

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

, 2017, ending

, 20

See separate instructions.

Your first name and initial

DONALD J.

Last name

TRUMP

Your social security number

If a joint return, spouse's first name and initial

MELANIA

Last name

TRUMP

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

NEW YORK, NY 10022

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

Foreign country name

Foreign province/state/county

Foreign postal code

☒ You ☒ Spouse

## Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above

Check only one box.

and full name here. ▶

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) (see instructions)

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

## c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax creditIf more than four dependents, see instructions and check here ▶ ☐

Boxes checked on 6a and 6b

2

No. of children on 6c who:

● lived with you  
● did not live with you due to divorce or separation (see instructions)

1

Dependents on 6c not entered above

Add numbers on lines above ▶

3

d Total number of exemptions claimed

## Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 8

7 373,629.

8a Taxable interest. Attach Schedule B if required

8a 6,758,494.

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

8b 435.

9a Ordinary dividends. Attach Schedule B if required

9a 21,984.

b Qualified dividends

9b 14,305.

STMT 7

10 Taxable refunds, credits, or offsets of state and local income taxes

STMT 4

STMT 5

10 0.

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 1,433,030.

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

13 7,528,298.

14 Other gains or (losses). Attach Form 4797

14 33,740.

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b 84,351.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 -16,746,815.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

SEE STATEMENT 1

21 -12,306,111.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22 -12,819,400.

## Adjusted Gross Income

23 Educator expenses

23

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

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

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

27

97,548.

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36 97,548.

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37 -12,916,948.

**Tax and Credits**

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

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

38	Amount from line 37 (adjusted gross income)	38	-12,916,948.
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <b>1</b>	39a	1
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,237,921.
41	Subtract line 40 from line 38	41	-23,154,869.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax. Attach Form 6251	45	7,435,857.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	7,435,857.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	7,435,107.
55	Add lines 48 through 54. These are your total credits	55	7,435,107.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	750.
57	Self-employment tax. Attach Schedule SE	57	195,095.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	27,213.
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	61,660.
63	Add lines 56 through 62. This is your total tax	63	284,718.

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	97,455.	STATEMENT 11
65	2017 estimated tax payments and amount applied from 2016 return.	65	388,441.	STATEMENT 12
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election	66b		
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70	4,200,000.	
71	Excess social security and tier 1 RRTA tax withheld STMT 10	71	83.	
72	Credit for federal tax on fuels. Attach Form 4136	72	30,515.	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,716,494.	

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,431,776.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	4,431,776.

**Amount You Owe**

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

**Third Party Designee**

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

Designee's name **DONALD BENDER** Phone no. **(516) 488-1200** Personal identification number (PIN)

**Sign Here**

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

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DONALD BENDER				
Firm's name	Firm's EIN	Phone no.		
MAZARS USA LLP	13 1459550	(516) 488-1200		



**SCHEDULE A**  
**(Form 1040)**

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

**Itemized Deductions**

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **07**

Your social security number

DONALD J. & MELANIA TRUMP

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

- 5 State and local (check only one box):
- a ☒ Income taxes, or ..... SEE STATEMENT 15
- b ☐ General sales taxes ..... SEE STATEMENT 18
- 6 Real estate taxes (see instructions) ..... SEE STATEMENT 18
- 7 Personal property taxes
- 8 Other taxes. List type and amount ▶
- 9 Add lines 5 through 8 ..... **9**

**Interest You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶
- 12 Points not reported to you on Form 1098. See instructions for special rules
- 13 Mortgage insurance premiums (see instructions)
- 14 Investment interest. Attach Form 4952 if required. See instructions STMT 17
- 15 Add lines 10 through 14 ..... **15**

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

**Gifts to Charity**

If you made a gift and got a benefit for it, see instructions.

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

**Casualty and Theft Losses**

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

**Job Expenses and Certain Miscellaneous Deductions**

- 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶
- 22 Tax preparation fees
- 23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 13
- 24 Add lines 21 through 23 ..... **24**
- 25 Enter amount from Form 1040, line 38 ..... **25** -12,916,948.
- 26 Multiply line 25 by 2% (0.02) ..... **26** 0.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- ..... **27** 4,096,981.

