<b>104</b>	Uι	J.S. Individual Incon	ne Tax Return	» <b>2017</b>	OMB No.	1545-0074	IRS Use Only	- Do not wr	ite or sta	ple in this space.	
		2017, or other tax year beginning			, 2017, end		, 21			ee separate instru	uctions
Your first name a	ano initi	al	l ast name							r social security nun	
DONALD J.	nouoal	first same and initial	TRUMP								
MELANIA	spouse s	s first name and initial	Last name						Spo	use's social security	y numbe
	umher	and street). If you have a P.O.	TRUMP			- The state of the state					
nonio addroso (n			nox, see instructions.					Apt. no.		Make sure the SSN	(s) above
City, town or post of	fice, state	e, and ZIP code. If you have a foreig	n address, also complete s	paces below				-		and on line 6c are c	
NEW YORK, N				Daces below.					Che	ck here if you, or you	
Foreign country r	name		Foreign pro	vince/state/county			T and in a		this	ng jointly, want \$3 to fund. Checking a bo	ox below
			r oreign pro	whice/state/county			Foreign p	ostal code	·	not change your tax	
Filing Statu	e 1	Single	I		4	Head o	f household i	with quali		erson). If the qua	Spous
i ning otatu	2	X Married filing jointly (	even if only one had inc	come)						lent, enter this ch	
Check only	3		ly. Enter spouse's SSN				iere. 🕨	not jour	aupone		iiiu 5
one box.		and full name here. 🕨			5		ing widow(er	) (see inst	ruction	s)	
Exemptions			can claim you as a dep	endent, do not chec	k box 6a				~	Boxes checked on 6a and 6b	2
	b					·····	<u></u>	<u></u>	, )	No. of children	-
1	C	Dependents:		(2) Dependent's socia security number	1		pendent's onship to	(4)√ unde	il child r age 17 ng for chil	on 6c who: lived with you	1
•	2 2	(1) First name	Last name	Security number		-	you	qualifyi tax	ng for chil credit	<ul> <li>did not live with you due to divorce</li> </ul>	h e
If more than farm		<b>~</b> , , , <u>, , , , , , , , , , , , , , , ,</u>			SOI	Ň				or separation (see instructions)	-
If more than four dependents, see											
instructions and check here	·									Dependents on 60 not entered above	e
	. ∟	Total number of evention								Add numbers	<b></b>
	<u>u</u> 7	Total number of exemption Wages, salaries, tips, etc. A							<u></u>	on lines  above	3
Income	, 8a			••••••••••••••••••••••••••••••••••			STMT 8		7		,629.
	b	Taxable interest. Attach So	t include on line 82			 	••••••		Ba	6,758	,494.
Attach Form(s) W-2 here. Also	9a							- 98	6462	0.1	0.0.4
attach Forms	b	Qualified dividends			ا م			305.	a	21 IMT 7	,984.
W-2G and	10	Taxable refunds, credits, or	offsets of state and loc	al income taxes	STM1	r 4		\$.50 <sub>2</sub> .	0		0
1099-R if tax was withheld.	11	Alimony received					•••••••••••••••••		1		0.
	12	Business income or (loss).	Attach Schedule C or C	-EZ					2	1,433	030
f you did not	13	Capital gain or (loss). Attac	h Schedule D if require	d. If not required, ch	leck here	•••••••••••••••••••	▶ [		3	7,528	
get a W-2,	14	Other gains or (losses). Atta	ach Form 4797						4		,740.
see instructions.	15a	IRA distributions	15a			able amou			5b		/
	16a	Pensions and annuities	16a		b Tax	able amou	nt	10	3b	84	,351.
	17	Rental real estate, royalties,	partnerships, S corpor	ations, trusts, etc. A	ttach Sch	edule E		1	7	-16,746	815.
	18	Farm income or (loss). Atta	ch Schedule F					1	8		
	19	Unemployment compensati	on	•••••••				1	9		
	20a	Social security benefits	20a		b Tax	able amou	nt	20	)b		
	21 22	Other income. List type and		ATEMENT 1				2	1	-12,306,	,111.
1.1	23	Combine the amounts in the	far right column for lin	ies 7 through 21. Th	is is your		<u>me</u>	2	2	-12,819,	,400.
Adjusted	24	Educator expenses Certain business expenses of res officials. Attach Form 2106 or 210	ervists, performing artists, a	nd fee-basis governme	<u>23</u>			<u> </u>			
Gross	25	Health savings account ded	iction Attach Form 000	20	24						
ncome	26	Moving expenses. Attach Fo									
	27	Deductible part of self-empl		odulo SE	26		97,5	18			
	28	Self-employed SEP, SIMPLE	, and qualified plans		28		<u>, , , , , , , , , , , , , , , , , </u>	· · ·			
	29	Self-employed health insura	nce deduction		28			1949 1940 1940	3		
	30	Penalty on early withdrawal	of savings		30						
	31a	Alimony paid <b>b</b> Recipient	s SSN 🕨		31			2466	10 11 74 12		
	32	IRA deduction			32	-					
	33	Student loan interest deduct									
	34	Tuition and fees. Attach Forr	n 8917		34			2010) 2010) 2010) 2010)			
	35	Domestic production activiti	es deduction. Attach Fo	rm 8903	35				1000 1000		
	36									0.7	548.
		Subtract line 36 from line 22	***********************************					36		97	540.

ī.

Form 1040 (2017)

F	DO	NALD J. & MELANIA TRUMP					Page 2
Form 1040 (2017)		Amount from line 37 (adjusted gross income)		eres e a sin 158		38	-12,916,948.
Tax and Credits			Total h	oxes ·	31123.D		
Standard	39a	Check X You were born before January 2, 1953, Blind	h obocka	d > 39a 1	10110		
Deduction for -		if: Spouse was born before January 2, 1953, Blind	h obeek here	▶ 39b	Total Contract		
People who     check any box	b	If your spouse itemizes on a separate return or you were a dual-status alier	, GIEGK HEIE		+	40	10,237,921.
on line.39a or	40	Itemized deductions (from Schedule A) or your standard deduction (see I				8 10	-23,154,869.
39b <b>01</b> who can be claimed as a	41	Subtract line 40 from line 38			·	41	12,150.
dependent, see instructions.	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number	on line 6d. Ot	herwise, see inst		42	0.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line	41, enter -0-		.	43	and the second
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c			L	44	0.
		Alternative minimum tax. Attach Form 6251				45	7,435,857.
<ul> <li>All others:</li> </ul>	45	Excess advance premium tax credit repayment. Attach Form 8962				46	
Single or	46	Add lines 44, 45, and 46				47	7,435,857.
Married filing separately,	47	Add lines 44, 45, and 46	48		100		
\$6,350	48	Foreign tax credit. Attach Form 1116 if required					
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441					
jointly or Qualifying	50	Education credits from Form 8863, line 19			Contraction of the second		
widow(er), \$12,700	51	Retirement savings contributions credit. Attach Form 8880					
Head of	52	Child tax credit. Attach Schedule 8812, if required	52				
household, \$9,350	53	Residential energy credits. Attach Form 5695			NO DIALOS		
\$9,300	54	Other credits from Form: a X 3800 b 8801 c	54	7,435,10	7.		
		Add lines 48 through 54. These are your total credits			. L	55	7,435,107.
	55	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-				56	750.
-	56					57	195,095.
	57	Self-employment tax. Attach Schedule SE	010		°	58	
Other	58	Unreported social security and Medicare tax from Form: $a = 4137$ t			F	59	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5	329 If require	a	F	60a	27,213.
	60a	Household employment taxes from Schedule H					
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			··	60b	
	61					61	61,660.
	62	Taxes from: a X Form 8959 b Form 8960 c Inst.; enter	code(s)		_	62	
3	63	Add lines 56 through 62. This is your total tax				63	284,718.
Dayment	5 64	Federal income tax withheld from Forms W-2 and 1099	64	97,45			STATEMENT 11
raymenta	04	2017 estimated tax payments and amount applied from 2016 return.	65	388,44	11.		STATEMENT 12
If you have a		Earned income credit (EIC)					
qualifying	66	Nontaxable combat pay election					
child, attach Schedule EIC.		Nontaxable combat pay election	67				
Schedule Lio.	67	Additional child tax credit. Attach Schedule 8812					
	68	American opportunity credit from Form 8863, line 8					
	.69	Net premium,tax crędit. Attach Form 8962		4,200,0	0.0		
	70	Amount paid with request for extension to file			83.		
	71	Excess social security and tier 1 RRTA tax withheld STMT	No	Contract of the second states and the second	-		
	72	Credit for federal tax on fuels. Attach Form 4136		30,5	12.		
	73	Credits from Form: a 2439 b Reserved C 8885 d	73			行動語	1 71 6 404
		LOT U. LOT These are using tatal normanta				74	4,716,494.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the an	nount you ove	rpaid		75	4,431,776.
Nerunu	70	a Amount of line 75 you want refunded to you. If Form 8888 is attached, cl	heck here	►		76a	
Direct deposit?		Routing Sources Automatical Sources	Juni	•			
See instructions.			▶ 77	4,431,7	76.		
	77	Amount of line 75 you want applied to your 2018 estimated tax		ions		78	
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay	79	1		10 CLAR	
You Owe	79	Estimated tax penalty (see instructions)		)? X Yes. Comple	to ha	low	No
Third Pa		Do you want to allow another person to discuss this return with the IRS (se		5) 488-1200	re ne	Perso	nal identification
Designe	9	Designee's DONALD BENDER	no.	t of my knowledge and helief they	are true	e correct	er (PIN)
Sign		Tame FORMED BELEVIEW AND A COMPARENT AND A COMPANY AND A C		ased on all information of which pre	eparer h	as any ki	nowledge. aytime phone number
Here		Your signature Date Your oc	cupation				ayume phone namoor
Joint return?		PRESI	DENT			_	
See instruction Keep a copy	s.	Spouse's signature, If a joint return, both must sign. Date Spouse	's occupation				the IRS sent you an Identity otection PIN,
for your			LADY				iter it here
records.		int/Tupe preparer's name Preparer's signature	Date	Check ·	•	if	PTIN
Daid	Pi	Int/Type preparer's name Preparer's signature		self-employ	yed	. 1	
Paid			1			1	
and a second sec		NALD BENDER		Firm's E		13	1459550
Use On	Y F	m's name 🕨 MAZARS USA LLP			1		488-1200
				Phone n	0. (	/	
710002 02-22	-18 F	m's address 🕨 WOODBURY, NY 11797-2003	100000525				

. . .

SCHEDULE	А
(Form 1040)	

## **Itemized Deductions**

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
 ▶ Attach to Form 1040.
 Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

2017 Attachment Sequence No. 07

OMB No. 1545-0074

Department of the T Internal Revenue Se	Treasur ervice	y (99) Caution: If you are claiming a net gualified disaster loss on Form 4684, see the instru-			Attachment 07
Name(s) shown on F	Form 1		ctions f		Sequence No. 07 ocial security number
DONALD J. &	ME	ANTA TRUMP			2
Medical		Caution: Do not include expenses reimbursed or paid by others.	C82002		-
and	1	Medical and dental expenses (see instructions)			
Dental	2		1		
Expenses					×
	3	Multiply line 2 by 7.5% (0.075)	636		2
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	3	T	-
Taxes You	5	State and local (check only one box):	TT		ł
Paid		a X Income taxes, or SEE STATEMENT 15	5	4,332,489	
		b General sales taxes J			
	6	Real estate taxes (see instructions) SEE STATEMENT 18	6	911,201	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount			
			8		
Interest	9	Add lines 5 through 8			5,243,690.
You Paid	10 11	Home mortgage interest and points reported to you on Form 1098	10		
i ou i ulu		IVIT WIVIT VULDUUUTI THE DOME SEE Instructions and show that paragram's name			
		identifying no., and address			
Note:					
Your mortgage	12	Points not reported to you on Form 1098. See instructions for special rules	11		_
interest deduction may	13				4
be limited (see	14	Investment interest. Attach Form 4952 if required. See instructions	13	001 750	4
instructions).	15	Add lines 10 through 14	14	881,759	
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,860,963	
Charity	17	Other than by cash or check. If any gift of \$250 or more, see instructions.	10	1,000,903	STMT 16
If you made a		You must attach Form 8283 if over \$500	17		DIMI 10
gift and got a benefit for it,	18		18	11-11-11-11-11-11-11-11-11-11-11-11-11-	-
see instructions.	19	Add lines 16 through 18	haring the		0.
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 a	and		
		enter the amount from line 18 of that form. See instructions			1
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.			
Miscellaneous		Attach Form 2106 or 2106-EZ if required. See instructions.			
Deductions	12				
	00		21		
	22 23	Tax preparation fees	.22		
	20	Other expenses - investment, safe deposit box, etc. List type and amount SEE STATEMENT 13			
			14 A		
				4 000 001	
	24	Add lines 21 through 23	23	4,096,981.	
	25	Enter amount from Form 1040, line 38 [25] -12,916,948.	24	4,030,901.	
	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-	20	27	4,096,981.
Other	28	Other - from list in instructions. List type and amount		10000000	4,000,001.
Miscellaneous Deductions		SEE STATEMENT 14		· 38	
20000000			· – – -	28	15,491.
	29	Is Form 1040, line 38, over \$156,900?			
Total		X No. Your deduction is not limited. Add the amounts in the far right column	1		
Total Itemized		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			10,237,921.
Deductions		Yes. Your deduction may be limited. See the Itemized Deductions			
	00	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 deduc	tion,		
LHA 719501 02-22-	10	check here			
Ling (19501-02-22-	10	For Paperwork Reduction Act Notice, see the Instructions for Form 1040.		Schedule A	(Form 1040) 2017

# Schedule A - Charitable Contributions Worksheet Page 1

DONALI	D J. & MELAN	NIA TRUMP			50% of AGI		0. AGI	-12,916,948.
Year		100% Limit	50% Limit	30% Limit	Appreciated	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Allowed							
	NOL Abs. CRP							
	CRP C/O							
2007	Contributions							
	Allowed							4
	NOL Abs. CRP							
L000.	CRP C/0							
2008	Contributions							
	Allowed							-
2222222222222222	NOL Abs. CRP							
2000.	CRP C/0							
2009	Contributions							
	Allowed							-
	NOL Abs. CRP							
2000.	CRP C/0							
2010	Contributions							
	Allowed			21				-
	NOL Abs. CRP							
2000.	CRP C/O							
2011	Contributions						-	
	Allowed							4
	NOL Abs. CRP						-	
	CRP C/0							
2012	Contributions						4	
	Allowed					-		-
Less	NOL Absorb.							10 H
	NOL Abs. CRP						_	
100000	Carryover						-	
	CRP C/0							
2013	Contributions						-	
	Allowed							-
	NOL Absorb.						4	
	NOL Abs. CRP	172					1	
	Carryover						4	
	CRP C/0							

NAME

Schedule A - Charitable Contributions	Worksheet	Page 2
	and the second of the second s	And have been and theme

	1				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						71100000	
Less: A	Allowed							
Less: N	VOL Absorb.			and the second				-
	NOL Abs. CRP							
C	Carryover							
C	CRP C/0							
2015	Contributions							
	Allowed							
	IOL Absorb.			22.21.0.2300.000000000000000000000000000			Constanting of the	
Less: N	IOL Abs. CRP							
C	Carryover							
C	CRP C/0							
	Contributions							
	llowed							
	IOL Absorb.							1
	OL Abs. CRP							
C	arryover							
C	RP C/0							
	ontributions		1,358,563.	502,400.				
Less: A	llowed		0.	0.	0.	0.		
Less: N	OL Absorb. OL Abs. CRP		1,358,563.	502,400.				
L655. an	nd Disaster							
C	arryover							
CI	RP C/0							
	isaster C/O							
Charitab	ole contributions	to Schedule A, Lii	ne 19					

