111111111111		2562		
01	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106	01		CARLOR GUARANT	Silver Liver		10000		\$4.25 SEC. 19
02	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							
34	Multiply line 32 by the percentage on line 33	34					PRACE PROPERTY.	9.75	
		35				(A. 10.11 (A.K. 11.11)			
35	Add lines 31 and 34	36					16.35		F-0605-718
36	Enter the limitation amount Multiply line 36 by the percentage on line 14						2,000	A - Walk walk	
37		37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	0.0							
	mile 55. Also enter this amount on line 28 above	38							

oupplemental business Expense:	>				2010		
Your name	Social security number	curred					
DONALD J. TRUMP			TRUMP INTERNATIONAL GOLF CLUB LLC				
Part I Business Expenses and Reimburseme	ents						
STEP 1 Enter Your Expenses			Column A		Column B		
TELL LINES FOUR EXPENSES			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	nat did not	2					
Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	a airnlane car rental	3					
Business expenses not included on lines 1 through 3. Do not incl and entertainment SEE STA	ude meals ATEMENT 138	4	712,670.				
Meals and entertainment expenses		5					
Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	e result. In Column B	6	712,670.				
NOTE: If you were not reimbursed for any expenses in Step 1, si	kip line 7 and enter the amou	nt fron	n line 6 on line 8.				
TEP 2 Reimbursements for Expenses Listed	In STEP 1						
Particle Tenter amounts that were not reported to you in box 1 of Form W-7. Include any amount reported under code "L" in box 12 of your Fore	2. m W-2	7					
TEP 3 Figure Expenses Subject to the Limita	tion						
3 Subtract line 7 from line 6		8	712,670.				
In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjethe Department of Transportation (DOT) hours-of-service limits:	ct to						
Multiply by 80% (.80) instead of 50%)	······	9	712,670.				
O Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	e.		<u>.</u>	10	712 6		

Pa	art II Vehicle Expenses					raye 2
Sec	tion A General Information	-			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(a) venicle	(b) venicle
12	Total miles vehicle was driven during 2015		************************************	12	miles	
13	Business miles included on line 12			13	miles	
14	Percent of business use. Divide line 13 by line 12		*****************************	14	"	
15	Average daily roundtrip commuting distance	******		15		70
16			**************************************		miles	
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles	
18	Was your vehicle available for personal use durin	a off-du	ty hours?	11	miles	miles
10	That your vernors available for personal use during	y on-du	ty nours:			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?			Yes No
20	Do you have evidence to support your deduction?		***************************************			Yes No
21	If "Yes," is the evidence written?					
Sect	tion B Standard Mileage Rate (See the instruction	ons for F	Part II to find out whether to c	omplete this s	ection or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	nere and	on line 1	******		22
Sect	tion C Actual Expenses		(a) Vehic	cle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals	24a				
	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and a	re completina	Section C for the vehicle \	
			(a) Vehic			b) Vehicle
30	Enter cost or other basis	30				D) VOINGO
31	Enter section 179 deduction	100				
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106		04			
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you	07				
50	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				
	and all the control time annount on time 20 above	1 00				0.000

	i pusifiess expetis	562				2010		
Your name	Social security number	Social security number Business in which expenses were i						
DONALD J. TRUMP			MAR-A-LAGO CLUB LLC					
Part I Business	Expenses and Reimburs	ements						
STEP 1 Enter You	ır Expenses			Column A		Column B		
				Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from lin	ne 22 or line 29	***************************************	1					
2 Parking fees, tolls, and involve overnight travel	transportation, including train, bus, e	tc., that did not	2					
3 Travel expense while aw etc. Do not include mea	vay from home overnight, including l Is and entertainment	odging airplane car rental	3					
4 Business expenses not and entertainment	included on lines 1 through 3. Do no SEE	t include meals STATEMENT 139	4	734,021.				
5 Meals and entertainmen	t expenses		5					
6 Total expenses. In Coluenter the amount from I	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5			734,021.				
NOTE: If you were not	reimbursed for any expenses in Step	1, skip line 7 and enter the amo	ount fron	n line 6 on line 8.				
STEP 2 Reimburse	ements for Expenses Lis	ted in STEP 1						
7 Enter amounts that were Include any amount repo	e not reported to you in box 1 of Form orted under code "L" in box 12 of you	n W-2. r Form W-2	7					
STEP 3 Figure Exp	enses Subject to the Lin	nitation						
8 Subtract line 7 from line	6		8	734,021.				
9 In Column A, enter the a amount on line 8 by 50%	n Column A, enter the amount from line 8. In Column B, multiply the mount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to							
the Department of Trans	the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)							
			9	734,021.				
10 Add the amounts on line These are your supplemental are properly to the control of the co	9 of both columns and enter the total business expenses	al here.	**********		10	734.021.		