**Other Miscellaneous Deductions**

- 28 Other - from list in instructions. List type and amount ▶ SEE STATEMENT 14
- 29 Is Form 1040, line 38, over \$156,900?

**Total Itemized Deductions**

- ☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
- ☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

# Schedule A - Charitable Contributions Worksheet Page 1

NAME

DONALD J. & MELANIA TRUMP

50% of AGI

0.

AGI

-12,916,948.

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
<b>2006</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
<b>2007</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
<b>2008</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
<b>2009</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
<b>2010</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
<b>2011</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
<b>2012</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							
<b>2013</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							

# Schedule A - Charitable Contributions Worksheet Page 2

NAME

DONALD J. & MELANIA TRUMP

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



## Schedule A

## Charitable Contributions Limitation

NAME DONALD J. &amp; MELANIA TRUMP

## 50% Contributions

1. 50% of AGI ..... 0.
2. Contributions qualifying for 50% limit ..... 1,358,563.
3. Allowable 50% contributions ..... 0.

## 30% Contributions

4. Remaining 50% limit (Line 1 - Line 3) ..... 0.
5. Less capital gain property - special 30% limits ..... 0.
6. Balance of 50% of AGI ..... 0.
7. 30% of AGI ..... 502,400.
8. Contributions qualifying for 30% limit ..... 502,400.
9. Allowable 30% contributions (lesser of Line 6, 7 or 8) ..... 0.

## 30% Special Contributions

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

## 20% Contributions

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

## 50% and 100% Conservation Real Property Contributions

23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22) ..... 0.
24. Conservation real property contribution subject to 50% limit ..... 0.
25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24) ..... 0.
26. Remaining 100% of AGI ..... 0.
27. Conservation real property contribution subject to 100% limit ..... 0.
28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27) ..... 0.

## Qualified Disaster Contributions

29. Remaining 100% of AGI ..... 0.
30. Qualified disaster contributions subject to 100% limit ..... 0.
31. Allowable qualified disaster contributions (lesser of Line 29 or 30) ..... 0.
32. Total 2017 contributions allowed on Schedule A ..... 0.
33. Total prior year carryovers allowed on Schedule A ..... 0.
34. Total charitable contributions to Schedule A, Line 19 ..... 0.

**SCHEDULE B**  
(Form 1040A or 1040)

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

**Interest and Ordinary Dividends**

▶ Attach to Form 1040A or 1040.

▶ Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

Your social security number

DONALD J. & MELANIA TRUMP

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

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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

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

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

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





# Additional Data

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

## Form 1040 Schedule B, Part I, Group 2

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

## Additional Data

Software ID:

Software Version:

SSN:

Spouse SS

Name: DONALD J & MELANIA<TRUMP

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2017

Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service

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

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

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

B Enter code from instructions  
532289

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

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

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	42,965
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	42,965
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	42,965
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	42,965

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	42,965	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	0	27a	Other expenses (from line 48)	27a	42,965
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32.	31	0				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	All investment is at risk.		
				32b	Some investment is not at risk.		





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

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

Name of proprietor

DONALD J. TRUMP

Social security number (SSN)

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

MANAGEMENT SERVICES

**B** Enter code from instructions

541600

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

DONALD J. TRUMP

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

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

City, town or post office, state, and ZIP code NEW YORK, NY 10022

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

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

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

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

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

**Part I Income**

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

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

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

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

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

Schedule C (Form 1040) 2017

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

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

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

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

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_ b Commuting \_\_\_\_\_ c Other \_\_\_\_\_

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

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

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

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

NYS FILING FEE

25.

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

48

25.



**SCHEDULE C**

(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name of proprietor

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. 09

DONALD J TRUMP

Social security number (SSN)

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

**B** Enter code from instructions  
541600

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

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

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

**Part I Income**

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

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

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


<b>Part III</b>	<b>Cost of Goods Sold</b> (see instructions)
-----------------	--

- 33 Method(s) used to value closing inventory:      a ☐ Cost      b ☐ Lower of cost or market      c ☐ Other (attach explanation)
- 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes    ☐ No  
If "Yes," attach explanation. . . . .