NAME

MAIL DANLD 3. 4 MELATIA TRUMP		edule A Charitable Contributions Lim	itation	
50% of AGI       0.         1,355,563.       0.         Allowable 50% contributions       0.         % Contributions       0.         0. Less capital gain property - special 30% limit       0.	JAME	DONALD J. & MELANIA TRUMP		
6.9% A AGI       1,358,563.         2. Contributions qualifying for 50% limit       0.         9% Contributions       0.         9% Contributions qualifying for 30% limit       0.         5. Less capital gain property - special 30% limits       0.         9. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9. Allowable 30% special contributions (lesser of Line 6, 7 or 8)       0.         9. 3. Allowable 30% special contributions (lesser of Line 10, 11 or 12)       0.         9% Contributions       0.         9. Allowable 30% special contributions       0.         9. Allowable 30% special contributions       0.         9. Allowable 30% special contributions       0.         9. Line 15 less line 16       0.         9. Allowable 30% special contributions       0.         9. Line 15 less line 18       0.         9. Allowable 20% contributions (lesser of Line 3, 9, and 13)       0.         9. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         9% and 100% Conservation Real Property Contributions       0. <td>50% C</td> <td>Contributions</td> <td></td> <td></td>	50% C	Contributions		
2. Contributions qualifying for 50% limit       1, 358, 563.         3. Allowable 50% contributions       0.         9% Contributions       0.         1. Balance of 50% limit (line 1 - Line 3)       0.         2. Less capital gain property -special 30% limits       0.         3. 30% of AGI       0.         3. Contributions qualifying for 30% limit       502,400.         0. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9% Special Contributions       0.         3. 30% of AGI       0.         2. Contributions qualifying for 30% special limit       0.         3. Contributions       0.         9% Special Contributions (lesser of Line 7, or 8)       0.         0. Contributions       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9% Contributions       0.         3. Allowable 30% special contributions       0.         3. Allowable 30% conserevation Real Property Contributions	1. 5	0% of AGI		
b. Allowable 50% contributions       0.         9% Contributions       0.         9. Bernaining 50% limit (line 1 - Line 3)       0.         1. Less capital gain property - special 30% limits       0.         3. Gentributions qualifying for 30% limit       0.         3. Contributions qualifying for 30% limit       502,400.         4. Allowable 50% contributions (lesser of Line 6, 7 or 8)       0.         9% Special Contributions qualifying for 30% special limit       0.         9. Allowable 30% contributions qualifying for 30% special limit       0.         9. Allowable 30% contributions qualifying for 30% special limit       0.         9. Allowable 30% contributions qualifying for 30% special limit       0.         9. Allowable 30% special contributions qualifying for 30% special limit       0.         9. Allowable 30% special contributions       0.         3. Allowable 30% special contributions       0.         3. Allowad 30% special contributions (lesser of Line 3, 9, and 13)       0.         3. Allowad 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         2. A	2. 0	Contributions gualifying for 50% limit	1,358,563.	
Allowable 50% contributions       0.         We contributions       0.         Less capital gain property - special 30% limit       0.         Balance of 50% of Acl       0.         20% of Acl       0.         Allowable 30% contributions qualifying for 30% limit       502,400.         Allowable 30% contributions qualifying for 30% special limit       0.         . Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         . 30% of Acl       0.         . Contributions qualifying for 30% special limit       0.         . Contributions qualifying for 30% special limit       0.         . Contributions qualifying for 30% special limit       0.         . Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         . 20% of Acl       0.         . 30% of Acl       0.         . 30% of Acl       0.         . Allowed 30% special contributions       0.         . Line 15 less line 16       0.         . Allowed 30% special contributions       0.         . Line 15 less line 18       0.         . Remaining 50% limit (ine 1 less the sum of lines 3, 9, and 13)       0.         . Contributions subject to the 20% contributions       0.         . Allowed 20% contributions (lesser of Line 3, 9, 13 and 22)				
Permaining 50% limit (Line 1 - Line 3)       0.         Less capital gain property - special 30% limits       0.         30% of AGI       0.         30% of AGI       0.         30% of AGI       0.         Allowable 30% contributions qualifying for 30% limit       0.         3. Contributions qualifying for 30% special limit       0.         2. Contributions qualifying for 30% special limit       0.         2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         3. Allowable 30% regular contributions       0.         3. Allowable 30% special contributions       0.         3. Allowable 50% imit (line 1 less the sum of lines 3, 9, and 13)       0.         4. Contributions subject to the 20% limitation       0.         2. Allowable 20% constributions (lesser of Line 14, 17, 19, 20 or 2	3. A	llowable 50% contributions	_	0.
Permaining 50% limit (Line 1 - Line 3)       0.         Less capital gain property - special 30% limits       0.         30% of AGI       0.         30% of AGI       0.         30% of AGI       502,400.         Allowable 30% contributions qualifying for 30% limit       0.         3. Contributions qualifying for 30% special limit       0.         2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         3. Allowable 30% regular contributions       0.         3. Allowable 30% special contributions       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         3. Allowable 30% regular contributions       0.         3. Allowable 30% special contributions       0.         3. Allowable 50% imit (line 1 less the sum of lines 3, 9, and 13)       0.         4. Contributions subject to the 20% limitation       0.         2. Allowable 20% constructions (lesser of L		2		
5. Less capital gain property - special 30% limits         0.           Balance of 50% of AGI         0.           3. Contributions qualifying for 30% limit         502,400.           3. Contributions qualifying for 30% special limit         0.           9. Allowable 30% contributions (lesser of Line 6, 7 or B)         0.           9. 30% of AGI         0.           1. Contributions qualifying for 30% special limit         0.           2. Remaining 50% limit (line 1 less lines 3 and 9)         0.           3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)         0.           9% Contributions         0.           4. 20% of AGI         0.           5. 30% of AGI         0.           5. 4. 20% of AGI         0.           5. Allowed 30% regular contributions         0.           6. Allowed 30% special contributions         0.           7. Line 15 less line 16         0.           8. Allowed 30% special contributions         0.           9. Allowed 20% contributions (lesser of Line 14, 17, 19, 20 or 21)         0. <td></td> <td></td> <td>0.</td> <td></td>			0.	
billion billion       0.         30% of AGI       502,400.         0.       503,674.51         0.       504,674.51         0.       504,674.51         0.       504,674.51         0.       504,674.51         0.       6.         0.       6.         0.       6.         0.       6.         0.       6.         0.				t.
Balance of 50% of AGI       502,400.         30% of AGI       502,400.         4. Contributions qualifying for 30% limit       0.         9. Allowable 30% contributions (lesser of Line 6, 7 or 5)       0.         9. Allowable 30% contributions       0.         9. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9. Allowable 30% special contribution       0.         9. Allowable 30% special contributions       0.         9. Line 15 less line 16       0.         9. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         10. Contributions subject to the 20% limitation       0.         11. Contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         12. Allowable 20% conservation Real Property Contributions       0.         13. Allowable 20% conservation real property contributions       0.         14. Conservation			0.	
8. Contributions qualifying for 30% limit       552,400.         9. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9% Special Contributions       0.         10. Contributions qualifying for 30% special limit       0.         2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9% Contributions       0.         10. 20% of AGI       0.         2. Allowable 30% special contributions       0.         3. Allowable 30% special contributions       0.         3. Allowed 30% regular contributions       0.         3. Allowed 30% special contributions (lesser of Line 3, 9, and 13)       0.         3. Contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         2. Allowable 20% contributions (lesser of Line 3, 9, 13 and 22)       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.				
b. Contributions qualifying for 30% special limit       0.         9. Allowable 30% contributions (lesser of Line 6, 7 or 8)       0.         9. Special Contributions       0.         9. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9. Contributions       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9. Contributions       0.         4. 20% of AGI       0.         3. Allowable 30% special contributions       0.         7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         9. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         9. Allowable 20% conservation Real Property Contributions       0.         9. Allowable 50% conservation real property contributions       0.         9. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.				
Allowable 30% contributions (lesser of Line 6, 7 or 8)         % Special Contributions         . 30% of AGI         . Contributions qualifying for 30% special limit         . Remaining 50% limit (line 1 less lines 3 and 9)         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)         . 2% Contributions         . 20% of AGI         . 30% of AGI         . 10 wed 30% special contributions         . 20% of AGI         . Allowed 30% regular contributions         . Allowed 30% special contributions         . 1ine 15 less line 18         . 0, .         . Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)         . 0, .         . Contributions (lesser of Line 14, 17, 19, 20 or 21)         . 0, .         . Allowed 20% conservation Real Property Contributions         . Allowed 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)         . 4. Conservation real property contribution subject to 50% limit         . 6. Allowable 50% cons	8. C	Contributions qualifying for 30% limit		
0. 30% of AGI       0.         Contributions qualifying for 30% special limit       0.         2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 16       0.         0. Permaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limit ation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 50% conservation Real Property Contributions       0.         2. Allowable 50% conservation real property contribution subject to 50% limit       0.         4. Conservation real property contribution subject to 100% limit       0.	9. A	Nowable 30% contributions (lesser of Line 6, 7 or 8)		0.
1. Contributions qualifying for 30% special limit       0.         2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9% Contributions       0.         4. 20% of AGI       0.         3. Allowed 30% regular contributions       0.         7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 16       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.	30% S	Special Contributions		
1. Contributions qualifying for 30% special limit       0.         2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9% Contributions       0.         4. 20% of AGI       0.         3. Allowed 30% regular contributions       0.         7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 16       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.				
2. Remaining 50% limit (line 1 less lines 3 and 9)       0.         3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9% Contributions       0.         4. 20% of AGI       0.         5. Allowed 30% regular contributions       0.         7. Line 15 less line 16       0.         8. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0% and 100% Conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.	11. 0	Contributions qualifying for 30% special limit		
3. Allowable 30% special contribution (lesser of Line 10, 11 or 12)       0.         9% Contributions				
3. Allowable 30% special contribution (lesser of Line 10, 11 of 12)         9% Contributions         4. 20% of AGI         5. 30% of AGI         5. Allowed 30% regular contributions         6. Allowed 30% special contributions         7. Line 15 less line 16         0         3. Allowed 30% special contributions         9. Line 15 less line 18         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)         1. Contributions subject to the 20% limitation         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)         0. Allowable 20% conservation Real Property Contributions         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)         4. Conservation real property contribution subject to 50% limit         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)         0. Allowable 50% of AGI         7. Conservation real property contribution subject to 100% limit				0
4. 20% of AGI         5. 30% of AGI         5. Allowed 30% regular contributions         6. Allowed 30% special contributions         7. Line 15 less line 16         8. Allowed 30% special contributions         9. Line 15 less line 18         0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)         1. Contributions subject to the 20% limitation         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)         0.         0. Allowable 20% conservation Real Property Contributions         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)         4. Conservation real property contribution subject to 50% limit         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)         0. Remaining 100% of AGI         7. Conservation real property contribution subject to 100% limit	13. <i>A</i>	Nowable 30% special contribution (lesser of Line 10, 11 or 12)		
4. 20% of AGI         5. 30% of AGI         5. Allowed 30% regular contributions         6. Allowed 30% special contributions         7. Line 15 less line 16         8. Allowed 30% special contributions         9. Line 15 less line 18         0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)         1. Contributions subject to the 20% limitation         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)         0.         0. Allowable 20% conservation Real Property Contributions         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)         4. Conservation real property contribution subject to 50% limit         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)         0. Remaining 100% of AGI         7. Conservation real property contribution subject to 100% limit	20% 0	Contributions		
5. 30% of AGI       0.         5. Allowed 30% regular contributions       0.         7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0% and 100% Conservation Real Property Contributions       3. 9, 13 and 22)         4. Conservation real property contribution subject to 50% limit				
3. Allowed 30% regular contributions       0.         7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.				
7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. Allowable 50% conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI				
7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0% and 100% Conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.	10. A	Allowed 5070 regular contributions		
7. Line 15 less line 16       0.         3. Allowed 30% special contributions       0.         9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0% and 100% Conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.		to de los line 16	0.	
9. Line 15 less line 18       0.         0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)       0.         1. Contributions subject to the 20% limitation       0.         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0. and 100% Conservation Real Property Contributions       0.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       0.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.				
9. Line 15 less line 18   0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)   1. Contributions subject to the 20% limitation   2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)   0.   0% and 100% Conservation Real Property Contributions   3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)   4. Conservation real property contribution subject to 50% limit   5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)   0.   6. Remaining 100% of AGI   7. Conservation real property contribution subject to 100% limit	18. /	Allowed 30% special contributions		
0. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13) 0.   1. Contributions subject to the 20% limitation 0.   2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21) 0.   0. 0.	10	ing 15 logg ling 19	0.	4
D. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)         1. Contributions subject to the 20% limitation         2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)         0% and 100% Conservation Real Property Contributions         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)         4. Conservation real property contribution subject to 50% limit         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)         0.         6. Remaining 100% of AGI         7. Conservation real property contribution subject to 100% limit				
2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)       0.         0% and 100% Conservation Real Property Contributions       3.         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)       4.         4. Conservation real property contribution subject to 50% limit       0.         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)       0.         6. Remaining 100% of AGI       0.         7. Conservation real property contribution subject to 100% limit       0.				
2. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)  0% and 100% Conservation Real Property Contributions 3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22) 4. Conservation real property contribution subject to 50% limit 5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24) 6. Remaining 100% of AGI 7. Conservation real property contribution subject to 100% limit	21. (	Contributions subject to the 20% limitation		
0% and 100% Conservation Real Property Contributions         3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)         4. Conservation real property contribution subject to 50% limit         5. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)         0.         6. Remaining 100% of AGI         7. Conservation real property contribution subject to 100% limit	~~	11 - 12 = 000		0.
<ul> <li>3. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)</li></ul>	22. /	Allowable 20% contributions (lesser of Line 14, 17, 19, 20 of 21)		
<ul> <li>4. Conservation real property contribution subject to 50% limit</li></ul>	50% a	and 100% Conservation Real Property Contributions		
<ul> <li>Allowable 50% conservation real property contribution (lesser of Line 23 or 24)</li> <li>Remaining 100% of AGI</li> <li>Conservation real property contribution subject to 100% limit</li> </ul>	23. I	Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)		
<ul> <li>Allowable 50% conservation real property contribution (lesser of Line 23 or 24)</li> <li>Remaining 100% of AGI</li> <li>Conservation real property contribution subject to 100% limit</li> </ul>	24. (	Conservation real property contribution subject to 50% limit		
<ol> <li>Allowable 50% conservation real property contribution (lesser of Line 23 of 24)</li> <li>Remaining 100% of AGI</li> <li>Conservation real property contribution subject to 100% limit</li> </ol>				n
7. Conservation real property contribution subject to 100% limit	25. /	Allowable 50% conservation real property contribution (lesser of Line 23 or 24)		0.
7. Conservation real property contribution subject to 100% limit	26	Remaining 100% of AG		
8. Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	27. 1	Conservation real property contribution subject to 100% limit		
	28. /	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)		0.
ualified Disaster Contributions	Quali	fied Disaster Contributions		
9. Remaining 100% of AGI				
0. Qualified disaster contributions subject to 100% limit				-
	30.			
1. Allowable qualified disaster contributions (lesser of Line 29 or 30)	31.	Allowable qualified disaster contributions (lesser of Line 29 or 30)	-	0.
2. Total 2017 contributions allowed on Schedule A	32.	Total 2017 contributions allowed on Schedule A		
line of the Cabadula A				
	33.	TULAI PHUL YEAR GATTYUVELS ANOWED ON GONEGUIC A	-	
4. Total charitable contributions to Schedule A, Line 19	3/1	Total charitable contributions to Schedule A. Line 19		

SCHEDULE B
(Form 1040A or 1040)

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

## Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

DONALD J. & 1	MEL.	ANIA TRUMP					
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amoun	t		
Interest		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.		
		·	1				
Note: If you							
received a Form							
1099-INT, Form 1099-OID.				and Ball and State and			
or substitute							
statement from				ter opposition in the second second			
a brokerage firm, list the firm's							
name as the							
payer and enter the total interest							
shown on that form.	2	Add the amounts on line 1	2	6,758	,494.		
ionn.	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.		
	No	te: If line 4 is over \$1,500, you must complete Part III.		Amoun			
Part II	5	List name of payer 🕨			<u>.</u>		
Ordinary		JP MORGAN CHASE			941.		
Dividends		DEUTSCHE BANK TRUST CO		7	,000.		
Binacinad		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			,004.		
		FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD			,519.		
Note: If you		FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	5		671.		
received a Form		FROM K-1 - FIFTY-SEVEN MANAGEMENT CORP			7.		
1099-DIV or substitute							
statement from							
a brokerage firm, ist the firm's							
name as the							
payer and enter the ordinary							
dividends shown							
on that form.							
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►	6	21	984.		
	No	te: If line 6 is over \$1,500, you must complete Part III.					
Part III		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a	foreign	T	Γ		
	acc	ount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	loreign	Yes	No		
Foreign	7a	At any time during 2017, did you have a financial interest in or signature authority over a financial acc	count (cur	h			
Accounts	as a bank account, securities account, or brokerage account) located in a foreign country? See instructions						
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAD	X	ti (te dite		
Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for f	DAN),				
		requirements and exceptions to those requirements	100 100 000 <del>70</del> 11		HE CLARE		
	h	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial		X	(GIVerbil		
34 C	b	is located	account				
	8						
27501 10-25-17	0	During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign					
HA For Papar		If "Yes," you may have to file Form 3520. See instructions	<u></u>		X		

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

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Software ID: Software Version: SSN: Spouse SSN:

### Name: DONALD J & MELANIA<TRUMP

#	Payer	Amount
1	CAPITAL ONE BANK	256,701
2	JP MORGAN CHASE	1,528
3	BANK UNITED	1,572
4	CITIBANK	
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	24,000
8	FIRST REPUBLIC BANK	
9	SIGNATURE BANK	1,531
1.0	ONEWEST BANK	23
11	STATE OF CALIFORNIA	12,670
1.2	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 APARMTENTS #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
84	FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	47,249
35	FROM K-1 - TRUMP 845 UN GP LLC	132
6	FROM K-1 - 845 UN LIMITED PARTNERSHIP - 845 LP LLC	197
7	FROM K-1 - TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	2,389
8	FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	2,384
9	FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	
10	FROM K-1 - TRUMP PALACE PARC LLC	2,181
11	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	
		25,171

### Additional Data

12

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

efile GRAPHIC pri	nt - DO NOT P	ROCES	S LATEST DA	TA - Production	••••		DLN	16221685381668
SCHEDULE C		F	Profit or Los	s From Busir	less			OMB No. 1545-0074
(Form 1040)				Proprietorship)				2017
Department of the Treasury	► Information	about S	Schedule C and its	separate instruction	s is at <u>IRS.gov/S</u>	chedu	<u>ıleC</u> .	Attachment
Internal Revenue Service	P Attach to P	01111104	0, 1040NR, 8F 102	11; partnerships gene	erally must file F	orm 1	065.	Sequence No. 09
Name of proprietor						Soc	al secu	rity number (SSN)
DONALD J TRUMP							-	
A Principal business or AVIATION	profession, includ	ing produ	ict or service (see in	nstructions)		B Ent	er code	from instructions 532289
Business name. If no DJT AEROSPACE LLC	separate busines	s name, l	eave blank.				oloyer II N)/(see i	D number nstr.)
Business address (inc City, town or post offi	luding suite or ro ce, state, and ZII	om no.) 🖡 P code		NY 11797				
Accounting method:		(2)	Accrual (3)	Other (specify)	Þ			
G Did you "materially pa	articipate" in the o	operation	of this business dur	ing 2017? If "No," see	instructions for lim	it on l	osses	· 🗌 Yes 🗹 No
I If you started or acqu	ired this business	during 2	017, check here.				1	
Did you make any pay	ments in 2017 th	nat would	require you to file F	Form(s) 1099? (see inst	ructions) .	• •	• •	· 🗹 Yes 🗌 No
If "Yes," did you or wi	ii you nie require	a Forms .				• •	• •	· Ves 🗆 No
Part I Income 1 Gross receipts or s	sales. See instruc	tions for	line 1 and check the	box if this income was	raparted		<del>, ,</del>	
to you on Form W	-2 and the "Statu	itory emp	loyee" box on that f	form was checked	••• •		1	42,965
<ol> <li>Returns and allow</li> <li>Subtract line 2 fro</li> </ol>		• • •				•	2	0
<ul><li>3 Subtract line 2 fro</li><li>4 Cost of goods sold</li></ul>		•••			• • • • • •		3	42,965
5 Gross profit. Sub	a service and a reason of the service	line 3	· · · · · ·			٠	4	0
			soline or fuel tax cr	edit or refund (see instr	••••••	•	5	42,965
7 Gross income. Ad				· · · · · · · · ·			7	42,965
Part II Expense	s.Enter expense	es for bu	isiness use of you	r home only on line	30.		,	42,905
		8		18 Office expense			18	
9 Car and truck expen	ses (see	9		19 Pension and pr	ofit-sharing plans		19	
instructions) <b>O</b> Commissions and fee	es	10		20 Rent or lease (				
1 Contract labor (see i		11		7	ery, and equipment	٠	20a	
2 Depletion		12		b Other business	s property	•	20b	
<b>3</b> Depreciation and sec	tion 179	12		21 Repairs and ma		·	21	
expense deduction (	not			22 Supplies (not in			22	_
included in Part III)				23 Taxes and licen		•	23	
4 Employee benefit pro		13		24 Travel, meals, a	and entertainment			
(other than on line 1		14		b Deductible me		•	24a	-
<b>5</b> Insurance (other tha	n health)	15	-	entertainment	(see instructions)		24b	
6 Interest:				25 Utilities		•	25	
a Mortgage (paid to b	· · · F	16a		26 Wages (less em	a a li li li seconde		26	
b Other	-	16b		27a Other expense	53 ST	•	27a	42,965
<b>7</b> Legal and profession		17		b Reserved for	future use		27b	
				lines 8 through 27a		•	28	42,965
<ul><li>9 Tentative profit or</li><li>0 Expenses for busin</li></ul>							29	0
using the simplified	i method (see ins	tructions	not report these exp ). ital square footage o	penses elsewhere. Attac				
part of your home	used for business		. Use the S	implified Method Works	and (I	) the		
to figure the amou	nt to enter on line	e 30.		inplined Hethod Works	sheet in the instruct	LIUIIS	30	
<ol> <li>Net profit or (loss</li> <li>If a profit, enter on</li> </ol>	s).Subtract line 3 both Form 104	0 from line 1	ne 29. 2. (or Form 1040N	R, line 13) and on Sch		1		
2. (If you checked	the box on line 1	, see inst	ructions). Estates ar	nd trusts, enter on For	m 1041, line 3.	<pre>}</pre>		
<ul> <li>If a loss, you must</li> </ul>	t go to line 32.					Ţ	31	0
<ul> <li>2 If you have a loss,</li> <li>If you checked 32a</li> <li>Schedule SE, line</li> </ul>	, enter the loss o	n both Fo	rm 1040, line 12,	in this activity (see ins (or Form 1040NR, lin line 31 instructions). Es	e 13) and on	32a		nvestment is at risk.
enter on Form 104 • If you checked 32b	11, line 3.				states and trusts,	325	0 🗌 Som	e investment is not at risk.
r Paperwork Reducti	on Act Notice, s	ee your	tax return instruc	tions. Cat.	No. 11334P	Sc	hedule	C (Form 1040) 2017