Pa	art II Vehicle Expenses								Page	
	tion A General Information					(a) Vehicle		(b) Vahiali		
11	Enter the date vehicle was placed in service			1	1	(a) venicle	III.	(b) Vehicle	}	
12	Total miles vehicle was driven during 2015			1		milas				Here.
13	Business miles included on line 12			1		miles				iles
14	Percent of business use. Divide line 13 by line 12		******************************	1		miles			mı	iles
15	Average daily roundtrip commuting distance			1		%				%
16						miles				iles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om ling 19			miles				iles
18	Was your vehicle available for parsonal use durin	a off du	tu haura?	1		miles			mi	iles
10	Was your vehicle available for personal use durin	y on-uu	ty nours?		• • • • • • • • • • • • • • • • • • • •		23322	Yes		No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?				*****	Yes		No
20	Do you have evidence to support your deduction?		***************************************				*****	Yes		No
21	If "Yes," is the evidence written?		•••••			********************************		Yes		No
Sect	ion B Standard Mileage Rate (See the instruction	ons for f	Part II to find out whether to	complete this	section	or Section C.)				
	M. IV. I. IV. And a series of the series of					1				
22	Multiply line 13 by 57.5¢ (.575). Enter the result hion C Actual Expenses	ere and								
_			(a) Veh	nicle		(b)	Vehicle)		
	Gasoline, oil, repairs, vehicle insurance, etc.									
	Vehicle rentals									
b	Inclusion amount	24b								
	Subtract line 24b from line 24a	24c								
25	Value of employer-provided vehicle (applies									
	only if 100% of annual lease value was	1000								
	included on Form W-2)									
26	Add lines 23, 24c, and 25	26							1000 A. 110 A. 110	
27	Multiply line 26 by the percentage on line 14	27								
28	Depreciation. Enter amount from line 38 below	28								
29	Add lines 27 and 28. Enter total here and on	8								_
	line 1	29								
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and	are completion	ng Section	on C for the vehicle.)	200			
			(a) Veh				Vehicle			
30	Enter cost or other basis	30				(6)	Table 1			
31	Enter section 179 deduction	88.00		ATTENDED TO SERVICE AND PARTY OF						100
	and special allowance	31								
32	Multiply line 30 by line 14 (see Form 2106						1808		E STATES	19.00
	instructions if you claimed the section 179		E.							
	deduction or special allowance)	32								
33	Enter depreciation method and percentage	33								
34	Multiply line 32 by the percentage on line 33	34				Programme and the contract	(A.		Espoise	200
35	Add lines 31 and 34	35								_
36	Enter the limitation amount	36					30.00		AG BENE	2077
37	Multiply line 36 by the percentage on line 14	37					6/190			
	Enter the smaller of line 35 or line 37. If you	3/				-	-			_
50	skipped lines 36 and 37, enter the amount from	1								
		00								
	line 35. Also enter this amount on line 28 above	38								

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP		TRUMP RESORTS HOLDINGS LP					
Part I Business Expenses and Reimbursem	nents						
STEP 1 Enter Your Expenses			Column A		Column B		
a waste a secondar a second — P			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2					
3 Travel expense while away from home overnight, including lodgi etc. Do not include meals and entertainment	ing airnlane car rental	3					
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE 57	clude meals FATEMENT 140	4	210,677.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	he result. In Column B,	6	210,677.				
NOTE: If you were not reimbursed for any expenses in Step 1,		ount fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed	I In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	/-2. orm W-2	7					
STEP 3 Figure Expenses Subject to the Limits	ation			leneral in a second			
8 Subtract line 7 from line 6		8	210,677.				
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	210,677.				
Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	ere.			10	210 677		

Pa	art II Vehicle Expenses					
	ion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		(b) vomoio
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	%
15	Average daily roundtrip commuting distance	******		15	miles	miles
16				5.00	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12		miles	miles
18	Was your vehicle available for personal use during	g off-dut	y hours?	[12]		Yes No
19	Do you (or your spouse) have another vehicle ava					
20	Do you have evidence to support your deduction?					Yes No
21	If "Yes," is the evidence written?		***************************************			Yes No
Sect	ion B Standard Mileage Rate (See the instruction	one for P	Part II to find out whether to so	mplata this cost	ion or Coation C)	
0000	ton b. Otanuara mineage reate (000 the manualt	7113 101 1	art ii to iiila oat whether to coi	inhiere ruis secr	ion or section 6.)	T
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere and	on line 1		22	
Sect	ion C Actual Expenses		(a) Vehicle	3) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c			Voyalla say a delegal	
25	Value of employer-provided vehicle (applies	200				
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and are	e completing S	ection C for the vehicle.)	RO L
			(a) Vehicle	3	(b)	Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction	1800				
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34			The state of the s	
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36			E 12.50	
37	Multiply line 36 by the percentage on line 14	37				A STATE OF THE STA
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				