<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	<b>35</b>	
<b>36</b>	Purchases less cost of items withdrawn for personal use	<b>36</b>	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself	<b>37</b>	
<b>38</b>	Materials and supplies	<b>38</b>	
<b>39</b>	Other costs	<b>39</b>	
<b>40</b>	Add lines 35 through 39	<b>40</b>	
<b>41</b>	Inventory at end of year	<b>41</b>	
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	<b>42</b>	

**Part IV Information on Your Vehicle.**

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

- 43** When did you place your vehicle in service for business purposes? (month, day, year)  \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_

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

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

**47a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

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

<b>Part V Other Expenses.</b>	List below business expenses not included on lines 8-26 or line 27:
<b>48 Total other expenses.</b>	Enter here and on line 27a . . . . .
	<b>48</b>

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

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

DONALD J. TRUMP

Social security number (SSN)

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

AVIATION

**B** Enter code from instructions

532289

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

DJT OPERATIONS I LLC

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

27-3212458

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

City, town or post office, state, and ZIP code WOODBURY, NY 11797

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

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

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

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

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

**Part I Income**

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

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

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

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a **28** 186,595.

**29** Tentative profit or (loss). Subtract line 28 from line 7 **29** 295,560.

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

**Simplified method filers only:** enter the total square footage of: (a) your home: \_\_\_\_\_ and (b) the part of your home used for business: \_\_\_\_\_

Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

**31** Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

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

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

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

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

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

Schedule C (Form 1040) 2017

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

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

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

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

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

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

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

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

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

HELICOPTER EXPENSES

42,965.

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

48

42,965.

**SCHEDULE C**

(Form 1040)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service

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

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

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

Enter SSN from instructions  
532289

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

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

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

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

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

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

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

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

**Part I Income**

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

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

8	Advertising . . . . .	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions) . . . . .	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees . . . . .	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions) . . . . .	11		a	Vehicles, machinery, and equipment . . . . .	20a	
12	Depletion . . . . .	12		b	Other business property . . . . .	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13	182,737	21	Repairs and maintenance . . . . .	21	
14	Employee benefit programs (other than on line 19) . . . . .	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health) . . . . .	15		23	Taxes and licenses . . . . .	23	423
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.) . . . . .	16a		a	Travel . . . . .	24a	
b	Other . . . . .	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services . . . . .	17	3,410	25	Utilities . . . . .	25	
26				26	Wages (less employment credits)	26	
27a				27a	Other expenses (from line 48) . . . . .	27a	25
27b				b	Reserved for future use . . . . .	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . .	28	186,595				
29	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	295,560				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	295,560				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

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

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

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

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	0
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	0

**Part IV Information on Your Vehicle.**

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

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

**44** Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:  
**a** Business . . . . . **b** Commuting (see instructions) . . . . . **c** Other . . . . .

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

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

**47a** Do you have evidence to support your deduction? . . . . . ☐ Yes    ☐ No

**b** If "Yes," is the evidence written? . . . . . ☐ Yes    ☐ No

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

NYS FILING FEE . . . . .	25
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 25



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

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

Name of proprietor

DONALD J. TRUMP

Social security number (99M)

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

**B** Enter code from instructions  
532289

**C** Business name. If no separate business name, leave blank.  
DT ENDEAVOR I LLC

**D** Employer ID number (EIN) (see instr.)  
35-2555712

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

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

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

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

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

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

**Part I Income**

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

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	29,097.
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	254,023.	21	Repairs and maintenance	21	115,878.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	29,661.
15	Insurance (other than health)	15	12,709.	23	Taxes and licenses	23	2,000.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	21,821.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	798.
17	Legal and professional services	17	793.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	28,235.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	76,385.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	

31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,119,595.
----	---	----	------------

32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2017

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

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month, day, year)	► / /
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	b Commuting
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **12**

Name(s) shown on return

DONALD J. &amp; MELANIA TRUMP

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				<b>7</b>

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

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

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

Schedule D (Form 1040) 2017

**Part III Summary**

16 Combine lines 7 and 15 and enter the result .....	<b>16</b>	7,528,298.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....	<b>18</b>	
19 If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet <u>SEE STATEMENT 24</u> .....	<b>19</b>	1,316,464.
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.  <input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:  <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>	<b>21</b>	
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2017

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

Social security number or  
taxpayer identification no.