Sched	ule C (Form 1040) 2017			rage Z
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 0th	ner (atta	ach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.		□Yes □	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		0
42 Par		ired to	file Form 4562	2 for
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehi	cle for:		
а	Business <b>b</b> Commuting (see instructions) <b>c</b> Other	er		
45	Was your vehicle available for personal use during off-duty hours?	□ Ye	s 🗆 No	
46	Do you (or your spouse) have another vehicle available for personal use?	🗌 Ye	s 🗌 No	
	Do you have evidence to support your deduction?	🗌 Ye	s 🗌 No	
	If "Yes," is the evidence written?	🗌 Ye	s 🗆 No	
Par	and the last second and included on lines 9.26 or line 30			
	COPTER EXPENSES			42,965
			• •	
		L		
48	Total other expenses. Enter here and on line 27a	48	edule C (Form 10	42,965

SCHEDULE	С
(Form 1040)	

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship) ► Go to www.irs.gov/ScheduleC for instructions and the latest information. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2017
Attachment Sequence No. 09

Nano	of propriotor	and the second	and a construction of the second			<u> </u>	Bocial ad	county number (98N)			
DON	ALD J. TRUMP										
A	Principal business or profession, includ	ing product or se	arvice (see instruction				D Enter	code from instructions			
	AGEMENT SERVICES	ing product of ad		115)			► 541600				
С	Business name. If no separate business	name, leave blar	ık.	R-SO-CHARDO			D Employer ID number (EIN) (see instr.)				
DON.	ALD J. TRUMP										
Ē	Business address (including suite or roo										
	City, town or post office, state, and ZIP			)22							
F	Accounting method: (1) X Cas		Accrual (3)	Other	(specify) ►						
G H	Did you "materially participate" in the op	eration of this bu									
n I	If you started or acquired this business	during 2017, che	ck here								
J	Did you make any payments in 2017 tha If "Yes," did you or will you file required	Forms 10992	ou to me Form(s) to	0993 (8	see instructions)	•••••		Yes No			
Pa	rt I Income	01113 10001						Yes No			
1	Gross receipts or sales. See instructions	for line 1 and cl	neck the box if this in	ncome	was reported to you on Form W-2		1				
	and the "Statutory employee" box on that	t form was check	ed.				1	17,875.			
2	Returns and allowances					-	2	1			
3	Subtract line 2 from line 1						3	17,875.			
4	Cost of goods sold (from line 42)						4				
5	Gross profit. Subtract line 4 from line 3						5	17,875.			
6	Other income, including federal and state	e gasoline or fuel	tax credit or refund	(see in	structions) SEE STATEMENT 20		6	31,129.			
7 Pa	Gross income. Add lines 5 and 6	ooo fay busi	f	<u>.</u>			7	49,004.			
8	Advertiging		C2				T				
9	Advertising Car and truck expenses	8		18	Office expense		18				
0	(see instructions)	9			Pension and profit-sharing plans		19	-			
10	. Commissions and fees	10	2		Rent or lease (see instructions):						
11	Contract labor (see instructions)	11			Vehicles, machinery, and equipment		.20a	·			
12	Depletion	12		21	Repairs and maintenance		20b 21				
13	Depreciation and section 179				Supplies (not included in Part III)		22				
	expense deduction (not included in		1.11		Taxes and licenses		23	31,129.			
	Part III) (see instructions)	. 13.		24	Travel, meals, and entertainment:						
14	Employee benefit programs (other				Fravel		24a				
	than on line 19)	14			Deductible meals and						
15	Insurance (other than health)	15		. 6	entertainment (see instructions)		24b				
16	Interest:			25 l	Jtilities		25				
a	Mortgage (paid to banks, etc.)	16a			Nages (less employment credits)		26				
17	Other Legal and professional services	16b	2		Other expenses (from line 48)		27a				
<u>17</u> 28	Total expenses before expenses for busi	17		<u>b</u> F	Reserved for future use		27b				
29	Tentative profit or (loss). Subtract line 28						28	31,129.			
30	Expenses for business use of your home.	Contraction of the second s	ase avnanses alsowh	hora A	ttach Form 9900	•••	29	17,875.			
	unless using the simplified method (see i		636 expenses eisewi	nere, A							
	Simplified method filers only: enter the		ade of: (a) your home	е.							
	and (b) the part of your home used for bu	usiness:	-g (u) joor norm								
	Use the Simplified Method Worksheet in t	the instructions t	o figure the amount t	to ente	er on line 30	- ·	30				
31	Net profit or (loss). Subtract line 30 from	ı line 29.	<b>-</b>								
	• If a profit, enter on both Form 1040, lir	ne 12 (or Form 1	040NR, line 13) and	d on Se	chedule SE, line 2.	٦					
	(If you checked the box on line 1, see inst					Þ	31	17,875.			
	• If a loss, you <b>must</b> go to line 32.					J					
32	If you have a loss, check the box that des	cribes your inves	tment in this activity	/ (see ii	nstructions).	)	- 20				
	If you checked 32a, enter the loss on be	oth Form 1040, !	line 12, (or Form 10	040NR,	line 13) and on Schedule SE, line 2.	L	32a	All investment is at risk.			
	(If you checked the box on line 1, see the	line 31 instructio	ons). Estates and trus	sts, ent	ier on Form 1041, line 3.	ľ	32b	Some investment is not at risk.			
	<ul> <li>If you checked 32b, you must attach For</li> </ul>	orm 6198. Your I	oss may be limited.			J					

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

1.14

Schedule C (Form 1040) 2017

	C (Form 1040) 2017 DONALD J. TRUMP Cost of Goods Sold (see instructions)			Page 2
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c C	)ther (a	ttach explanatio	1)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		-
39	Other costs	39		
40	Add lines 35 through 39	40		•
41	Inventory at end of year	41	PODACHORICA I I STATUTION	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	<ul> <li>Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.</li> <li>When did you place your vehicle in service for business purposes? (month, day, year)</li> </ul>	find o	but if you m	ust file
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year)       Image: Imag			
a				
45 .	Was your vehicle available for personal use during off-duty hours?			No
46	Do you (or your spouse) have another vehicle available for personal use?			
47 a b	If "Yes," is the evidence written?		Yes Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.		T	
IYS F	ILING FEE			25.
	t an	<u></u> .	· · · · · · · · · · · · · · · · · · ·	
•				
		T ·		11 P
48	Total other expenses. Enter here and on line 27a	48	and bring to stre	25.
10				

720002 10-21-17

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Schedule C (Form 1040) 2017

с з

SCHEDULE C		Pro	fit or Los	s From Business			OMB No. 1545-0074	
(Form 1040)					2017			
Department of the Treasury	▶Informatio	on about Sche	/Schedul	eC.	2017			
nternal Revenue Service	Attach to	Form 1040, 1	040NR, or 104	1; partnerships generally must file	Form 10	65.	Attachment Sequence No. 09	
Name of proprietor					Socia	l seci	urity number (SSN)	
DONALD J TRUMP					I			
A Principal business or MANAGEMENT SERVI	profession, inclu CES	iding product o	service (see in	istructions)	B Ente	r code	from instructions 541600	
Business name. If no	separate busine	ess name, leave	blank.		D Emple	over T	D number	
DONALD J TRUMP							instr.)	
Business address (inc City, town or post off			NEW YORK, N	JY 10022				
Accounting method:		(2) 🗆 A	crual (3)	Other (specify)		_		
i Did you "materially p	articipate" in the	e operation of th	is business dur	ing 2017? If "No," see instructions for	limit on los	ses	· 🗌 Yes 🗹 No	
I If you started or acqu	ired this busine	ss during 2017,	check here			•		
If "Yes " did you or w	yments in 2017 ill you file requir	that would requ	lire you to file F	Form(s) 1099? (see instructions)	· · ·	•	· 🗌 Yes 🗌 No	
Part I Income	in you me requir	ed Forms 1099			· · ·	• ••	· 🗌 Yes 🗌 No	
1 Gross receipts or	sales. See instru	uctions for line	and check the	box if this income was reported				
to you on Form W	-2 and the "Sta	tutory employe	e" box on that f	form was checked		1	17,875	
<ul><li>2 Returns and allow</li><li>3 Subtract line 2 from</li></ul>			• • • • •		• •	2	0	
					· ·	3	17,875	
<ul> <li>4 Cost of goods sold</li> <li>5 Gross profit. Sul</li> </ul>		••••	· · · · ·		· ·  -	4	0	
				edit or refund (see instructions)	· ·  -	5	17,875	
7 Gross income. A	dd lines 5 and 6	iu state gasoni	e of fuel tax cre	edit of refund (see instructions)	· · +	6	31,129	
Part II Expense	s.Enter expen	ses for busine	ss use of voi	ir home <b>only</b> on line 30.	•	7	49,004	
		8		18 Office expense (see instruction	(s)	18		
9 Car and truck exper	ises (see			19 Pension and profit-sharing plar		19		
instructions)		9		20 Rent or lease (see instructions	-			
O Commissions and fe		10		a Vehicles, machinery, and equipment		20a		
1 Contract labor (see	instructions)	11		b Other business property .		20b		
2 Depletion		12		21 Repairs and maintenance	-	21		
3 Depreciation and se				22 Supplies (not included in Part I		22		
expense deduction ( included in Part III)				23 Taxes and licenses	· –	23	31,129	
instructions)		13		24 Travel, meals, and entertainme			51,125	
4 Employee benefit pr		14		a Travel	10000000	24a		
(other than on line 1 5 Insurance (other that		15		<b>b</b> Deductible meals and		24b		
<b>6</b> Interest:	in nearth)	15		entertainment (see instruction 25 Utilities		25		
<ul> <li>Mortgage (paid to b</li> </ul>	anks etc.)	16a		26 Wages (less employment credit		26		
<b>b</b> Other		16b		27a Other expenses (from line 48		27a		
<b>7</b> Legal and profession	al services	17		b Reserved for future use .		27b		
			e of home Add	lines 8 through 27a				
9 Tentative profit or					-	28	31,129	
				oenses elsewhere. Attach Form 8829 u		29	17,875	
using the simplifie	d method (see ii	nstructions).			IIIC55			
Simplified metho part of your home	used for busine	enter the total s	quare footage o	of: (a) your home: and	d (b) the			
to figure the amou			Use the S	implified Method Worksheet in the inst		30		
1 Net profit or (los	s).Subtract line	30 from line 29	).					
<ul> <li>If a profit, enter or</li> <li>2. (If you checked</li> </ul>	h both Form 10	40, line 12, (o	Form 1040N	R, line 13) and on Schedule SE, line nd trusts, enter on Form 1041, line 3.				
<ul> <li>If a loss, you mus</li> </ul>	t go to line 32.	r, see instructi	ins). Estates ar	nd trusts, enter on Form 1041, line 3.	· (			19
7 If you bake a loss	check the here t	hat door-ih-			, L	31	17,875	×.
<ul> <li>If you checked 32a</li> </ul>	, enter the loss	on both Form	1040, line 12.	in this activity (see instructions). (or Form 1040NR, line 13) and on	1		· · · · · · ·	
Schedule SE, line	2. (If you chec	ked the box on	line 1, see the	line 31 instructions). Estates and trusts	s, 32al	: All	investment is at risk.	
<ul> <li>enter on Form 10</li> <li>If you checked 32t</li> </ul>	41, line 3.				1	Son	ne investment is not at risk.	
					,		Section to not at har.	
r Paperwork Reduct	ion Act Notice,	see your tax	eturn instruc	tions. Cat. No. 11334P	Sch	edule	e C (Form 1040) 2017	

_	Jule C (Form 1040) 2017
Part	t III Cost of Goods Sold (see instructions)
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . <u>35</u>
36	Purchases less cost of items withdrawn for personal use
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39 40	Other costs         35           Add lines 35 through 39         40
41	Inventory at end of year
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4
Par	t 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:
	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours?
46	Do you (or your spouse) have another vehicle available for personal use:
47a	Do you have evidence to support your deduction?
b	If "Yes," is the evidence written?
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.
	· · · · ·
48	Total other expenses. Enter here and on line 27a
	Schedule C (Form 1040) 20

SCHED	ULE C
(Course 1	0401

## (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 for instructions and the latest information. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