DONALD J. &amp; MELANIA TRUMP

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

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



Social security number or taxpayer identification number

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

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

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



**Additional Data**

**Software ID:**

**Software Version:**

**SSN:**

**Spouse SSN:**

**Name:** DONALD J & MELANIA<TRUMP



## SCHEDULE E

(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

## Supplemental Income and Loss

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment  
Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. &amp; MELANIA TRUMP

**Part I** Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No  
B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

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

A PALM BEACH, FL 33480

B PALM BEACH, FL 33480

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

**Type of Property:**

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

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

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

Schedule E (Form 1040) 2017

## SCHEDULE E

(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

## Supplemental Income and Loss

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment  
Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. &amp; MELANIA TRUMP

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No  
B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

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

A  
B  
C

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

**Type of Property:**

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

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

**Expenses:**

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 30	19	210,442.		
20 Total expenses. Add lines 5 through 19	20	210,442.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	325,074.	209,428.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b	745,037.	
c Total of all amounts reported on line 12 for all properties	23c	632.	
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e	214,663.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24	534,595.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	4,221.	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	530,374.	

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

Schedule E (Form 1040) 2017

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

Your social security number

DONALD J. &amp; MELANIA TRUMP

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

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

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☒ Yes ☐ No  
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SEE STATEMENT 31				
B					
C					
D					

Passive Income and Loss			Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1	
A					
B					
C					
D					
29a Totals	70,349,364.			10,287,680.	
b Totals	46,734,734.	51,179,499.			
30 Add columns (g) and (j) of line 29a				30	80,637,044.
31 Add columns (f), (h), and (i) of line 29b				31	( 97,914,233. )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32	-17,277,189.

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

33		(a) Name		(b) Employer identification number	
A	SEE STATEMENT 32				
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
				(f) Other income from Schedule K-1	
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37

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

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

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-16,746,815.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	





## Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN

Name: DONALD J & MELANIA<TRUMP

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

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

	Physical address of each property (street, city, state, and ZIP code)	Type of Property (from list below)	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1 PALM BEACH, FL 33480	SINGLE FAMILY RESIDENCE	365		<input type="checkbox"/>
<b>B</b>	1 PALM BEACH, FL 33480	SINGLE FAMILY RESIDENCE	365		<input type="checkbox"/>
<b>C</b>		ROYALTIES			<input type="checkbox"/>
<b>D</b>		ROYALTIES			<input type="checkbox"/>
<b>E</b>		ROYALTIES			<input type="checkbox"/>

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

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

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

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

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



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H			<input type="checkbox"/>		<input type="checkbox"/>
H	DT MARKS VANCOUVER LP	P	<input type="checkbox"/>	90-0930859	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC RIO MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
H	TRUMP HOTEL MANAGEMENT CORP	S	<input type="checkbox"/>	13-3489501	<input type="checkbox"/>
H	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC RIO MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - EXCEL VENTURE I CORPORATION	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	OPO HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	46-3066239	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC SALES & MARKETING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	THC VANCOUVER MANAGEMENT CORP	S	<input type="checkbox"/>	46-1843645	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
H	TW VENTURE I MANAGING MEMBER CORP	S	<input type="checkbox"/>	46-4146150	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOCIATES V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>
H	TRUMP 845 UN GP LLC	P	<input type="checkbox"/>	13-3958321	<input type="checkbox"/>
I	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
I	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	845 UN LIMITED PARTNERSHIP - 845 LP LLC	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>
I	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
I	TRUMP PARK AVENUE LLC - ACQUISITION	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>
I	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DT CONNECT II MEMBER CORP	S	<input type="checkbox"/>	47-1519047	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	47-2191989	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	THC BAKU HOTEL MANAGER SERVICE MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC QATAR HOTEL MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	TTTT VENTURE MEMBER CORP	S	<input type="checkbox"/>	47-2297906	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TNGC CHARLOTTE MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>

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

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K	DT VENTURE II MEMBER CORP	S	<input type="checkbox"/>	81-1743521	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	HUDSON WATERFRONT ASSOCIATES IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>
K	DT TOWER GURGAON LLC	P	<input type="checkbox"/>	47-3351290	<input type="checkbox"/>
K	EID VENTURE II LLC	P	<input type="checkbox"/>	32-0488634	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT TOWER I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP MARKS ASIA LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT CONNECT II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>
K	TRUMP PALACE PARC LLC	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>
K	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3913538	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP ICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC - DTW VENTURE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	TRUMP EQUITABLE FIFTH AVE CO	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>
L	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	DJT HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>
L	TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-2802479	<input type="checkbox"/>