1 ttachment equence No. 09

1.1

OMB No. 1545-0074

A       Principal Jusciness or profession, including product or service (ase instructions)	DON	ALD J. TRUMP					00012	a security no	11156 (5514)
AVTATION       > 532283         C Burdiness name. If no separate business name, lawe blank;       Derosystem to more cost of the set of norm no.)       C/O MASAME         Diff. Contract I LLC       Derosystem to more cost of the set of norm no.)       C/O MASAME       27-3212458         Builtmiss address (induction patie or norm no.)       C/O MASAME       27-3212458         Obly to materially patientication the operation of the business during 2017 the "set instructions"       For executing method:       Yes I K No         I Did you stand any reported in 2017 that would requery but to the Form(s) 1089? (see instructions)       I Yes I K No       Yes I K No         J I Yes, did you or will you flat required forms 1099?       Form(s) 1089? (see instructions)       I Yes I K No         J Rainer and allowances       2       3       3       4         Goss freq/pto ar sales, Soi instructions in 1 and cluck the box if this income was reported to you on Form W-2 and the Status of the min a 3       4       5         Goss grefit. Subtract line 4 from line 3       4       5       6       42.2.55;         T Gress receipts ar sales, Soi instructions in the last credit or return (see instructions).       7       482.155;         T Gress receipts are sales. Soi instructions in the last credit or return (see instructions).       7       482.155;         T Gress receipts are sand is assand 6       1       1       9 </th <th></th> <th></th> <th>na proc</th> <th>duct or service (see instru</th> <th>ctions)</th> <th></th> <th>R En</th> <th>ter code fror</th> <th>n instructions</th>			na proc	duct or service (see instru	ctions)		R En	ter code fror	n instructions
C       Durlenses rame. If no segnate business mane, lave black.       □ Errorbyer D unime of this pain wat job of the pain	AVIA		51		, inolito j		ľ		
DPT OPERATIONS I LLC       27-3212458         EBuilting softes (Induking softe or room mu.)       C/O_MAXANS         CBU, Ivern or not offers, state, and ZP code       Yes (Z)         Accounting methods       (1)       Z Cost         B Old you transtally practicated in the operation of this lusiness during 2017; It NG, 'see instructions (I monoses)       Yes (Z) No         H Hyou tarted or aquired into this lusiness during 2017; Deak here       Z       Yes (Z) No         J Ll Yes; do you or will you if a required Form 1098?       Z       Yes (D)         Part LL Income       Z       Yes (D)       L         1       Ords requiptor a slate, See instructions for the state device the lock if this income was reported to you on Form W-2 and the "Statut or yendywet box on the form was checked       L       L         2       Subtract line 2 from line 1       3       4       5         3       Subtract line 2 from line 3       4       5       6       4         5       Gotter process       C       4       5       6       4       5         6       Other process.       Form sease of the form line 3       6       4       5       6       4       5         7       Gettar form distite gas of the form line 3       6       7       482, 155.       7       6	С	Business name. If no separate business	name, I	eave blank.			D Em	ployer ID nu	States of the second
City team or post office, state, and 2/P code       SoD20037, NY 11/97         F Accounting method:       (1) S Cash       (2) Account (3) Other (specify)         0       Did you finetedity participate in the operation of the business during 2017/ If Not solid require you to file form(s) 1099? (see instructions)       Ves X is No         11 Did you make any payments in 2017 that would require you to file form(s) 1099? (see instructions)       X yes No         2       Part II       Income         11 occurs 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 employer hox on the form was checked       4         2       Subtract line 1       3         3       Subtract line 1       4         4       Cost of goods old (from line 42)       4         5       Other income, including fielden distle gazofine or fuel tax coell or refund (see instructions)       555: STATEXERPE 21.       6       482,155.         7       Grass income. Add lines 5 and 6       9       9       20       10       9       20         12       Deprecision and asset.       10       10       10       20       10       20       20         13       Deprecision and asset.       10       10       10       20       10       20       20       20       20 </td <td>DJT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>27-321</td> <td>2458</td>	DJT							27-321	2458
F       Accounting method:       (1) ≤ Cash (2) Account (speed(r))         G       Did you "materially participate" in the operation of this business during 2017; If Wo, 'see instructions for limit on loase:       Image: Cash (Speed(r))         G       Did you "materially participate" in the operation of this business during 2017; If Wo, 'see instructions for limit on loase:       Image: Cash (Speed(r))         If Yes: 'G wo would you field grant 01007       X Yes:       No         Part Li Income       X Yes:       No         I Goss receipts and soltwances       2       2         Subtract line 2 from line 4       3       4         G Forse price Addlines 2 and state gasoline or fuel tax credit or refund (see instructions)       #EE #7XPEMENT 21       6       432,155.         Part Li Expenses. Enter expenses for business use of your home only on line 30.       3       7       432,155.         Part Li Expenses. Enter expenses for business use of your home only on line 30.       1       9       20       20         Contract labor (see instructions)       1       1       1       1       21       22         Contract labor (see instructions)       1       1       1       10       20       20       20       20       20       20       20       20       20       20       20       20       20 <td>È</td> <td>Business address (including suite or roo</td> <td>m no.)</td> <td>C/O MAZARS</td> <td></td> <td></td> <td></td> <td></td> <td></td>	È	Business address (including suite or roo	m no.)	C/O MAZARS					
G       Did you 'natistably participate' in the operation of this business during 2017? If 'No,' see instructions for limit on tossis       Ves       No         H       Hyou started or acquired this business during 2017, check here       Ves       No         Did you make any payments in 2017 That would require you to file form(s) 1095? (see instructions)       X       Yes       No         J       H'res,' idd you or will you the required forms 1092?       X       Yes       No         J       Horse receipts or sales. See instructions for lime 1 and check the bax if this income was reported to you on Form W-2 and the 'Statuby analyzer's bax on that form was checked       1       2         2       Subtract line 4 from line 3       4       5       6       4         3       Cost of goods add (tron line 42)       4       5       6       42,155.         4       Cost of goods add (tron line 5 and 6       5       6       42,155.       6       42,155.         Part III       Expenses       Interession control in the sea (see instructions):       1       20       6       42,155.         Artertising       9       1       18       Office expense       19       9       7       422,155.         10       11       12       18       Office expense       19       19       10 <td></td> <td>City, town or post office, state, and ZIP of</td> <td>ode</td> <td>WOODBURY, NY</td> <td>1797</td> <td></td> <td></td> <td></td> <td></td>		City, town or post office, state, and ZIP of	ode	WOODBURY, NY	1797				
G       Did you "materially participate" in the operation of this business during 2017? If Na," see instructions for limit on losses	F	Accounting method: (1) X Cas	h i	(2) Accrual (3)	Oth	ier (specify) 🕨		denne odv	
H       Hyou started or acquired this business during 2017, check have       Image: Constructions of the starter of the st	G	Did you "materially participate" in the ope	ration	of this business during 20	17? If "N	Io," see instructions for limit on losses			Yes X No
1       Dif you make any payments in 2017 that would require you follo Form(s) 1098? (see instructions)       Image: Control	Н	If you started or acquired this business of	luring 2						
J. If Vres," did you or will you file required Forms 1099?       Image: Concrete       Image: Concrete <td>1</td> <td></td> <td></td> <td></td> <td>) 1099?</td> <td>(see instructions)</td> <td></td> <td>X</td> <td>Yes No</td>	1				) 1099?	(see instructions)		X	Yes No
Part II       Croceree         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 <ul> <li>I</li> <li>Gross receipts or sales. See instructions for line 1</li> <li>I</li> <li>Subtract line 2 from line 1</li> <li>Gross receipts or sales. See instructions of the tax crodit or refund (see instructions)</li> <li>SEE STATERERY 21</li> <li>Gess profit. Subtract line 4 from line 43</li> <li>Gross income, Aud lines 5 and 6</li> <li>T</li> <li>Gross receipts or sales. See for business use of your home only on line 30.</li> </ul> <ul> <li>Advertising</li> <li>Grant fuck expenses. Enter expenses for business use of your home only on line 30.</li> <li>Advertising</li> <li>Grant fuck expenses.</li> <li>Interview on the lass (see instructions):</li> <li>Depiction</li> <li>Interview and lines and equipment</li> <li>Interview and lines and and entertainment:</li> <li>Inter</li></ul>	J	<u>If "Yes," did you or will you file required F</u>	orms	1099?				X	
and the "Statutory employee" box on that form was checked       1         2       Returns and allowances       2         3       Subtract line 2 from line 1       2         4       5       5         5       5       5         6       Other income, including federal and state gasoline or fuel tax oredit or refund (see instructions)       State instructions)       8         6       Other income, including federal and state gasoline or fuel tax oredit or refund (see instructions)       8       4         7       482, 155.       7       482, 155.       7         8       Advertising       8       18       Office expense       18         9       Car and truck expenses       9       20       Rent or lasse (se instructions)       19         10       Commissions and fees.       10       -       -       20       -         11       Contract lator (see instructions)       11       -       -       20       -       -         12       21       Repairs and maintenance       21       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       - </td <td>Pa</td> <td>rt I Income</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pa	rt I Income							
2       Returns and allowances       2         3       Subtract line 2 from line 1       3         4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       5         6       Other income, including fedderal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 2.1       6       4 82,155.         7       Gross income. Add lines 5 and 6       7       4 82,155.       7         9       Car and truck expenses       8       18       Ponsion and profit-sharing plans       18         9       Car and truck expenses       9       20       Rent or lease (see instructions):       20a         10       Contrast labor (see instructions)       11       Ponsion and profit-sharing plans       12       21         12       Depreciation and section 179       20       21       Repairs and maintenance       21         13       182,737,       24       Traval, meals, and entratimment:       23       423.         16       Insurace (other than health)       15       18       27       27       24       24       24       24       24       24       24       24       24       24       24       24       24       24       <	1	Gross receipts or sales. See instructions	for line	1 and check the box if thi	s incom	e was reported to you on Form W-2			
2       Returns and allowances       2         3       Subtract line 2 from line 1       3         4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       5         6       Other income, including fedderal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 2.1       6       4 82,155.         7       Gross income. Add lines 5 and 6       7       4 82,155.       7         9       Car and truck expenses       8       18       Ponsion and profit-sharing plans       18         9       Car and truck expenses       9       20       Rent or lease (see instructions):       20a         10       Contrast labor (see instructions)       11       Ponsion and profit-sharing plans       12       21         12       Depreciation and section 179       20       21       Repairs and maintenance       21         13       182,737,       24       Traval, meals, and entratimment:       23       423.         16       Insurace (other than health)       15       18       27       27       24       24       24       24       24       24       24       24       24       24       24       24       24       24       <		and the "Statutory employee" box on that	form v	vas checked				1	
3       Subtract line 2 from line 1       3         4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       6       482,155.         6       Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). SEE: STATEMENT 21.       6       482,155.         7       482,155.       7       482,155.       7       482,155.         Part III       Expenses. Enter expenses for business use of your home only on line 30.       7       482,155.         8       18       Office expense.       18       9         9       Car and truck expenses.       19       Pension and profit-sharing plans.       19         10       Dennisions and fees.       10       .       .       .         11       Contract lator (see instructions)       11       .       .       .       .         12       Deptoin       12       .	2	Returns and allowances						2	
4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       6         6       Other income, including referand and state gasoline or fuel tax credit or refund (see instructions)       SEE       SPATEMENT 21       6       482,155.         7       Gross income, Add lines 5 and 6       7       482,155.       7       482,155.         8       Advertising       8       18       Office expenses.       18       19         9       Car and truck expenses       9       20       Rent or lease (see instructions):       19         10       Contract labor (see instructions)       11       b       Other business property       20a         11       Contract labor (see instructions)       11       b       Other business property       20a         12       21       Repairs and maintenance       21       22       22       423         13       Depreciation and section 170       22       Supplies (not included in Part III)       24       24       24         14       Employee benefit programs (other titus on ine 19)       14       18       24       24       24       24         15       Insurance (other than health)       15       25       27       2	3	Subtract line 2 from line 1						3	
6       Gress profit. Subtract line 4 from line 3       5         6       Other income, including federal and state gasoline or fueltax credit or refund (see instructions). SRE. STATEMENT 21.       6         7       Gress income. Add lines 5 and 6       7       482,155.         7       Gress income. Add lines 5 and 6       7       482,155.         7       Gress income. Add lines 5 and 6       7       482,155.         8       Advertising       9       Office appense       18       Office appense         9       Car and truck expenses       9       Pension and profit-sharing plans       19         9       Car and truck expenses       10       -       -       20         10       Contract labor (see instructions)       11       -       b       Other business property       200         12       Depletion       12       21       Repars and maintenance       21       22         13       Depreciation and section 179       -       23       423.       Taxes and licenses       23       423.         14       Enployee benefit programs (other than health)       15       -       16       -       26       -       27       Other seques and entertainment:       24       -       -       27	4	Cost of goods sold (from line 42)						4	
6       Other income, including federal and state gasoline or fuel tax credit to refund (see instructions)       SEE_STATEMENT 2.1       6       482,155.         7       Gross fineme, Add lines 5 and 6       7       482,155.         8       Advertising       8       18       Office expenses       7       482,155.         9       Car and truck expenses       8       19       Pension and profit-sharing plans       19         9       Car and truck expenses       9       20       Rent of lease (see instructions):       19         10       Commissions and fees.       10       20       Rent of lease (see instructions):       20a         11       Contract labor (see instructions)       11       b       Other business property       20b         12       Depletion       12       Reparts and maintenance       21       23       423.         14       Employee benefit programs (other than health)       15       16a       24b       24a         15       Insurance (other than health)       15       16a       27a       24a       24a         28       Varidges (naid to banks, etc.)       16a       25a       27a       25a       25a         29       Legal and profesional services       17       3, 4	5	Gross profit. Subtract line 4 from line 3							
7       Gress income. Add lines 5 and 6       ▶       7       482,155.         Part III       Expenses. Enter expenses for business use of your home only on line 30.       8       Office expense       18         9       Car and truck expenses (see instructions)       9       20       Pension and prott-sharing plans       19         10       Commissions and fees.       10       4       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       4       Vehicles, machinery, and equipment       20a         12       Depreciation and section 179       22       Supplies (not included in Part III)       22         23       Ad23.       13       182,737,       12       Taxes and icenses       24         14       Employee benefit programs (other than on line 19)       13       182,737,       24       Taxel, mask, and entertainment:       24a         15       Insurance (other than health)       15       15       16b       25       26       27a       24a         16       Interest:       16b       27       27a       24a       24a       24a         17       3,410.1       5       Reserved for future use       27a       27a       24a       24a	6	Other income, including federal and state	gasoli	ne or fuel tax credit or refu	ind (see	instructions) SEE STATEMENT 21			482,155.
Part III       Expenses. Enter expenses for business use of your home only on line 30.         8       Advertising       8       18       Office expense       18         9       Car and truck expenses       9       20       Rent or lease (see instructions):       19         10       Commissions and fees.       10       -       -       20       Rent or lease (see instructions):       20a         11       Contract labor (see instructions)       11       -       b Other business property       20b         12       Depreciation and section 179       -       22       Supplies (not included in Part III)       22       -         13       Depreciation and section 179       -       23       Taxes and licenses       23       423.         14       Employee benefit programs (other than on line 19)       14       -       15       - <t< td=""><td></td><td>Gross income. Add lines 5 and 6</td><td></td><td></td><td></td><td>,</td><td></td><td></td><td></td></t<>		Gross income. Add lines 5 and 6				,			
9 Gar and truck expenses (see instructions) 9   9 20   10 12   12 21   13 Depreciation and section 179   expenses defuetion (not included in   14 18   15 18   16 14   15 16a   16 16a   17 3,410   9 21   18 18   19 20   17 3,410   9 21   18 18   19 18   19 21   19 21   10 18   11 3,410   12 </td <td>Pa</td> <td>t II Expenses. Enter expense</td> <td>ses fo</td> <td>or business use of</td> <td>your l</td> <td>nome only on line 30.</td> <td></td> <td></td> <td></td>	Pa	t II Expenses. Enter expense	ses fo	or business use of	your l	nome only on line 30.			
9       Car and Truck expenses (see instructions)       9       19       Pension and profit-sharing plans       19         0       Commissions and fees.       10       20       Rent or lease (see instructions):       20a         11       Contract labor (see instructions)       11       20       Rent or lease (see instructions):       20a         12       Depreciation and section 179       22       Supplex on included in Part III)       22       22         expense deduction (not included in Part III)       22       Supplex on included in Part III)       22       23       423.         14       Employee banefit programs (other than on line 19)       14       15       Insurance (other than health)       15       Insurance (other than health)       15       26       26       26       26       27       27       225.       27       27       225       27       27       25       29       295.560.       29       295.560.       29       295.560.       29       295.560.       30       30       31       295.560.       31       31       295.560.       31       31       295.560.       30       31       295.560.       30       31       295.560.       30       31       295.560.       31       31       295.56	8	Advertising	8		18	Office expense	-1	8	
(see instructions)       9       20       Rent or lease (see instructions):       20a         10       Commissions and fees.       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       b       Other business property       20a         12       Depletion       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions)       13       1.82, 7.37,         14       Employee benefit programs (other than on line 19)       13       1.82, 7.37,       24       Travel, meals, and entertainment:       24a         15       Insurance (other than health)       15       25       Utilities       26       24a         16       Interest:       a       16b       27a       27a       27a       27a         28       Total expenses before expenses for business us of home. Add lines 8 through 27a       b       28a       1.86, 5.95, 2.95, 550.         29       undes using the simplified method (see instructions).       24a       28a       1.86, 5.95, 550.         29       undes using the simplified method (see instructions).       28a       1.86, 5.95, 550.       29a       295, 5.50.      <	9				19	Pension and profit-sharing plans	1	9	
10 Commissions and fees. 10   11 Contract labor (see instructions) 11   12 Depletion   13 182,737,   14 Employee benefit programs (other than health)   15 13   16 Interest;   a Vehicles, machinery, and equipment   14 13   15 13   16 15   17 18   18 Interest;   a Vehicles, machinery, and equipment   20 20   23 Taxes and licenses   24 Travel, meals, and entertainment:   a Travel   16 Interest;   a Notigage (paid to banks, etc.)   17 16b   17 3,410   18 Expenses for business use of home. Add lines 8 through 27a   28 Total expenses before expenses for business use of home. Add lines 8 through 27a   29 295,560.   29 295,560.   29 295,560.   20 30   19 Net 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.   20 30   21 295,560.   22 226   23 245, 160.   24 27a   25 Utilities   26 27a   27a 25.   29 295,560.		(see instructions)	9		20		100	E.M.	
11 Contract labor (see instructions) 11   12 Depletion   13 Depreciation and section 179   expense deduction (not included in Part III) (see instructions) 13   14 Employee banefit programs (other than no line 19)   15 18   16 15   17 16a   18 16a   19 16a   10 16a   11 16a   11 16a   12 26   23 24a   24 15   16 15   17 3,410   18 116a   19 16a   10 16a   11 26   24 26   25 Utilities   26 27a   27a 25.   27a 25.   29 295,560.   29 295,560.   29 295,560.   29 295,560.   30 30   31 Net profit or (loss). Subtract line 28 from line 7   30 Subtract line 30 from line 29.   11 12   13 182.,737,7   14 15    15 16a   16a 25   17 3,410.   28 128c semployment credits)   29 295,560.   29 295,560.   29 295,560.   30 18   20 196,5955.   31 120,0000000000000000000000000000000	10		10		а		21	la	
12       Depletion       12       12       21       Repairs and maintenance       21         13       Depreciation and section 179       sexpense deduction (not included in Part III)       22       Supplies (not included in Part III)       22         14       Employee benefit programs (other than nealth)       13       182,737,       24       Travel, meals, and entertainment;       24         15       Insurance (other than health)       15       14       25       Utilities       24         a       Mortgage (paid to banks, etc.)       16a       25       Utilities       26       26         b       Other       16b       3,410       b       Reserved for future use       27a       25.         27       Other expenses for business use of home. Add lines 8 through 27a       28       186,595.       29       295,560.         28       Total expenses before expenses of business:       29       295,560.       30       29       295,560.       30         30       Expenses for business cus of your home. 29.       It act and to set instructions).       30       31       295,560.       31       295,560.       31       295,560.       31       295,560.       31       295,560.       31       295,560.       31       295,560.	11		11						
13       Depreciation and section 179       22       Supplies (not included in Part III)       22         Part III) (see instructions)       13       182,737,       23       Taxes and licenses       23       423.         14       Employee benefit programs (other than health)       14       15       24       Travel, meals, and entertainment:       24       24       Travel, meals, and entertainment:       24       24       16       24       16       24       16       25       26       26       26       26       26       26       26       26       27       27       27       27       25.       27       27       27       25.       27       27       27       25.       27       27       27       25.       27       27       27       25.       28       166.       59.5.       27       27       27       25.       28       166.       59.5.       29       29       29.5.       56.0.       29       29.5.       56.0.       29       29.5.       56.0.       29       29.5.       56.0.       29       29.5.       56.0.       30       30       30       30       30       30       30       30       30       30       30       31	12		12						
expense deduction (not included in Part III) (see instructions)       13       182,737, 13       23       Taxes and licenses       23       423, 423, 424         14       Employee benefit programs (other than on line 19)       14       24       Travel, meals, and entertainment: a Travel       24a         15       Insurance (other than health)       15       24       Travel, meals, and entertainment: a Travel       24a         16       Interest: a Mortgage (paid to banks, etc.)       16a       26       27a       22b         27       Other       16b       27a       25.       26         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       28       186, 595.         29       295, 560.       29       295, 560.         29       295, 560.       29       295, 560.         20       If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.       30         31       Net profit or (loss). Subtract line 30       Subtract line 32.       31       295, 560.         32       If a loss, you must go to line 32.       If a loss, you must go to line 32.       31       295, 560.         31       Net profit or (loss). Subtract line 83 on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       31<	13								
Part III) (see instructions)       13       182,737,       24       Travel, meals, and entertainment:         14       Employee benefit programs (other than on line 19)       14       14       15         15       Insurance (other than health)       15       16       16       16         16       Interest:       26       26       26       26         a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits)       26         17       Legal and professional services       17       3,410       b       Reserved for future use       27a       255.         18       constructions)       18       28       186,595.       29       29       295,560.         17       Legal and professional services       17       3,410.       b       Reserved for future use       27a       255.         28       Total expenses for business use of home. Add lines 8 through 27a       28       186,595.       29       295,560.         29       constructions).       suing the simplified method filers only: enter the total square footage of: (a) your home:       30       30         30       Simplified method filers only: enter the total square footage of: (a) your home:       30       30       31       295,560. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>423</td>									423
14       Employee benefit programs (other than on line 19)       14       14       14       15       24a         15       Insurance (other than health)       15       15       16       15       24b       24b         16       Interest:       16       15       25       Utilities       26       26       26       26       26       26       26       26       27a       25.       27a       25.       27a       25.       27a       25.       27a       25.       27b       27b       27b       27b       27b       27b       25b       27b       27b       25b       27b       27b       25b       27b       27b       25b       27b       27b       27b       27b       25b       27b       27b       25b       28       186b, 595.       27b       28       186b, 595.       29b       29b       29b, 560.       29b       29b       29b, 560.       29b       29b       29b, 560.       29b       29b       29b, 560.       20b       29b       29b, 560.       30c			13	182,737.				iik	110.
than on line 19)       14       15       b       Deductible meals and entertainment (see instructions)       24b         15       Interest:       15       26       27 a       25       26         a       Mortgage (paid to banks, etc.)       16a       26       26       26       26         b       Other       16b       27 a       0ther expenses (from line 48)       27 a       25.         17       Legal and professional services       17       3, 410.       b       Reserved for future use       27 b       28         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       28       186, 595.       29       29       295, 560.         29       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829.       29       295, 560.       29       295, 560.         30       Simplified method filers only: enter the total square footage of: (a) your home:       30       30       30       30         31       Net profit or (loss). Subtract line 30 from line 29.       If a loss, you must go to line 32.       31       295, 560.       31       295, 560.         31       Net profit or (loss). Subtract line 30.       104 Interest, enter on Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.	14						2	14	
15 Insurance (other than health) 15   16 Interest:   a Mortgage (paid to banks, etc.)   16 16a   17 Legal and professional services   17 16b   17 Legal and professional services   17 3, 410   18 Total expenses before expenses for business use of home. Add lines 8 through 27a   28 Total expenses before expenses for business use of home. Add lines 8 through 27a   29 Tentative profit or (loss). Subtract line 28 from line 7   20 Expenses for business use of home. Add lines 8 through 27a   29 18   29 Total expenses for business use of home. Add lines 8 through 27a   29 29   29 295, 560.   29 295, 560.   29 295, 560.   30 Net profit or (loss). Subtract line 30 from line 29.   e If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.   (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.   31 295, 560.   32 Hyou backed 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.   (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 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.   (If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. <td></td> <td></td> <td>14</td> <td></td> <td></td> <td></td> <td>   2.</td> <td>ta</td> <td></td>			14				2.	ta	
16       Interest:       25       Utilities       25         a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits)       26         b       Other       16b       27 a       Other expenses (from line 48)       27 a       25.         17       Legal and professional services       17       3,410.       b       Reserved for future use       27 b         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       28       186,595.       29       295,560.         29       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829.       28       186,595.       29       295,560.         30       Expenses for your home used for business:	15							њ.	
a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits)       26         b       Other       16b       27 a       Other expenses (from line 48)       27 a	16				25				
b       Other       16b       27 a       Other expenses (from line 48)       27a       25.         17       Legal and professional services       17       3, 410.       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.       29       295, 560.         31       Use the Simplified method (see instructions).       30       30         31       Net profit or (loss). Subtract line 30 from line 29.       31       295, 560.         32       If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.       31       295, 560.         32       If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.       31       295, 560.         32       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       32       All investment is at risk.         32       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       32       32	a		16a			Wages (less employment credits)			
17       3,410.       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       295,560.       29       295,560.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829.       29       295,560.         30       Simplified method filers only: enter the total square footage of: (a) your home:       30       30         31       Net profit or (loss). Subtract line 30 from line 29.       30       30         41       investment in this activity (see instructions).       31       295,560.         32       If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.       31       295,560.         31       If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.       31       295,560.         32       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       All investment is at risk.         32       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       All investment is at risk.         32       If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on		Other				Other expenses (from line 48)			
28       Total expenses before expenses for business use of home. Add lines 8 through 27a       28       186,595.         29       295,560.         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829.       29       295,560.         30       Simplified method filers only: enter the total square footage of: (a) your home:       30       30         31       Net profit or (loss). Subtract line 30 from line 29.       30         32       If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.       31       295,560.         32       If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.       31       295,560.         32       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       32         33       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       32         33       If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.       32       32         34       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32       32         35       If you checked the box on line 1, see the line 31 instructions). Estates	17			3,410.				224 # 4.5 410	
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).         31       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.       31         32       If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.       31         32       If you checked the box on line 3.       31       295, 560.         32       If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.       32         32       If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.       32         32       If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.       32	28				ough 2	7-			186 595
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unless using the simplified method (see instructions).   Simplified method filers only: enter the total square footage of: (a) your home:	30	Expenses for business use of your home.	Do no	report these expenses els	sewhere	Attach Form 8829			
and (b) the part of your home used for business:       30         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.       31         (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         295, 560.       31         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.         32b       Some investment is not at risk.									
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<ul> <li>Net profit or (loss). Subtract line 30 from line 29.</li> <li>If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> <li>(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity (see instructions).</li> <li>If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> <li>(If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> <li>(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.</li> </ul>									
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<ul> <li>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.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity (see instructions).</li> <li>If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> <li>32a All investment is at risk.</li> <li>32b Some investment is at risk.</li> </ul>	31						···  -•		
(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. 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.					and on	Schedule SF line 2	٦l		
<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity (see instructions).</li> <li>If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> <li>(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.</li> </ul>									295 560
<ul> <li>If you have a loss, check the box that describes your investment in this activity (see instructions).</li> <li>If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.</li> <li>(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.</li> </ul>						5 m 1041, IIIC 5.		<u> </u>	255,500.
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.	32		crihes	/our investment in this act	ivity (co	e instructions)	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 the hox on line 1 see the	line 21	instructions) Fetatoe and	tructo	anter on Form 1044 line 2	Þ	22	is at risk, Some investment
						GIIIGI OII FUIM 1041, IME 3.	3	20	is not at risk.