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

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



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

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

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



	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
C			1,623		
C					2,170,709
C			26,100		
C		1,995,036			
C		20,355			
C		6,505,458			
C	06				
C		145			
C	00				
C	34				
C	00				
C	00				
C	1,945				
C		549,621			
C	967				
C	542				
C	2,153,598				
C	2,772				
C		284,917			
C		1,957			
D	29				
D	22				
D	4				
D	253				
D	29				
D	16,900				
D	172				
D		14,210			
D	00				
D	00				
D	00				
D			1,271,350		
D		19,129			
D		5,646			
D	18				
D	1,764				
D	00				
D	00				
D	349				
D	4				
D	6,195				
D	225,884				
D	6,510				
D	1,780				
D	294				
D	137				
E	13				
E		652			
E		21,058			
E	1,247				

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

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

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

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

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
	9				
K		1,513			
K	38				
K	4				
K	370				
K	4				
K	0				
K	0				
K	4				
K	0				
K	0				
K	466				
K	392				
K		5,714,340			
K		58,304			
K	0				
K	31,389				
K	15,922				
K					22
K	86,592				
K	45,476				
K		14,964			
K	794				
K		5,667			
K	56				
K	22,475				
K	81				
L	479				
L	56				
L	1,566				
L	905				
L	187				
L	1,704				
L		50,237			
L	353				
L	259				
L	94,710				
L	42,405				
L	113				
L	25				
L	271,309				
L	117,702				
L	135,740				
L	32,877				
L		20,495,549			
L	190,532				
L	307				
L	144,987				
L	81,597				
L	1,569				
L			12,972		



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

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

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

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

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

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

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			0	
B	0			
C	0			
D	0			



# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred THE EAST 61 ST. COMPANY
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 68</b>	4 10,950.	
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 10,950.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
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**Section C. - Actual Expenses**

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

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

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



# Statement SBE Supplemental Business Expenses

# 2017

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

## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 69</b>	4	457,596.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	457,596.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	457,596.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	457,596.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	457,596.

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP CPS LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 70</b>	4 100,165.	
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 100,165.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 100,165.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 100,165.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	100,165.

**Part II Vehicle Expenses****Section A. - General Information**

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

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

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

22

**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP 845 UN GP LLC (MGR)
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 71</b>	4 55,370.	
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 55,370.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 55,370.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 55,370.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	55,370.



**Part II Vehicle Expenses****Section A. - General Information**

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

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

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

**Section C. - Actual Expenses**

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

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

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



# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP EQUITABLE FIFTH AVENUE CO
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 72</b>	4	190,532.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	190,532.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

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

## STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

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

**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PALACE/PARC LLC
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## Part I Business Expenses and Reimbursements

### STEP 1 Enter Your Expenses

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

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

### STEP 2 Reimbursements for Expenses Listed In STEP 1

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

### STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PLAZA LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29 .....	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel .....	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 74 .....	4	13,301.
5 Meals and entertainment expenses .....	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	13,301.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 .....	7	
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## STEP 3 Figure Expenses Subject to the Limitation

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



**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
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**Section C. - Actual Expenses**

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

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

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



# Statement SBE Supplemental Business Expenses

# 2017

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

## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 75	4 168,898.	
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 168,898.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

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

## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 76</b>	4	9,665.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,665.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred T MANAGEMENT LLC (TMG MEMBER LLC)
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 77</b>	4 67,209.	
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 67,209.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 67,209.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 67,209.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	67,209.



**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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



# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVENUE LLC (DELMONICO)
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 78	4	5,082.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,082.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

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

## STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

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

**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

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

## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 79</b>	4	5,139.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,139.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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## STEP 3 Figure Expenses Subject to the Limitation

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

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment SEE STATEMENT 80	4	172,319.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	172,319.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	172,319.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	172,319.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	172,319.



**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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



# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 81</b>	4	1,623.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,623.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,623.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,623.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	1,623.

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TIHT COMMERCIAL LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 82</b>	4	967.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	967.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	967.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	967.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	967.