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

	III Cost of Goods Sold (see instructions)			
33	Method(s) used to	)thar (a	ttach explanatio	1)
	value closing inventory: a Cost b Lower of oost or market o 6	nnor (a	taun explanation	9
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37	and control of the second	
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	<ul> <li>Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.</li> </ul>	find o	out if you m	ust file
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year)       Image: Imag	144.000		
.45	Was your vehicle available for personal use during off-duty hours?		·	
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No
.47 a	be a first state of the second design of the second			
1			Yes	
· granter and in case of the local division in the	If "Yes," is the evidence written?		Yes Yes	No No
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No
Part	If "Yes," is the evidence written?			
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			<u>No</u>
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			<u>No</u>
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			<u>No</u>
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No
Part	If "Yes," is the evidence written? V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			No

720002 10-21-17

Schedule C (Form 1040) 2017

efile GRAPHIC print	- DO NOT I	PROCESS	LATEST DATA	- Production		DLN	: 16221685381668
SCHEDULE C		P	rofit or Loss	From Bus	inese		OMB No. 1545-0074
(Form 1040)				prietorship)	111035		2017
	▶ Informatio	n about Sc	hedule C and its se		ns is at IPS nov/s	chadulaC	<u><u></u></u>
Internal Revenue Service	► Attach to F	orm 1040	, 1040NR, or 1041;	partnerships ge	nerally must file F	orm 1065.	Attachment Sequence No. 09
Name of proprietor						Social sec	urity number (SSN)
DONALD J TRUMP							
A Principal business or pr AVIATION	ofession, inclu	ding produc	t or service (see inst	ructions)		b Enter com	om instructions 532289
C Business name. If no se DJT OPERATIONS I LLC		ss name, le	ave blank.			D Employer )	
						(EIN)/(see 27-32124	
E Business address (inclu							50
City, town or post office	- page -			Y 11797			
F Accounting method: (1			Accrual (3)	Other (specify)	Þ		
G Did you "materially part	ticipate" in the	operation of	of this business durin	g 2017? If "No," se	e instructions for lin	nit on losses	· Ves 🗹 No
H If you started or acquir	ed this busines	s during 20	17, check here.				
I Did you make any payn	nents in 2017 i	that would i	require you to file For	rm(s) 1099? (see ii	nstructions) .		• Ves 🗆 No
J If "Yes," did you or will	you file require	ed Forms 10		• • • • •			· Vres 🗆 No
Part I Income 1 Gross receipts or sa	les See instru	ctions for li	ne 1 and check the b	av if the lange			
to you on Form W-2	2 and the "Stat	utory emplo	oyee" box on that for	m was checked	as reported	1	
2 Returns and alloward	nces					2	0
3 Subtract line 2 from	n line 1 .					3	
4 Cost of goods sold (	(from line 42)		·			4	0
5 Gross profit. Subt						5	-
6 Other income, inclu	ding federal ar	nd state gas	oline or fuel tax cred	it or refund (see in	structions)	6	482,155
7 Gross income. Add	lines 5 and 6	• • •				▶ 7	482,155
Part II Expenses	Enter expense	ses for bu	siness use of your	home only on li	ne 30.		
8 Advertising	• • • •	8		18 Office expen	ise (see instructions)	18	
9 Car and truck expense	es (see	9		19 Pension and	profit-sharing plans	19	
instructions)	• • • •			20 Rent or lease	e (see instructions):		
10 Commissions and fees 11 Contract labor (see in		10		a Vehicles, mac	chinery, and equipment	· 20a	
1997 1997 1997 1997 1997 1997 1997 1997	structions)	11		b Other busin	ess property .	· · 20b	
12 Depletion	• • • •	12		21 Repairs and	maintenance .	21	
13 Depreciation and sect expense deduction (network)			- F	22 Supplies (no	t included in Part III	) 22	
included in Part III) (s	see			23 Taxes and lie	censes	23	423
instructions)		13	182,737	24 Travel, meal	ls, and entertainmen	t:	
14 Employee benefit prog		14		a Travel .		· · 24a	
(other than on line 19		14 .		b Deductible			
15 Insurance (other than	health)	15			ent (see instructions)		
16 Interest:		•			employment credits		
Mortgage (paid to ba		16a			enses (from line 48)		
	• • • •	16b	13		and the second	. 27a	25
17 Legal and professiona		17	3,410		for future use .	27b	
28 Total expenses be				ines 8 through 27a		▶ 28	186,595
29 Tentative profit or (	loss). Subtract	line 28 from	m line 7 ,			29	295,560
30 Expenses for busine using the simplified	ess use of your method (see i	home. Do instructions)	not report these expe	enses elsewhere. A	ttach Form 8829 unl	ess	·
Simplified method	filers only: e	enter the to	tal square footage of	: (a) your home:	and	(b) the	
to figure the amoun	ised for busine	ss:	. Use the Sin	nplified Method Wo	orksheet in the instru	ictions 30	
31 Net profit or (loss			ie 29.			30	
<ul> <li>If a profit, enter on</li> </ul>	both Form 10	40, line 12	, (or Form 1040NR	, line 13) and on !	Schedule SE, line		
<ol><li>(If you checked t</li></ol>	he box on line	1, see instr	uctions). Estates and	trusts, enter on F	orm 1041, line 3.	· }	
<ul> <li>If a loss, you must</li> </ul>	yo to line 32.					J 31	295,560
32 If you have a loss, o	check the box I	hat describ	es your investment i	n this activity (see	instructions).	L	
<ul> <li>If you checked 32a.</li> </ul>	enter the loss	on both Fo	rm 1040, line 12, (	or Form 1040NR.	line 13) and on	] 32a 🗍 A	II investment is at risk.
Schedule CE line	2 (If you about	kad the h	on line to and the	no 31 last	E-b-b-s-s-	a set of the set of th	
Schedule SE, line enter on Form 104	<ol><li>(If you check</li></ol>	ked the box	c on line 1, see the li	ne 31 instructions)	. Estates and trusts,	}	
Schedule SE, line	<ol> <li>(If you chec</li> <li>line 3.</li> </ol>	ked the box	on line 1, see the li	ne 31 instructions)	. Estates and trusts,	}	ome investment is not at risk.

	lule C (Form 1040) 2017		Page Z
Par	III Cost of Goods Sold (see instructions)		
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> O	ther (a	ttach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.		Yes No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation $\ \cdot$	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	0
40	Add lines 35 through 39	40	0
	Inventory at end of year	42	0
42 Par			to file Form 4562 for
43	When did you place your vehicle in service for business purposes? (month, day, year) 🌬		
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your veh         Business <b>b</b> Commuting (see instructions) <b>c</b> Oth		r:
45 46	Was your vehicle available for personal use during off-duty hours?	□ y □ y	-
			res 🗌 No
	Do you have evidence to support your deduction?		
_	If "Yes," is the evidence written?	1i T	
Par			25
NYS	TLING FEE		
			· · · · · · · · · · · · · · · · · · ·
<b>.</b>			· L
48	Total other expenses. Enter here and on line 27a	48 Sc	25 hedule C (Form 1040) 2017

Name of proprietor

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship) ► Go to www.irs.gov/ScheduleC for instructions and the latest information. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Atta Attachment Sequence No. 09

Name	of proprioter	Social ac	curity number (กกง)					
DON	ALD J. TRUMP							
A Principal business or profession, including product or service (see instructions) AVIATION B Enter code from instructions 532289								
С	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)						
DT	ENDEAVOR I LLC	1.00	5-2555712					
Е	Business address (including suite or room no.)							
	City, town or post office, state, and ZIP code NEW YORK, NY 10022							
F	Accounting method: (1) X 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 X No					
Н	If you started or acquired this business during 2017, check here							
1	Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		Yes X No					
J	If "Yes," did you or will you file required Forms 1099? TI Income	<u></u>	Yes No					
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	_						
2	and the "Statutory employee" box on that form was checked	1	132,513.					
3	Returns and allowances	2	122 512					
4	Subtract line 2 from line 1	3	132,513.					
5	Cost of goods sold (from line 42) Gross profit. Subtract line 4 from line 3	4	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.					
Pa	t II Expenses. Enter expenses for business use of your home only on line 30.		1,000,000.					
8	Advertising 8 18 Office expense	18						
9	Car and truck expenses 19 Pension and profit-sharing plans		,					
	(see instructions) 9 20 Rent or lease (see instructions):	10						
10	Commissions and fees	20a	29,097.					
11	Contract labor (see instructions) 11 b Other business property		· · · · ·					
12	Depletion 12 21 Repairs and maintenance	21	115,878.					
13	Depreciation and section 179 22 Supplies (not included in Part III)		29,661.					
	expense deduction (not included in 23 Taxes and licenses	23	2,000.					
	Part III) (see instructions) 13 254,023. 24 Travel, meals, and entertainment:							
14	Employee benefit programs (other a Travel	24a	21,821.					
	than on line 19) b Deductible meals and							
15	Insurance (other than health) 15 12,709. entertainment (see instructions)		798.					
16	Interest: 25 Utilities							
a	Mortgage (paid to banks, etc.)		28,235.					
b 17	Other     16b     27 a     Other expenses (from line 48)       Legal and professional services     17     793.     b     Beserved for future use	27a	76,385.					
28		27b	E71 400					
29		28	571,400.					
30 .	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829	29	1,119,595.					
	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.		Name (Second C. Mark, M. 1999), and S. Arange and South C. Sand South S. Sandara and S.					
	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.							
	(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.	31	1,119,595.					
	• If a loss, you <b>must</b> go to line 32.	ا حضت ا	-					
32	If you have a loss, check the box that describes your investment in this activity (see instructions).							
2	e If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.	32a	All investment is at risk.					
	(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	32b	Some investment is not at risk.					
	<ul> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>							

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

Schedule C (Form 1040) 2017

Schedul	e C (Form 1040) 2017 DONALD J. TRUMP			Page 2
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 (a	ttach explanation	1)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		1
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		
43	<ul> <li>Information on Your Vehicle. Complete this part only if you are claiming car or tructure are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.</li> <li>When did you place your vehicle in service for business purposes? (month, day, year)</li> </ul>	o find a	out if you m	ust file
44 a	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:         Business       b       Commuting       c       Other			
45	Was your vehicle available for personal use during off-duty hours?		Yes	
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No
47 a b	Do you have evidence to support your deduction? If "Yes," is the evidence written?			No No
Part			· ·	
UEL	EXPENSE			62,868.
ICEN	SES & PERMITS			
ELEP	HONE			13,404.
			•	
				•
	•			۰.
				-
				• •
48	Total other expenses. Enter here and on line 27a	48		76,385.
				100-Rood (18117-00) // 3197070 (192/ <sup>1</sup>

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Schedule C (Form 1040) 2017

Department of the Treasury Internal Revenue Service (99)

## **Capital Gains and Losses**

Attach to Form 1040 or Form 1040NR.

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

Name(s) shown on return

DONALD J. & MELANIA TRUMP

## 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	(e)	<b>(g)</b> Adjustments	(h) Gain or (loss) Subtract column (e)	
		(sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)	from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4 5	Short-term gain from Form 6252 and short-term g Net short-term gain or (loss) from partnerships, S from Schedule(s) K-1					
6	Short-term capital loss carryover. Enter the amou	6	( )			
7	Net short-term capital gain or (loss). Combine capital gains or losses, go to Part II below. Other	lines 1a through 6 in col	umn (h). If you have any	long-term	<u> </u>	

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

	instructions for how to figure the amounts to r on the lines below.	(d)	(e)	<b>(g)</b> Adjustment		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b-					
8b	Totals for all transactions reported on Form(s)	produkt na 2000 na klasni klasni klasni klasni (Brad Alemani Mari				
	8949 with Box D checked	2,010,922.	1,368,794.			642,128.
9	Totals for all transactions reported on Form(s)			gelder Witten for heller i den fikke in med som en fikke N		
	8949 with Box E checked					
10	Totals for all transactions reported on Form(s)		4			
-	8949 with Box F checked	3949 with Box F checked				<3,762,000.>
11	Gain from Form 4797, Part I; long-term gain from	Forms 2439 and 6252; a	and long-term gain or (los	ss)		
	from Forms 4684, 6781, and 8824	SEE STATE	MENT 23	,	11	10,648,170.
	2					, , , _
12	Net long-term gain or (loss) from partnerships, S	corporations, estates, an	d trusts from Schedule(s	s) K-1	12	
				····		and the second
13	Capital gain distributions				13	
14	Long-term capital loss carryover. Enter the amou	nt, if any, from line 13 of	vour Capital Loss Carr	vover		1. 2
	Worksheet in the instructions		Jean Capital 2000 Out	Jorei	14	1
15	Net long-term capital gain or (loss). Combine I	ines 8a through 14 in col	lumn (h). Then go to	••••••••		<u></u>
	Part III on page 2				15	7,528,298.
I HA	For Paperwork Beduction Act Notice, see you		.,			

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

Schedule D (Form 1040) 2017

OMB No. 1545-0074

Attachment Sequence No. 12

Your social security number

0

## Page 2

### Part III Summary

16	Combine lines 7 and 15 and enter the result	16	7,528,298.
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 both gains?		
	X Yes, Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the	Attended (25	
	amount, if any, from line 7 of that worksheet	18	-
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see	1	
15	instructions), enter the amount, if any, from line 18 of that worksheet SEE STATEMENT 24	19	1,316,464.
		不高些	
-	Are lines 10 and 10 hath zoro or blank?		
20	Are lines 18 and 19 both zero or blank?           Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines	11 1211	
		12	
	21 and 22 below.	ALC: UNK	
	E I I I I I I I I I I I I I I I I I I I		2
	X No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21	No.	
	and 22 below.	Children of the	
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	The loss on line 16 or	21	
	<ul> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	15 Martin	
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes, Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	13-1	
	for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
			A she was a set
	No. Complete the rest of Form 1040 or Form 1040NR.		
		1776 - 1	

Schedule D (Form 1040) 2017

Name(s) shown on return. Name and	I SSN or taxpaye	er identification r	io. not required if s	shown on page 1			rity number or entification no.
DONALD J. & MELANIA TRUMP							
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which t	ation as Form 10	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from yo r cost) was rep	ur broker. A su ported to the IF	bstitute RS by your
Part II Long-Term. Transact Note: You may aggregate all codes are required. Enter the	tions involving ca I long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reporte	d to the IRS and	for which no adj	justments or
You must check Box D, E, or F below. C If you have more long-term transactions than will X (D) Long-term transactions rep (E) Long-term transactions rep	fit on this page for one ported on Form(s ported on Form(s)	or more of the boxes ) 1099-B showin ) 1099-B showin	, complete as many form g basis was report g basis <b>wasn't</b> re	s with the same box chee ed to the IRS (see	ked as you need.		each applicable box.
(F) Long-term transactions not							
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
7000.000 SH - APPLE INC	10/08/13	01/09/17	833,118.	481,505.		aajaotinont	351,613.
2800.000 SH - CATERPILLAR							
INC	12/20/13	01/10/17	263,889.	248,253.			15,636.
1000.000 SH - EXXON MOBIL							
CORP	02/18/15	01/10/17	87,106.	91,951.			<4,845.>
2250.000 SH - HALLIBURTON							
COMPANY	10/07/13	02/18/15	124,575.	99,770.			24,805.
7400.000 SH - MICROSOFT				-			
CORP	10/07/13	01/09/17	464,558.	248,867.			215,691.
1300.000 SH - PHILLIPS 66	02/18/15	01/10/17	110,395.	99,293.			11,102.
1250.000 SH - PEPSICO INC	10/08/13	01/12/17	127,281.	99,155.			28,126.
						-	
	we meeting over early to serve						
						ter enne i ha dan senara	
						worker and contractions	
Состорования					and an and a second second	• •	
						<del></del>	
				an a taaliya ku ku ku ahara ahaala			
			21.1				
2 Totals. Add the amounts in colu	mns (d), (e), (g) a	nd (h) (subtract		3			
negative amounts). Enter each to	Contraction of the states of t	(x) (x) (x) (x)					
Schedule D, line 8b (if Box D ab							
above is checked), or line 10 (if I	Box F above is c	hecked) 🕨	2,010,922.	1,368,794.			642,128.

Attachment Sequence No. 12A

Page 2

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.

Form 8949 (2017)

Form 8949 (2017)				Attachr	nent Sequen	ce No. 12A	Page <b>2</b>
Name(s) shown on return. Name ar	nd SSN or taxpaye	er identification r	no. not required if s			Social secu	rity number or
DONALD J. & MELANIA TRUMP							
Before you check Box D, E, or F be statement will have the same inform broker and may even tell you which Part II Long-Term. Transac	box to check						
Note: You may aggregate a codes are required. Enter th	all long-term transact	tions reported on F	Form(s) 1099-B showi	ng basis was reporte	d to the IRS ar	nd for which no ad	justments or
You must check Box D, E, or F below. If you have more long-term transactions than wi							each applicable box,
(D) Long-term transactions re							
(E) Long-term transactions re			<ul> <li></li></ul>	ported to the IRS			
(F) Long-term transactions no				(-)	Adjustment	if any, to gain or	(1-)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in	loss. If you in column (g column (f). 5 (f)	enter an amount ), enter a code in See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
10500.000 SH - GLOBAL				the instructions	Code(s)	adjustment	with column (g)
FASHION TECHNOLOGIES	VARIOUS	01/18/17	0.	3,762,000.		Sector of the sector of the sector of the	<3,762,000.>
Reconstruction of the second							
			and the second second second second				
National Activity of the second second							
					ALL REAL PROVIDED		
2 Totals. Add the amounts in colu negative amounts). Enter each t	otal here and incl	ude on your					
<ul> <li>Schedule D, line 8b (if Box D ak above is checked), or line 10 (if</li> </ul>			ana tu U	3,762,000.			<3,762,000.>

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

Software ID: Software Version: SSN: Spouse SSN:

Name: DONALD J & MELANIA < TRUMP

SCHE	DULE	Е
(Form	1040)	

## Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040 1040ND ....**F** 1041 Go to

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

A В

Attach to Form	1040, 1040NR, or Form 1041.
www.irs.gov/ScheduleE	for instructions and the latest information

OMB No.	1545-0074
00	47

Attachment Sequence No. 13

ZU

Name(s) shown on return			Your socia	Your social security number		
DONALD J. & MELANIA TRUMP						
Part I Income or Loss From Rental Real Estate and Ro	valtie	5 Note: If you are in the	ne business	of renting pers	sonal propert	
Schedule C or C-EZ (see instructions). If you are an individual,	report fa	arm rental income or los	s from For	n 4835 on nac	e 2 line 40	y, use
A Did you make any payments in 2017 that would require you to file Form					Yes	No
B If "Yes," did you or will you file required Forms 1099?	0, 1000	. (666 monuoliona)	••••••	······	Yes	
1a Physical address of each property (street, city, state, ZIP code)			<u></u>	L		
A PALM BEACH, FL 33480						
B PALM BEACH, FL 33480		*********				
с						
1b Type of Property 2 For each rental real estate property listed		****		Fair Rental	Personal	VLQ
(from list below) above, report the number of fair rental ar personal use days. Check the QJV box	ld	2. 2.		Days	Use Days	GOV
A 1 only if you meet the requirements to file a	as		Γ	<b>A</b> 365		
B 1 a qualified joint venture. See instructions				B 365		F
C 6						
Type of Property:						
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land		7 Self-Rental			8	
2 Multi-Family Residence 4 Commercial 6 Roya	ties	8 Other (describe)				
Income: Properties	s:	A	В		С	
3 Rents received	3					
4 Royalties received						93.
Expenses:						
5 Advertising	5					
6 Auto and travel (see instructions)	6					
7 Cleaning and maintenance	7					
8 Commissions						
9 Insurance	0					

С	б				c		
Тур	e of Property:				-		
1 S	ingle Family Residence 3 Vacation/Short-Term Rental 5 Land		7 Self-Rental			•	
2 N	lulti-Family Residence 4 Commercial 6 Royaltie	es	8 Other (describ	e)			
Inc	ome: Properties:		A	В		С	
3	Rents received	3					
_4	Royalties received	4					93.
Exp	enses:						
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	43	0.	202.		-
13	Other interest	13					
14	Repairs	14	12	7.	127.		
15	Supplies	15					
16	Taxes	16					
17	Utilities	17	1,200	6.	703.		
18	Depreciation expense or depletion	18					
19	Other (list) STMT 28 STMT 29	19	1,123	2.	304.		
20	Total expenses. Add lines 5 through 19	20	2,885	5.	1,336.	enneren og van bar	
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	5.	-1,336.		93.
22	Deductible rental real estate loss after limitation, if any, on						
	Form 8582 (see instructions)	22	2,885	5 .)(	1,336.)(		)
23a	Tabal of all analysis and the line of the state of the			la	1200		
b	Total of all amounts reported on line 4 for all royalty properties		23	b	and a state of the		
С	Total of all amounts reported on line 12 for all properties			lc	1000		
d	Total of all amounts reported on line 18 for all properties			d			
е	Total of all analysis and the line of a line of a line of a			le	1000		
24	Income. Add positive amounts shown on line 21. Do not include any los				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from	i line 2	2. Enter total losses	here		1	)
26	Total rental real estate and royalty income or (loss). Combine lines 24			ere. If Parts II, I	II,		un anno anno anno anno anno anno anno an
	IV, and line 40 on page 2 do not apply to you, also enter this amount on F	Form 1	040, line 17, or Forr	n 1040NR, line			
	18. Otherwise, include this amount in the total on line 41 on page 2						

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

Schedule E (Form 1040) 2017

SCHED	ULE E	I		S	Supplem	nental In	con	ne and	Loss			ļ	OM	B No. 1545	-0074
(Form 1	040)	(Fron	n ren			partnerships,					ICs,	etc.)	1	2017	7
Department of		· .				to Form 1040,							A		
Internal Reven				Go to wv	vw.irs.gov/Sc	heduleE for in	structi	ons and the	atest in	formation				equence No.	
Name(s) sł	nown on return											Your so	cial	security nu	ımber
	. & MELANIA	TRUMP	? 	Dental	Deal Catat	e and Roya	Ition	No. 1	ava in th	a huninon	c of	ropting n	oreo	nal propert	V USP
Part I															y, uoo
						individual, rep								Yes X	No
	u make any pay														No
	s," did you or wil									<u></u>			<b></b>	Yes	
	ical address of e	each pro	operty	y (street, city	y, state, ZIP cc	ode)		and the second							
<u>A</u>						ana ang ang ang ang ang ang ang ang ang									
B		10.1													
C	ma of Droporty	· ] _	D Eor	coop ronta	l real estate pr	operty listed						Fair Rer	ntal	Personal	QJV
	ype of Property from list below)		abo	ove. report t	he number of .	fair rental and						Days		Use Days	
	6		per	sonal use d	ays. Check the	e QJV box					A				
A B	6		aq	ualified joint	t venture. See	instructions.					в				
c											С				
	Property:									Mal Marine Don Street	100				
	Family Residenc	e 3	8 Vad	cation/Short	t-Term Rental	5 Land		7 Self-Rent	al						
	amily Residence		Co	mmercial		6 Royaltie	s	8 Other (de	escribe)						
Income:						Properties:		A			В			C	
3 Rent	ts received						3								
4 Roya	alties received						4	53	5,516.		20	9,428.			
Expense	es:														
5 Adv	ertising						5								
6 Auto	o and travel (see	instruc	tions)	)			6								
7 Clea	aning and mainte	enance					7								
8 Con	missions						8							· · · ·	
9 Insu	rance						9								
10 Lega	al and other prof	fessiona	al fees	s			10								
	agement fees						11								
12 Mor	tgage interest p	aid to b	anks,	etc. (see in	structions)		12								
• • • • • • • • • •							13								
14 Rep							14								
10000 0 <u>000</u> 0							15								
16 Taxe							16				alen os e				
	ties						17							<b></b>	
	reciation expens		pietic	onn			<u>18</u> 19		0,442.	<u></u>					
	er (list) 🕨 STMT		there	ugh 10			20		0,442.				-		
	al expenses. Add tract line 20 fror						20		,						
	s), see instructio						21	32	5,074.	12: - 1 -	20	9,428.			
•	uctible rental re						-21		-						
	m 8582 (see insi						22	(				X	(		)
	al of all amounts				i rental propert				23a	<u> </u>		(			
	al of all amounts								0.01		74	5,037.			
	al of all amounts								020		-	632.			
	al of all amounts								004						11.11
	al of all amounts								23e		21	4,663.		se 🕮 🖞	2.35
e iota						••••••			-					E 2 4	FOF

04	Income. Add positive amounts shown on line 21. Do not include any losses	24	534,595.
	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,	atisti - 164	
	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.

	dule E (Form 1040) 2017						Attachr	nent Seque	ence No	0.13	Page 2
	e(s) shown on return. Do not enter name and social secur	ity number if shown	on page 1.				, interest	in order		our social secu	
	ALD J. & MELANIA TRUMP									-	
	tion: The IRS compares amounts reported on y	our tax return wi	th amounts s	hown on Schedule(s)	K-1.						
Stužien	I M PERSONAL PROPERTY IN	rulerships	and 5 CC	orporations No	ote: If	f you rep	port a loss	from ar	n at-ri	sk activity fo	r which
	any amount is not at risk, you m										
27	Are you reporting any loss not allowed in a p	rior year due to	the at-risk, ex	cess farm loss, or bas	sis lim	nitations,	a prior yea	r unallow	ed los	ss from a	
	passive activity (if that loss was not reported	on Form 8582),	or unreimbu	rsed partnership expe	nses?					X Yes	No
-	If you answered "Yes," see instructions befor	e completing this	s section.								
28	(	a) Name			(b)	) Enter P for	(C) Check			nployer	(e) Check if any amount is
		u) Marino			for S	S corporation	`if foreign partnership	Ident	tificati	on number	not at risk
<u>A</u>	SEE STATEMENT 31										
В											
C											
D											
	Passive Income and	Loss				Nonp	assive Ind	come ai	nd Lo	DSS	
	(f) Passive loss allowed		ve income	(h) Nonpassive lo		(i) Se	ction 179 e	xpense		(j) Nonpassiv	e income
	(attach Form 8582 if required)	from Sch	edule K-1	from Schedule K	(-1	deducti	on from Fo	orm 4562		from Sched	
A											
В											
C								(****)********************************			
D				1							
29a	Totals	70	,349,364.			E Margan		a de la com		10	287,680.
b	Totals			51,179,	499	OF THE PROPERTY OF	and a second second		57353		207,000.
30	Add columns (g) and (j) of line 29a	Contraction of the second s						- to Marcalana	00	00	627 044
31	Add columns (f), (h), and (i) of line 29b						•••••		30		637,044.
32	Total partnership and S corporation income	or (lass) Comb	vina linaa 20.	and 0.1 Entry the					31	( 97,	914,233.)
02											
Pa	result here and include in the total on line 41 rt III Income or Loss From Est	ates and Tr	uete						32	-17,	277,189.
1 4	It in a second of 2000 From 230		u313						Т		
33		(a	) Name							(b) Emp	
	SEE STATEMENT 32									identificatio	n humber
B				-							
B	Dessive Inc.	ome and Loss				-					
									ncom	e and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	1		assive income Schedule K-1			uction or lo			(f) Other inco	
			nom			110111 31	chedule K-	1		Schedule	K-1
A							the arrival states				
В		a testa service concern			Falleria 15.1						
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). Com	bine lines 35 and	d 36. Enter th	e result here and inclu	ude in	the total	on line 41	helow	37		
Pa	rt IV Income or Loss From Rea	Estate Mo	rtgage Ir	vestment Con	duit	s (REI	MICs) -	Resid	uall	Holder	
38	(a) Name	(b) Emp		(c) Excess inclusion Schedules Q, line	from	(d) Tax	able incom	ne (net		(e) Income	from
	(a) Name	identification	n number	(see instructions	s)	1055) 11	om Sched	uies u,		Schedules Q,	line 3b
										200	
39	Combine columns (d) and (e) only. Enter the r	esult here and in	Iclude in the t	otal on line 41 below					30		
	Combine columns (d) and (e) only. Enter the r	esult here and in	iclude in the t	otal on line 41 below					39		
	rt V Summary										
Pa	rt V Summary Net farm rental income or (loss) from Form 4	335. Also, comp	lete line 42 b	elow					40	-16.0	46 815
Pa 40 41	Net farm rental income or (loss) from Form 44       Total income or (loss). Combine lines 26, 32, 37,	335. Also, comp 39, and 40. Enter th	lete line 42 b e result here an	2 0W d on Form 1040, line 17, o	or Form	1040NR, Ii	ine 18	•		-16,7	246,815.
Pai 40	t V     Summary       Net farm rental income or (loss) from Form 44       Total income or (loss). Combine lines 26, 32, 37,       Reconciliation of farming and fishing income	335. Also, comp 39, and 40. Enter th . Enter your gro	lete line 42 b e result here an o <b>ss</b> farming a	elow d on Form 1040, line 17, o nd fishing income	or Form	1040NR, II	ine 18		40	-16,7	46,815.
Pa 40 41	Net farm rental income or (loss) from Form 44 Total income or (loss). Combine lines 26, 32, 37, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 (	335. Also, comp 39, and 40. Enter th . Enter your gro Form 1065), box	lete line 42 bi e result here an oss farming a t 14, code B;	elow d on Form 1040, line 17, o nd fishing income Schedule K-1	er Form	1040NR, Ii	ne 18		40	-16,7	46,815.
Pai 40 41 42	Net farm rental income or (loss) from Form 44 Total income or (loss). Combine lines 26, 32, 37, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 ( (Form 1120S), box 17, code V; and Schedule I	335. Also, comp 39, and 40. Enter th Enter your gro Form 1065), box K-1 (Form 1041)	lete line 42 bi e result here an oss farming a (14, code B; , box 14, cod	elow d on Form 1040, line 17, o nd fishing income Schedule K-1 e F (see instructions)	or Form 42	1040NR, II	ine 18		40	-16,7	46,815.
Pa 40 41	Net farm rental income or (loss) from Form 44 Total income or (loss). Combine lines 26, 32, 37, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 ( (Form 1120S), box 17, code V; and Schedule I Reconciliation for real estate professionals.	335. Also, comp 39, and 40. Enter th . Enter your gro Form 1065), box <-1 (Form 1041) If you were a real es	lete line 42 bi e result here an oss farming a t 14, code B; , box 14, cod state profession	elow d on Form 1040, line 17, o nd fishing income Schedule K-1 e F (see instructions) al (see instructions),	er Form	1040NR, Ii	ine 18		40	-16,7	246,815.
Pai 40 41 42	Net farm rental income or (loss) from Form 44 Total income or (loss). Combine lines 26, 32, 37, Reconciliation of farming and fishing income reported on Form 4835, line 7; Schedule K-1 ( (Form 1120S), box 17, code V; and Schedule I	335. Also, comp 39, and 40. Enter th . Enter your gro Form 1065), box <-1 (Form 1041) If you were a real en . Form 1040 or Form	lete line 42 bi e result here an oss farming a ( 14, code B; , box 14, cod state profession 1040NR from a	elow d on Form 1040, line 17, o nd fishing income Schedule K-1 e F (see instructions) al (see instructions),	er Form	1040NR, Ii	ine 18		40	-16,7	46,815.

Schedule E (Form 1040) 2017

### Additional Data

Software ID: Software Version: SSN: Spouse SSN Name:

Name: DUNALD J & HELANIA < 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	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP BOOKS LLC	Р		27-4162308	
F	CHARLOTTESVILLE CATERING & EVENTS LLC	Р		38-3862571	
F	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	Р		27-4162308	
F	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	. S	Π.	27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S		27-4162256	
Ģ	TAG AIR INC	S		95-4464111	D
G	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER CORP	S		27-4162256	
G	TRUMP OLD POST OFFICE MEMBER CORP	S		45-2671826	
G	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS MANAGER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB MEMBER CORP	S		27-4162256	
G	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	Р		27-4162308	
G	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	Р		27-4162308	
G	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP	S		27-4162256	
G	TRUMP MARKS PUNE MANAGING MEMBER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S		27-4162256	
G	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER	S		27-4162256	
G	MIDOCEAN CREDIT OPPORTUNITY FUND LP	Р		26-4254073	<u> </u>
G	T INTERNATIONAL REALTY LLC	Р		90-0883344	
G	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	P		27-4162308	
G	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	Р		27-4162308	
G	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	Р		27-4162308	
G	DJT HOLDINGS - WHITE COURSE LLC	Р		27-4162308	
G	DJT HOLDINGS 4 SHADOW TREE LANE	Р		27-4162308	
G	DJT HOLDINGS JUPITER GOLF CLUB	Р		27-4162308	
G	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	Р		27-4162308	
G	DJT HOLDINGS OPO HOTEL MANAGER LLC	Р		27-4162308	
H	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	Р	D	27-4162308	D
н	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	Р	D	27-4162308	
н	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	Р		27-4162308	
н	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	Р		27-4162308	

. . . . . .

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

	Physical address of each property (street, city, state, a	nd ZIP code)	Type of (from lis	Property t below)	Fair Rental Days	Personal Use Days	QιΛ
A	PALM BEACH, FL 33480		SINGLE FAM RESIDENCE	ILY	365		
В	PALIT DETERTION DO TOU		SINGLE FAM RESIDENCE	ILY	365		
С			ROYALTIES				
D			ROYALTIES				
E			ROYALTIES				
OF	m 1040 Schedule E, Part II , Line 28 - Income or Loss	Erom Dartnor	-Lin - LC		in the second		
	The sector of th	From Partner	ship and S G	Corporatio	ns'		And the Address of th
	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Em	ns ployer ion number	ໍ (e) Cheo any amou not at r	unt is
		(b) Enter P for partnership; S for S	(c) Check if foreign	(d) Em identificati	ployer	any amou	unt is
A	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Em identificati 13-30	ployer on number	any amou	unt is
AB	(a) Name THE EAST 61 ST COMPANY	(b) Enter P for partnership; S for S corporation P	(c) Check if foreign partnership	(d) Em identificati 13-30 13-30	ployer ion number 57745	any amou not at r	unt is
A B C	(a) Name THE EAST 61 ST COMPANY UNREIMBURSED EXPENSES	(b) Enter P for partnership; S for S corporation P P	(c) Check if foreign partnership	(d) Em identificati 13-30 13-30 13-30	ployer on number 57745 57745	any amou not at r	unt is