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name

Social security number

Business in which expenses were incurred

DONALD J. TRUMP

TRUMP INTERNATIONAL GOLF CLUB LLC

## Part I Business Expenses and Reimbursements

### STEP 1 Enter Your Expenses

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

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

### STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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### STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	282,014.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	282,014.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	282,014.



**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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



# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred MAR-A-LAGO CLUB LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 84</b>	4 466,440.	
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 466,440.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 466,440.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 466,440.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	466,440.

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP NATIONAL GOLF CLUB
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 85</b>	4	2,632.
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,632.

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	2,632.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	2,632.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	2,632.

**Part II Vehicle Expenses****Section A. - General Information**

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

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

22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1 .....	22	
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**Section C. - Actual Expenses**

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

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

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

# Statement SBE Supplemental Business Expenses

# 2017

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TUMP KOREAN PROJECTS LLC
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## Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 86</b>	4 122.	
5 Meals and entertainment expenses	5	
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 122.	

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

## STEP 2 Reimbursements for Expenses Listed In STEP 1

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

## STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 122.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 122.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	122.



**Part II Vehicle Expenses****Section A. - General Information**

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

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

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

**Section C. - Actual Expenses**

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

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

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



THE EAST 51 ST. COMPANY  
DONALD J. TRUMP

[illegible]



40 WALL DEVELOPMENT ASSOC, LLC  
DONALD J. TRUMP

703521  
04-01-17



TRUMP CPS LLC  
DONALD J. TRUMP

703521  
04-01-17





TRUMP 845 UN GP LLC (MGR)  
DONALD J. TRUMP

703521  
04-01-17



TRUMP EQU-TABLE FIFTH AVENUE CO  
DONALD J. TRUMP

[illegible]



TRUMP PALACE/PARC LLC  
DONALD J. TRUMP

703521  
04-01-17





TRUMP PLAZA LLC  
DONALD J. TRUMP

[illegible]



THE TRUMP CORPORATION  
DONALD J. TRUMP

[illegible]



TRUMP PROJECT MANAGEMENT CORP  
DONALD J. TRUMP

[illegible]





IT MANAGEMENT, LLC (TMG MEMBER LLC)  
DONALD J. TRUMP

703521  
04-01-17



TRUMP PARK AVENUE LLC (DELMONICO)  
DONALD J. TRUMP

[illegible]



TRUMP PARK AVE LLC - ACQUISITIONS  
DONALD J. TRUMP

[illegible]





DDJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC  
DONALD J. DRUMP

[illegible]



DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER  
DONALD J. TRUMP

[illegible]



TIHT COMMERCIAL LLC  
DONALD J. TRUMP

703521  
J4-01-17





TRUMP INTERNATIONAL GOLF CLUB LLC  
DONALD J. TRUMP

703521  
04-01-17



MAR-A-LAGC CLUB LLC  
DONALD J. TRUMP

[illegible]



TRUMP NATIONAL GOLF CLUB  
DONALD J. TRUMP

703521  
24-01-17





TUMP KOREAN PROJECTS LLC  
DONALD J. TRUMP

703521  
J4-01-17



**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of employer

**Household Employment Taxes**

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

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

▶ Go to [www.irs.gov/ScheduleH](http://www.irs.gov/ScheduleH) for instructions and the latest information.

OMB No. 1545-1971

**2017**  
Attachment  
Sequence No. **44**

Social security number

Employer identification number

13-3440039

DONALD J. TRUMP

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

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

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

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

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

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

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

**Part I Social Security, Medicare, and Federal Income Taxes**

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

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

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

Part II	Federal Unemployment (FUTA) Tax
---------	---------------------------------

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

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

## Section A

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

## Section B

17 Complete all columns below that apply (if you need more space, see instructions):								
(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals .....							18	
19 Add columns (g) and (h) of line 18 .....					19			
20 Total cash wages subject to FUTA tax (see the line 15 instructions) .....							20	
21 Multiply line 20 by 6.0% (0.060) .....							21	
22 Multiply line 20 by 5.4% (0.054) .....					22			
23 Enter the <b>smaller</b> of line 19 or line 22. .... (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) .....							23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 .....							24	

<b>Part III</b>	<b>Total Household Employment Taxes</b>
-----------------	---

25	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	27,067.
26	Add line 16 (or line 24) and line 25	26	27,213.
27 Are you required to file Form 1040?			
<input checked="checked" type="checkbox"/> <b>Yes. Stop.</b> Include the amount from line 26 above on Form 1040, line 60a. <b>Don't</b> complete Part IV below.			
<input type="checkbox"/> <b>No.</b> You may have to complete Part IV. See instructions for details.			