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	' (e) Check if any amount is not at risk
A	THE EAST 61 ST COMPANY	Р		13-3057745	
в	UNREIMBURSED EXPENSES	Р		13-3057745	
с	THE EAST 61 ST COMPANY	Р		13-3057745	
D	PARK BRIAR ASSOCIATES LLC	Р		11-6160410	
E	MAR-A-LAGO CLUB LLC	Р		65-0567671	
F	UNREIMBURSED EXPENSES	Р		65-0567671	
G	40 WALL DEVELOPMENT ASSOC LLC	Р		13-3845249	
н	UNREIMBURSED EXPENSES	Р		13-3845249	
I	HUDSON WATERFRONT ASSOC I LP	Р		13-3796302	
נ	HUDSON WATERFRONT ASSOC V LP	Р		13-3796322	
к	HUDSON WATERFRONT ASSOC II LP	Р		13-3796305	
L	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315	
м	HUDSON WATERFRONT ASSOC IV LP	Р		13-3796319	
N	TRUMP CPS LLC	р		13-3917414	
0	UNREIMBURSED EXPENSES	Р	D	13-3917414	
Р	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	Р		27-4162308	
Q	TRUMP PLAZA LLC	Р		13-3972488	0
R	UNREIMBURSED EXPENSES	Р		13-3972488	D
s	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	Р		27-4162308	
т	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	Р		27-4162308	
U	TRUMP 845 UN LIMITED PARTNERSHIP	Р		13-3958323	
v	UNREIMBURSED EXPENSES	Р		13-3958323	D
w	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	Р		27-4162308	
x	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	Р		27-4162308	
Y	TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	Р		13-4040286	
z	UNREIMBURSED EXPENSES	Р		13-4040286	
AA	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р		27-4162308	
АВ	UNREIMBURSED EXPENSES	P		27-4162308	
AC	REG TRU EQUITIES LTD	S		11-2482098	
AD	TIPPERARY REALTY CORP	S		11-2405629	
A.E	PLAZA CONSULTING CORP	S		13-3385468	
AF	THE TRUMP CORPORATION	S		13-3038887	
AG	UNREIMBURSED EXPENSES	S		13-3038887	
AH	TRUMP PROJECT MANAGEMENT CORP	S		13-3775593	
AI	UNREIMBURSED EXPENSES	S		13-3775593	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk	
AJ	TRUMP'S CASTLE MANAGEMENT CORP	S		22-3167829		
AK	TRAVEL ENTERPRISES MANAGEMENT INC	S		13-3345689		
AL	THE TRUMP HOTEL CORP	S		13-3430478		
вм	TRUMP ICE INC	S		13-3355527		
BN	HELICOPTER AIR SERVICES INC	S		13-3478858		
во	DJT HOLDINGS MM LLC - PARC CONSULTING INC	S		27-4162256		
BP	THE TRUMP ORGANIZATION INC	S		13-3070440		
BQ	TRUMP EMPIRE STATE INC	S		13-3766196		
BR	FIFTY-SEVEN MANAGEMENT CORP	S		13-3860845		
BS	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUB INC	S		27-4162256		5
вт	TRUMP VILLAGE CONSTRUCTION CORP	s		11-1993421		
BU	TRUMP CPS CORP	S		13-3917416		
BV	FIRST MEMBER INC	S		13-3914818		
BW	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S		27-4162256		
вх	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S	D	27-4162256		
BY	TRUMP PAYROLL CORP	S		13-3494471		
BZ	FLIGHTS INC	s		13-3929051		
в	TRUMP PLAZA MEMBER INC	S		13-3979038		
в	TRUMP VILLAGE CONST CORP-DJT GR TR	S		11-1993421		
в	TRUMP TOWER MANAGING MEMBER INC	S		13-3981225		
в	TRUMP 845 UN MGR CORP	S		13-4026239		
в	BEACH HAVEN APARMTENTS #1 INC DJT GR TR	S		11-1681481		
в	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S		11-1582802		
в	TRUMP MANAGEMENT INC	S		11-2196835		
в	TRUMP PARK AVENUE LLC (DELMONICO)	, P		01-0580204		<u>1</u>
в	UNREIMBURSED EXPENSES	Р		01-0580204		
в	TRUMP TORONTO DEVELOPMENT INC	S		20-0005703		
в	STARRETT CITY ASSOCIATES	Р		11-6189342		
в	TRUMP LAS VEGAS SALES & MARKETING INC	S		20-1866514		
С	TRUMP PARK AVENUE LLC	Р		20-1908009		
с	UNREIMBURSED EXPENSES	Р		20-1908009		
С	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S		27-4162256		
С	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р		27-4162308		
С	UNREIMBURSED EXPENSES	Р		27-4162308		
С	DJT. HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER	Р		27-4162308		
С	LLC UNREIMBURSED EXPENSES	Р		27-4162308		
c	TRUMP INTERNATIONAL GOLF CLUB LLC	Р		65-0750446		
c	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S		27-4162256		
c	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	. p		27-4162308		
c	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING	s		27-4162256		
c	MEMBER INC DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	P		27-4162308		
С	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP	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	
-------------	--	--	--	---------------------------------------	--	
C	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S		27-4162256		
<b>C</b> T	THM MEMBER CORP	S		20-5074158		
C D	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	Р		27-4162308		
с т	RUMP FLORIDA MANAGER CORP	S		27-4162256		
с т	RUMP 55 WALL CORP	S		13-3922525		
<b>с</b> т	THT MEMBER LLC	S		20-5315528		
с т	THT COMMERCIAL LLC	Р		13-4038061		
c U	INREIMBURSED EXPENSES	Р		13-4038061		
<b>c</b> D	DJT HOLDINGS LLC -TRUMP LAS OLAS LLC	Р		27-4162308		
	DIT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB	Р		27-4162308		
<b>с</b> т	RUMP MARKS PHILADELPHIA LLC	Р		20-8882513	D	
с т	RUMP MARKS WAIKIKI LLC	Р	Ο	20-8882101		
<b>с</b> т	RUMP MARKS WAIKIKI CORP	S		20-8858096		
<b>D</b> D	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S		27-4162256		
<b>D</b> D	DIT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S		27-4162256		
	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER ORP	S		27-4162256		
DT	RUMP MARKS PHILADELPHIA CORP	S		20-8881726		
<b>D</b> D	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S		27-4162256		
<b>)</b> D	DIT HOLDINGS LLC -TRUMP GOLF COCO BEACH LLC	Р		27-4162308		
	DT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER	S		27-4162256		
	DT HOLDINGS LLC - 809 NORTH CANON LLC	Р	Π	27-4162308		
<b>)</b> ті	RUMP CANOUAN ESTATE MEMBER CORP	S		26-1624146		
<b>D</b>	JT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S		27-4162256		
DD	JT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S		27-4162256		
	JT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK	Р		27-4162308		
D D	JT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S		27-4162256		
D D.	JT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S		27-4162256		
D D	JT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S		27-4162256		
D D.	JT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	Р		27-4162308		
D SI	ENTIENT JETS MEMBER CORP	S		26-3467929		
<b>D</b> ΤΙ	RUMP MARKS PUERTO RICO II MEMBER CORP	s		26-2982043		
<b>D</b>	JT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	Р		27-4162308		
	JT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER ORP	S		27-4162256		
	JT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER ORP	s		27-4162256		
<b>D</b> .	JT HOLDINGS LLC - GOLF PRODUCTIONS LLC	Р		27-4162308		
	JT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB /ASHINGTON DC	S		27-4162256		
<b>)</b> M	ELANIA MARKS ACCESSORIES LLC	Р		27-0226891		
D D.	JT HOLDINGS LLC - TRUMP ACQUISITION LLC	Р	. ()	27-4162308		
D M	ELANIA MARKS ACCESSORIES MEMBER CORP	S		27-0226852		
	JT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES IEMBER CORP	S	D	27-4162256		
E D	JT HOLDINS MM LLC - TRUMP MARKS MENSWEAR MEMBER	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
E	SC LP SHOPPING CENTER LLC	Р		27-1551456	
E	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	Р		27-4162308	
E	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS CORP	S		27-4162256	
E	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	Р		27-4162308	
E	TRUMP INTERNATIONAL GOLF CLUB LLC	Р		65-0750446	
E	UNREIMBURSED EXPENSES	Р		65-0750446	
E	TRUMP INTERNATIONAL HOTEL HAWAII LLC	Р		27-0963857	
E	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S		27-4162256	
E	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S		27-4162256	
E	TRUMP FERRY POINT MEMBER CORP	S		27-8202438	
E	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	S		27-4162256	
E	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S		27-4162256	
E	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS MEMBER CORP	S		27-4162256	·□
E	TIHH MEMBER CORP	S		27-0963803	
E	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER CORP	S		27-4162256	
E	TRUMP TORONTO HOTEL MANAGEMENT CORP	S		26-4450770	
E	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	Р	Ο	27-4162308	
E	DJT HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	Р		27-4162308	
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	Ρ		27-4162308	
F	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	Р		27-4162308	
F	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	s		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S		27-4162256	
F	TRUMP MARKS MEMBER CORP	S		27-1357658	
F	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256	
F	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S		27-4162256	
F	DJT HOLDINGS LLC - 401 MEZZ	Р		27-4162308	
F	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	Р		27-4162308	
F	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	Р		27-4162308	Ξ
F.	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	Р	Π	27-4162308	
F	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	Р		27-4162308	
F	UNREIMBURSED EXPENSES	Р		27-4162308	
F	DJT HOLDINGS LLC - LFB ACQUISITION LLC	Р	П	27-4162308	
F	DJT HOLDINGS LLC - TNGC PINE HILL LLC	Р		27-4162308	

	(a) Name	(b) Enter P for partnership; S for S corporation		identification number	(e) Check if any amount is not at risk	
н						1
н	DT MARKS VANCOUVER LP	Р		90-0930859		1
н	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	Р		27-4162308		
н	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	Р		27-4162308		
н	DJT HOLDINGS LLC - THC RIO MANAGER LLC	Р		27-4162308		1
н	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	Р		27-4162308		l
н	TRUMP HOTEL MANAGEMENT CORP	S		13-3489501		
н	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S		27-4162256		1
н	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S		27-4162256		l
н	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S		27-4162256		
н	DJT HOLDINGS MM LLC - THC RIO MANAGING MEMBER CORP	S		27-4162256		l
н	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S		27-4162256		l
н	DJT HOLDINGS MM LLC - EXCEL VENTURE I CORPORATION	S		27-4162256		1
н	OPO HOTEL MANAGER MEMBER CORP	S	D	46-3066239		l
н	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S		27-4162256		
н	DJT HOLDINGS MM LLC - THC SALES & MARKETING MEMBER CORP	S		27-4162256		l
н	THC VANCOUVER MANAGEMENT CORP	S		46-1843645		1
н	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S		27-4162256		l
н	TW VENTURE I MANAGING MEMBER CORP	S		46-4146150		I
н	HUDSON WATERFRONT ASSOCIATES V LP	Р		13-3796322		
н	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315	D	
н	TRUMP 845 UN GP LLC	Р		13-3958321		
I	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	Р		27-4162308		
I	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256	· D	
I	845 UN LIMITED PARTNERSHIP - 845 LP LLC	Р	D	13-3958323		
I	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	Р		01-0580204		
I	TRUMP PARK AVENUE LLC - ACQUISITION	Р		01-0580204		
I	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S		27-4162256		
I	DT CONNECT II MEMBER CORP	S		47-1519047		
I	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S		27-4162256		
I	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S		47-2191989		
I	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S		27-4162256		
I	THC BAKU HOTEL MANAGER SERVICE MEMBER	S		27-4162256		
I	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S		27-4162256		[
	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S		27-4162256		
I	DJT HOLDINGS MM LLC - THC QATAR HOTEL MANAGER MEMBER CORP	S		27-4162256		
I	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S		27-4162256		
I	TTTT VENTURE MEMBER CORP	S		47-2297906		
	DJT HOLDINGS MM LLC - TNGC CHARLOTTE MANAGER CORP	S		27-4162256	D	
I	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGING MEMBER CORP	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	
I	TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	5		26-2979757		
I	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S	D	27-4162256		
I	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	Р		27-4162308		
I	DJT HOLDINGS-D B PACE ACQUISITION LLC	Р		27-4162308		
I	DT DUBAI II GOLF MANAGER LLC	Р		47-2265157		
I	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	Р		27-4162308		
I	DJT HOLDINGS LLC - THC QATAR HOTEL MANAGER LLC	Р		27-4162308		
τ	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	Р		27-4162308		
)	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	Р		27-4162308		
)	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	Р		27-4162308		
,	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	Р		27-4162308		
3	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	Р		27-4162308		
ו	DJT HOLDINGS LLC (TW VENTURE I LLC)	Р		27-4162308		
]	DJT HOLDINGS LLC -TW VENTURE II LLC	Р		27-4162308		
]	DT CONNECT II LLC	Р		36-4791039		
1	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	Р		27-4162308		
1	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER	S		27-4162256		
1	CORP DT TOWER GURGAON LLC	P		47-3351290		
, 1	MOBILE PAYROLL CONSTRUCTION LLC	Р		36-4813676		
,	DT BALI TECHNICAL SERVICES MANAGER LLC	Р		36-4812795		
	DT LIDO HOTEL MANAGER LLC	P		61-1769144		
, 1	DT LIDO TECHNICAL SERVICES MANAGER LLC	Р		30-0881420		
	DT JEDDAH TECHNICAL SERVICES MANAGER LLC	Р		61-1771503		
	WILLIAM M TRUMP MEDICAL FUND LLC	Р		47-5214076		
, )	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S		27-4162256		
)	THC JEDDAH HOTEL MANAGER MEMBER CORP	S		47-5150947		
3	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S		27-4162256		
3	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S		27-4162256		
)	DTW VENTURE MANAGING MEMBER CORP	S		46-5292006		
נ	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	s		27-4162256		
)	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S		27-4162256		
)	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES	S		27-4162256		
)	MANAGER MEMBER CORP DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S		27-4162256		
ו	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S		27-4162256		
к	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S		27-4162256		
ĸ	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S		27-4162256		
ĸ	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S		27-4162256		
ĸ	EID VENTURE II MEMBER CORP	S		81-1201049		
к	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S		27-4162256		
к	DT TOWER II MEMBER CORP	S		81-1112510		

	(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		
к	DT VENTURE II MEMBER CORP	S		81-1743521			
к	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S		27-4162256			
к	HUDSON WATERFRONT ASSOCIATES IV LP	Р		13-3796319			
к	DT TOWER GURGAON LLC	Р		47-3351290			
к	EID VENTURE II LLC	Р		32-0488634			
к	DJT HOLDINGS LLC - DT TOWER I LLC	Р		27-4162308			
к	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	Р		27-4162308			
к	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER	5		27-4162256	D		
к	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	Р		27-4162308			
к	DJT HOLDINGS LLC - DT CONNECT II LLC	Р	<u> </u>	27-4162308			
к	DJT HOLDINGS MM LLC - TNGC PINE HILL MEMBER CORP	S		27-4162256			8
к	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL GOLF CLUB INC	S		27-4162256			
K		Р		13-3913538			
К	UNREIMBURSED EXPENSES	Р		13-3913538	0		
ĸ	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	Р	D	27-4162308			
ĸ	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	Р		27-4162308			
ĸ	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	Р		27-4162308			
ĸ	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	Р		27-4162308			
ĸ	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	Р		27-4162308			
к	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	Р	D	27-4162308			
L	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	Р	· [] ·	27-4162308			5 55
<u>E.</u>	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	Р	D	27-4162308	D		
L	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	Р		27-4162308			
L	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	Р	C	27-4162308			4
L	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	Р		27-4162308			3
_	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	Р		27-4162308			
_	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308			
L	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	. P		. 27-4162308			
	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	Р		27-4162308			
-	DJT HOLDINGS LLC - TRUMP ICE LLC	Р		27-4162308			
_	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	Р		27-4162308			
_	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	P		27-4162308			
_	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	P		27-4162308			
_							
_		P		27-4162308			
-	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	Р		27-4162308			
-	DJT HOLDINGS LLC - DT VENTURE II LLC	Р		27-4162308			
-	DJT HOLDINGS LLC - DTW VENTURE LLC	Р		27-4162308	□.		
	TRUMP EQUITABLE FIFTH AVE CO	Р		13-3014138			đ.
-	UNREIMBURSED EXPENSES	P		13-3014138	Ū.		
-	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	Р		27-4162308			
-	DJT HOLDINGS LLC	Р		27-4162308	D		
-	TRUMP FERRY POINT LLC	Р		27-2802479			

(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
DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S ·		27-4162256	
DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S		27-4162256	
DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP	S		27-4162256	
DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S		27-4162256	
DIT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING	S	П	27-4162256	
MEMBER			27-4162256	
			27-4162256	
LLC				
DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT	5			
DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S		27-4162256	····· Ó ···
DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S		27-4162256	Π.
DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S		27-4162256	
DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S			
DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	s <sub>.</sub>	· 🗆	27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S			
DJT HOLDINGS MM LLCLLC - OPO HOTEL MANAGER LLC	S		27-4162256	
DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	s		27-4162256	
	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP ROLF ACQUISITIONS LLC DJT HOLDINGS MM LLCLLC - TRUMP ROLF ACQUISITIONS LLC DJT HOLDINGS MM LLCLLC - TRUMP ROLF ACQUISITIONS LLC DJT HOLDINGS MM LLCLLC - TRUMP ROTREPRENEUR MEMBER LLC DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALES DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALES DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALES DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC DJT HOLDINGS MM LLCLLC - TRUMP VINCE MARKS LLC DJT HOLDINGS MM LLCLLC - TINGC PINARCLIFF DJT HOLDINGS MM LLCLLC - TINGC PINARCLIFF DJT HOLDINGS MM LLCLLC - TINGC PINARCS LLC DJT HOLDINGS MM LLCLLC - TINGC PINARCLIFF DJT HOLDINGS MM LLCLLC - TINGC PINARCLIFF DJT HOLDINGS MM LLCLLC - TRUMP VINCE MARKS LLC DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC DJT HOLDINGS MM LLCLLC - TRUMP OLD POS	S for S     S for S       DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP     S       DT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP     S       DJT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP     S       DJT HOLDINGS MM LLC - T RUMP NATIONALGOLF CLUB COLTS     S       DJT HOLDINGS MM LLCLC - WOLLMAN RINK OPERATIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP REATLY SERVICES LLC     S       DJT HOLDINGS MM LLCLL - TRUMP REALTY SERVICES LLC     S       DJT HOLDINGS MM LLCLL - TRUMP ROLF ACQUISITIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP ROLF ACQUISITIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP ROLF ACQUISITIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP ROLF ACQUISITIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP KOREAN PROJECTS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP PATREPRENEUR MANAGING     S       DJT HOLDINGS MM LLCLL - TRUMP AND PARATIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP AND VERATIONS LLC     S       DJT HOLDINGS MM LLCLL - TRUMP VADERDALES DEVELOPMENT     S       DJT HOLDINGS MM LLCLL - TRUMP VADERDALES DEVELOPMENT     S       DJT HOLDINGS MM LLCLL - TRUMP VARIALES DEVELOPMENT     S       DJT HOLDINGS MM LLCLL - TRUMP VARIBEN LLC	Site Site       DT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP     S       DT HOLDINGS MM LLC - T RUMP NATIONALGOLF CLUB COLTS     S       DT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP     S       DIT HOLDINGS MM LLC - T RETAIL MANAGING MEMBER CORP     S       DIT HOLDINGS MM LLCL - TRUMP RESTAURANTS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP REALTY SERVICES LLC     S       DIT HOLDINGS MM LICLU - TRUMP CHICAGO DEVELOPMENT LLC     S       DIT HOLDINGS MM LICLUC - TRUMP ROLF ACQUISITIONS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP ROLF ACQUISITIONS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP ROFEATONS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP ROFEATONS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP ROFEATONS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP ROFEATIONS LLC     S       DIT HOLDINGS MM LICLUC - TRUMP LAUDERDALES DEVELOPMENT     S       DIT HOLDINGS MM LICLUC - TRUMP LAUDERDALES DEVELOPMENT     S       DIT HOLDINGS MM LICLUC - TRUMP KARDALES DEVELOPMENT     S       DIT HOLDINGS MM LICLUC - TRUMP KARDALES DEVELOPMENT     S       DIT HOLDINGS MM LICLUC - TRUMP KARDALES DEVELOPMENT     S       DIT HOLDINGS MM LICLUC - TRUMP KARDALES DEVELOPMENT     S	Stors     Stors     Stors       DT HOLDINGS NM LLC - TEXPRESS MALAGER MEMBER CORP     S     C     27-4162256       DT HOLDINGS NM LLC - TRUMP NATIONALGUP CLUB COLTS     S     C     27-4162256       DT HOLDINGS NM LLC - TRUMP REFAIL MANAGING MEMBER CORP     S     C     27-4162256       DT HOLDINGS NM LLCL - TRUMP RESTAURANTS LLC     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REALTY SERVICES LLC     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REALTY SERVICES LLC     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REALTY SERVICES LLC     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REVERSIDE MANAGENENT     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REVERSIDE MANAGENENT     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REPERFERENCE REMERE LLC     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP REPERFERENCE REMERE LLC     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP LAS VEGAS DEVELOPMENT     S     C     27-4162256       DT HOLDINGS MM LLCLC - TRUMP LAS VEGAS DEVELOPMENT     S     C     27

(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			
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DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - DT CONNECT II LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S	D	27-4162256				
DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	С	27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S .		27-4162256				
DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	s		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S		27-4162256				
DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S	C	27-4162256	C			
DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S		27-4162256				
DJT HOLDINGS MM LCCLLÇ - SINGLE FAMILY RESIDENCE - 124	S		27-4162256				
DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S		27-4162256				
DIT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER	S		27-4162256				
LLC DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S		27-4162256		-		
DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S	Π	27-4162256				
DJT.HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S		27-4162256				
DIT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO	S		27-4162256				
LLC DJT HGLDINGS MM LLCLLC - TRUMP PRODUCTIONS LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S .		27-4162256				
DIT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MANAGER	. 5		27-4162256			2	10
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S		27-4162256				
DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	S		27-4162256				
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S		27-4162256				
DJT HOLDING		GS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC S	C SS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC S	C SS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC S 27-4162256	C Image: Constraint of the second s	C C C C C C C C C C C C C C C C C C C	C C C C C C C C C C C C C C C C C C C