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

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.
City, town or post office, state, and ZIP code		

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

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

Additional Data

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

Employer Name Control: TRUM





**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

Attach to Form 1040 or Form 1040NR.

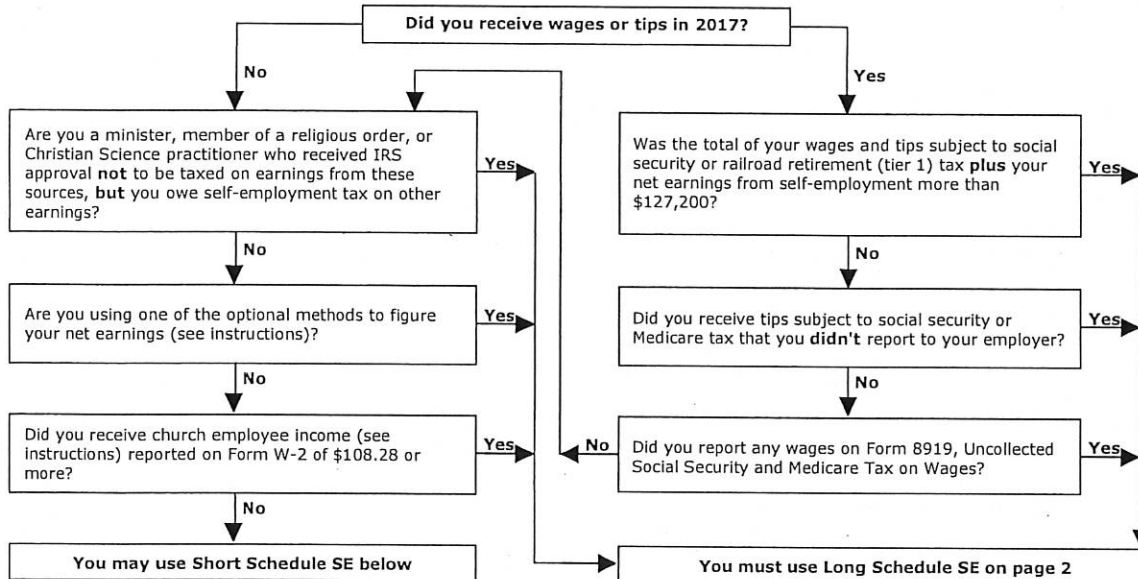
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)  
DONALD J TRUMP

Social security number of person  
with self-employment income

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

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

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



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

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b.</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . .	<b>4</b>	
<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5</b> <b>Self-employment tax.</b> If the amount on line 4 is: * \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55.</b> * More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	
<b>6</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	

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

Cat. No. 11358Z

Schedule SE (Form 1040) 2017



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

Social security number of person with self-employment income

DONALD J. TRUMP

**Section B - Long Schedule SE****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 33	2 7,284,683.
3	Combine lines 1a, 1b, and 2	3 7,284,683.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 6,727,405.
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had church employee income, enter -0- and continue	4c 6,727,405.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b
6	Add lines 4c and 5b	6 6,727,405.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017	7 127,200.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip lines 8b through 10, and go to line 11	8a 128,555.
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c	Wages subject to social security tax (from Form 8919, line 10)	8c
d	Add lines 8a, 8b, and 8c	8d
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10
11	Multiply line 6 by 2.9% (0.029)	11 195,095.
12	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12 195,095.
13	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13 97,548.

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

<b>Farm Optional Method.</b> You may use this method only if (a) your gross farm income <sup>1</sup> wasn't more than \$7,800, or (b) your net farm profits <sup>2</sup> were less than \$5,631.		
14	Maximum income for optional methods	14 5,200.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$5,200. Also include this amount on line 4b above	15
<b>Nonfarm Optional Method.</b> You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$5,631 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.		
16	Subtract line 15 from line 14	16
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

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