	(a)	) Name	(b) Enter P for partnership; S for S corporation	(c) Check foreign partnersh	identification		(e) Check if any amount is not at risk
0							
Р	DJT HOLDINGS MM LLCLLC - TI	RUMP CAROUSEL LLC	S		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - W	ESTMINSTER HOTEL MGT LLC	S		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - M	ISS UNIVERSE LLL	S		27-4162	256	
Ρ	DJT HOLDINGS MM LLCLLC - TH	RUMP PANAMA HOTEL MGT LLC	S		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - C	ARIBUSINESS MRE LLC	S		27-4162	256	
Ρ	DJT HOLDINGS MM LLCLLC - TH	HC CHINA TECHNICAL SERVICE	s s		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - TH	HC DEVELOPMENT BRAZIL LLC	S		27-4162	256	
P	DJT HOLDINGS MM LLCLLC - TH	HC SERVICES SHENZHEN LLC	S		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - D	T DUBAI GOLF MANAGER LLC	S		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - D. MEMBER LLC	JT ENTREPRENEUER MANGING	S		27-4162	256	
Ρ	DJT HOLDINGS MM LLCLLC - CO	OUNTRY PROPERTIES LLC	S		27-41622	256	
Ρ	DJT HOLDINGS MM LLCLLC - TF	RUMP INT'L GOLF CLUB SCOT	S		27-4162	256	
Ρ	DJT HOLDINGS MM LLCLLC - TH	HC QATAR HOTEL MANAGER LLC	s s		27-4162	256	
Р	DJT HOLDINGS MM LLCLLC - G	OLF PRODUCTIONS LLC	S		27-41622	256	
P	DJT HOLDINGS MM LLCLLC - TF	RUMP FERRY POINT LLC	S		27-41623	256	
Р	DJT HOLDINGS MM LLCLLC - EX	KCEL VENTURE I LLC	S		27-41622	256	
Р	DJT HOLDINGS MM LLCLLC - D	TTM OPERATIONS LLC	S .		27-41622	256	
Р	DJT HOLDINGS MM LLCLLC - TF NECK	RUMP NATL GOLF CLUB COLTS	S		27-41622	256	
P	DJT HOLDINGS MM LLCLLC - TF LLC	RUMP VIRGINIA ACQUISITIONS	s		27-41622	256	
Р	DJT HOLDINS MM LLCLLC - THO	C CENTRL RESERVATIONS LLC	S		27-41622	256	
Р	DJT HOLDINGS MM LLCLLC - TH	HC SALES & MARKETING LLC	S		27-41622	256	
P	RPV DEVELOPMENT LLC - VH PF	ROPERTY CORP	S		76-07182	710	Ο
orn	1040 Schedule E, Part II	, Line 28 -Passive Incom	e and Loss/Non	passive In	come and Loss	5	
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive from Schedule	K-1 exp	) Section 179 ense deduction om Form 4562		passive income Schedule K-1
-							

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1	
A	19,115					
в	<b>1</b> 0,950				-	
С	<b>1</b> 93					
D		65,600				E Constantino de Cons
E					6,773,547	
F	× 5		466,440			· · · · ·
G		7,804,649				
н	<b>2</b> 457,596					
I	250				4	
J		280,489				
к	20					
L		524,656				
м	250					
N	<b>2</b> 401,333					
ο	<b>1</b> 100,165				-	en en et este en l'étére
P		14,899	-			
Q		1,329,126				
R	<b>2</b> 13,301					
s	<b>1</b>					

	(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
с			1,623		
с					2,170,709
с			26,100		
с		1,995,036			
с		20,355			
с		6,505,458			
с	<b>1</b> 56				
с		145			
С	<b>G</b> 0				
с	<b>9</b> 34				
с	<b>B</b> 0	×			
с	<b>5</b> 0				
с	<b>2</b> <b>2</b> 1,945				
c	1,143	549,621			
c	<b>2</b> 967				
c	2967 2542				
c c	1				
c c	12,153,598				
	<b>2</b> ,772				
c		284,917			
C		1,957			
D	<b>2</b> 29			8	
D	<b>9</b> 22				
D	<b>B</b> 4				
D	<b>2</b> 53				
D	<b>2</b> 9				
D	<b>2</b> 16,900				
D	2172				
D		14,210			
D	<b>5</b> 0				
D	<b>5</b> 0				
D	<b>%</b> 0				
D			1,271,350		
D		19,129			
D		5,646			
D					
D	<b>1</b> ,764				
D	950				
D			8		
D	5240 952349				
D	<b>122</b> 349 <b>95</b> 4				
D					
	<b>5</b> 6,195				
D	225,884				
>	<b>2</b> 6,510				
D	21,780				*
>	<b>1</b> 294				
D	<b>1</b> 37				
E	<b>2</b> 13				
E		652			
E		21,058			
E	<b>1</b> ,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
Т	<b>1</b> 0				
U	<b>19</b> 0				
v	<b>5</b> 5,370				
w	<b>2</b> 0				
x	<b>1</b> 0				
Y	<b>G</b> 0				
z	<b>2</b> 67,209				
AA	<b>2</b> 65				
АВ	<b>122</b>				
AC	190				
AD		20,359			
AE	<b>5</b> 1,269				
AF	,205		11,329,851		
			168,898		
AG			100,050		
AH					
AI	<b>%</b> 9,665				
AJ	· • • • • • • • • • • • • • • • • • • •				
АК	<b>G</b> o				
AL			0		
вм	<b>5</b> 0				
BN	<b>5</b> 0				
во		7,813			
вр	<b>G</b> o				
BQ	<b>S</b> 0				
BR		80,429			
BS					6,780
вт	<b>G</b> o				
BU	2,198				
BV	<b>2</b> 2,255 <b>2</b> 354				
BW					96 E
вх		307			
	<b>1</b>				
BY	520 550				
BZ	2240				
В		12,112			
в		68,704			
В		. 111,188			
в	21,242				
в		25,225			
в		68,250			
в	214,849				
в	<b>5</b> 0				
в	<b>2</b> 5,082				
в	<b>15</b> 0			· · · · · · · · · · · · · · · · · · ·	
в		323,214			
в	<b>1</b>				
c					
c	<b>%</b> 5,139				
c					
	<b>2</b> 1,195		20.020.201		
с			20,839,304		
с			172,319		

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.

	(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	176				129,336	
E	<b>2</b> ,666					
E	<b>5</b> 0					
E	<b>282</b> ,014			· · · · · · · · · · · · · · · · · · ·		
E		2,537,817				
E		1,555		-		
E	<b>E</b> 13					
E		6,320				
E		351				
E	<b>2</b> 7					
E	<b>2</b> ,305					
E		24,220				
E		17,415				
E	<b>G</b> 0					
E		778,833				
E		34,400				
E		1,706,855				
E	<b>2</b> 112					
E		126,348				÷
E	<b>9</b> 349					
E		152,384				
E		556,576			•	
F	<b>5</b> 1,274					
F						
					·	
F	<b>B</b> 1					
F		5,679				
F	<b>1</b> 29					
F	<b>9</b> 0					
F		5,114,234				
=		1,289				
=			5,530,060			
-	\$50					
=	<b>3</b> 2,994					
=	<b>2</b> ,856					se i i
=	<b>2</b> ,753,779					
=	<b>2</b> ,632					
-			3,373,735			
=	<b>2</b> 1,560,541					
=	<b>2</b> 607,143					
=	<b>2</b> 638,042					
=	<b>2</b> 586,804					
=	<b>5</b> 6,217					
=	200,217 20313		18.			
=	22/313 1250					
-	2290 22591			*		
-	9 <b>5</b> 3					
=	<b>2</b> 63					
=	<b>2</b> 9					
5	<b>95</b> 337					
9	<b>1</b> 40					

	(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	- H
G	<b>5</b> 1,273,638		1			
G	<b>2</b> 6,505					
G	14		0			
G			34,422			
G	<b>5</b> 6					
G	28,097					
G	<b>1</b> 637,524					
G	<b>5</b> 3,944					
G	<b>1</b> 5,987					
G	<b>%</b> 29					
G	<b>%</b> 48					
G	<b>2</b> 0					
G	<b>G</b> 3					
G	<b>9</b> 7,854					
G	<b>2</b> 455,454					
G	<b>3</b> 431					
G		1,392,345				
G			7,762,219			
G	<b>2</b> 94					
G	<b>1</b> 0					
G	2,321,503					
G	17,550,863					
G	<b>2</b> 0					
н					1,186,851	
н					20,435	
н	<b>2</b> 1,745,543					
н	<b>2</b> 570,001					
H.		134,589				
н		360,733				
н	<b>2</b> 406					
н	<b>95</b> 0					
н	35,129					
н		318,377				
н	<b>2</b> 0					
н	<b>15</b> 0					
н	<b>5</b> 4					
н	4.	. 1,373			a e l a	
н	<b>2</b> 358				6 <b>7</b>	
н	<b>95</b> 4					
н	5,816					
н	<b>5</b> 0		an gran a algar			
н		3,248				
-	<b>5</b> 17,810					
н	<b>3</b> 0	-				
н	<b>G</b> o					
н	. 20					
н		3,094,176				
н		5,789,255				
н		382,610				
r	<b>9</b> 39,632	-				

	(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	21,465				
I		574,375			
I		280,105			
I		127,207			
I	So				
I	<b>2</b> 6,494				
I	<b>S</b> 4				
I	<b>5</b> 50				
I	<b>1</b> 73				14.
I	<b>1</b> 20				
I	<b>%</b> 59				
I	<b>E</b> 4				
I	<b>B</b> 11				
I	<b>B</b> 4				
I	<b>2</b> ,987				
I		14,206			
I		998			
- I			te de la constante de la terresta		
- I	220 261,878				
I	<b>1</b> 349				
- I					
1 I	200 200				
1	<u>ප</u> ත් කී5,806				
I -	<b>%</b> 1,120				
I	<b>1</b> 349				
נ	<b>1</b> 2221				
3	<b>9</b> 50				
נ	216,927				
נ		97,856			
3	<b>G</b> o				-
J	<b>1</b> 2,194,612				
J	<b>2</b> 611,214				
J	<b>2</b> 6,064,703				
נ	<b>2</b> 22,392			2	a a se se se
J	<b>1</b> 90				
נ	<b>9</b> 0				
J	<b>95</b> 0				
נ	950				
כ	<b>19</b> 0				
נ	<b>1</b> 90				
נ	<b>S</b> o				
3	<b>95</b> 2				
3	<b>25</b> 0				
1	550				
3	23,686				
,					
,					· · · · · · · · · · · · · · · · · · ·
,	2248 123335				
, ,	22/335	4 455			
נ י	954	1,465			
	YEL A				

e

(	(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	9 <u></u>				
	10.02	1,513			
:	<b>1 1 1 1 1 1 1 1 1 1</b>				
(	<b>E</b> 4				·
:	<b>1</b> 370				
:	<b>E</b> 4				
٢	乞0		1		
к	<b>G</b> 0				
к	<b>E</b> 4				
к	<b>5</b> 0				
к	<b>2</b> 0				
к	<b>2</b> 466			÷	
к	<b>2</b> 392				
к		5,714,340			
к		58,304			
к	<b>95</b> 0				
к	<b>2</b> 31,389				
к	· • • • • • • • • • • • • • • • • • • •				
<					22
к	<b>5</b> 86,592				
к	<b>1</b> 45,476				
к		14,964	- demonstration		
к	<b>2</b> 794				
к		5,667			
к	<b>5</b> 6	9.00 × 00 (2011)			
ĸ	<b>2</b> 22,475				
ĸ	······································				
	3281 261 261				
L					
L					
L	<b>1,566</b>	×			
L	<b>2</b> 905				
L	<b>5</b> 187				
L	<b>1</b> ,704				
L		50,237			*
L	<b>2</b> 353			-	
L	<b>2</b> 59				
L	<b>5</b> 94,710				
L	<b>2</b> 42,405	20			
L	<b>2</b> 113				
L	<b>2</b> 5				
L	271,309				
L	117,702				
L	135,740				
L	<b>5</b> 32,877				
L		20,495,549			
L	190,532			1	
- L -	<b>3</b> 307				
L	<b>22</b> 307 <b>22</b> 144,987				
L	20144,987 20144,987				
L	<b>2</b> 1,569		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	<b>1</b> 76				
L	<b>2</b> ,741				
м	<b>5</b> 1,189				
м	<b>1</b>				
м	9 <b>5</b> 8				
м		57			
м	· · · · · · · · · · · · · · · · · · ·				
M	<b>B</b> 1				
M	\$210,514 \$16				
M M	16 227				
M	S 16				
м					
м					
м					
м		507			
м	<b>1</b>			1	
м	<b>G</b> 3				
м	<b>19</b> 3				
м	<b>2</b> 957				
м		65,712			
м	<b>19</b> 0				
м	<b>2</b> 333				
м	<b>2</b> 40				
м				-	
м	<b>2</b> 7,816				
м			34,078		
м	<b>5</b> 15,763				
N N	<b>5</b> 6,133	14.054			
N	<b>11</b> 78,406	14,064			
N	• • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·
N	593 5923,450				
N	<i>⊶23,</i> 450	11,988			
N		206			
N	<b>177,281</b>				
N			0		
N					
N	<b>171</b>				
N			0		
N	22,168				
N		988			
N	<b>5</b> 317				
N	<b>2</b> 61,260				
N	. 36,445				
N	<b>⑤</b> o				
N		144	÷		
N	<b>5</b> 6,440				
N			55,859		
N	<b>9</b> 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	<b>2</b> 1,371				
N	<b>S</b> 1				
N	<b>G</b> 5				
0	<b>G</b> 1				
0	<b>95</b> 0				
0	<b>S</b> 1				
0	<b>1</b> 59				
0	<b>2</b> 332				
0	<b>G</b> 4				
0	Go				
0	<b>2</b> 2				
0	<b>G</b> 3				
0	<b>B</b> 3				
0	<b>1</b>				
0	• <b>5</b> 18				
0					
0			· · · · · · · · · · · · · · · · · · ·		
0	/ 2 مفت	20,152			
0	<b>1</b> 3	20,132			
0					
0	2225 19534				
0					
0					
0	<b>13</b>				
0		17,241			
•		1,276			
0		5,622			
0	<b>195</b> 4				
•	<b>1</b> 355				-
Р		1,539			
Р		151			
Р		151			
P		- 347			· 1
Р	<b>B</b> o				
Р	<b>9</b> 4				
Р	<b>95</b> 4				
Р	<b>95</b> 4				
Р		1,359			
Р			211		
Р	<b>B</b> o				
P	21,754				
Р	<b>B</b> 11				
P	<b>2</b> ,282				
P		7,867	+		
P	<b>2</b> 5,758				· · ·
P	۵۵٬٬۰۹۵	57,721			
P	<b>2</b> 12,842	57,721			
P	25,927				
P		3,216			

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	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpa from Sche		(i) Section 17 expense deduc from Form 45	tion	(j) Nonpassive income from Schedule K-1	
	<b>17,632</b>							
Р		6,084						
orn	n 1040 Schedule E, Part II	I, Line 33 - Income or Lo	ss From Es	tates and	Trusts			
			(b)Employer identification number					
A	DONALD J TRUMP TRUST						11-6261971	
в	DONALD J TRUMP ELIZABETH TRUST					13-6023440		
с	DONALD J TRUMP 'FRED' TRUST	DNALD J TRUMP 'FRED' TRUST		13-6023441				
D	ELIZABETH TRUMP GRANDCHILDREN - DONALD					13-6814305		
orn	n 1040 Schedule E, Part III	I, Line 33 - Passive Incol	me and Los	s/Nonpas	sive Income an	d Los	SS	
	(c) Passive deduction or lo allowed (attach Form 8582 required)				ion or loss from edule K-1	(f	f) Other income from Schedule K-1	

	requireuy	
А		0
В	<b>愛</b> 0	
с	<b>1</b>	
D	<b>1</b> 20	

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20	1	7
And a state of the		

Your name DONALD J. TRUMP

Social security number

Business in which expenses were incurred THE EAST 61 ST. COMPANY

Part D	Part I	в
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Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment		
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. Do not include meals and entertainment	3	19 Jan				
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <u>SEE STATEMENT</u> 68	4	10,950.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,950.		<u>,</u>		

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	10	,950.	A STATE	
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.

	ement SBE (2016) DONALD J. TRUMP				afananan mulanan daharan daharan mulanan sahiran sa		-	Page 2
	rt II Vehicle Expenses					T		
Sect	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 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 $% \left( 1-\frac{1}{2}\right) =0$			14	%			%
15	Average daily roundtrip commuting distance			15	miles	-		miles
16					miles			miles
17	Other miles. Add lines 13 and 16 and subtract the				miles			miles
18	Was your vehicle available for personal use during	) off-duty	/ hours?				Yes	No
19	Do you (or your spouse) have another vehicle avai							No
20	Do you have evidence to support your deduction?							
64	If "Yes," is the evidence written?	*					Yes	No
21	if fes, is the evidence written?							
Sact	ion B Standard Mileage Rate (See the instruction	ns for P	art II to find out whether to comple	e this sectio	on or Section C.)			
0000	In D Otanuaru Mileage Hate (Oob ino mouroute							
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here and	l on line 1			22		
Sect	ion C Actual Expenses		(a) Vehicle			(b) Veh	nicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				and the		
	Vehicle rentals	24a				100		
	Inclusion amount	24b				1000		
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
20	only if 100% of annual lease value was	- Files						
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 1.4	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	and the second						
	line 1	29				the t		
Sect	ion D Depreciation of Vehicles (Use this section	n only if	you owned the vehicle and are cor	npleting Se	ction C for the vehicle.)			
			. (a) Vehicle	E.		(b) Vel	nicle	
30	Enter cost or other basis	30				1945740		
31	Enter section 179 deduction	133 181						
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106					1000		
	instructions if you claimed the section 179.					1 1011 11		in and a
	deduction or special allowance)	32		科信制	· ·			
33	Enter depreciation method and percentage	33				1070	ALL THERE	
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35		ers 6 - menisker - Alto		ALC: NOT		States and Long
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37			an an an an			
38	Enter the smaller of line 35 or line 37. If you	(Langert						
	skipped lines 36 and 37, enter the amount from	1.1000						
255107.000	line 35. Also enter this amount on line 28 above	38				and the second		

# Statement SBE

Supplemental	Business	Expenses
Your name		

Social security number

Business in which expenses were incurred 40 WALL DEVELOPMENT ASSOC, LLC

2017

DONALD	J.	TRUMP
Part I	]	Busine

Business Expenses and Reimbursements

Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1			
2			
3			
4	457,596.		
5			
6	457,596.		
	0th and 1 2 3 4 5	Other Than Meals and Entertainment	Other Than Meals and Entertainment

#### 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

<b>8</b> Su	btract line 7 from line 6	I.a	8	457,596.		
am the	Column A, enter the amount from line 8. In Column B, multiply the nount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to be Department of Transportation (DOT) hours-of-service limits: ultiply by 80% (.80) instead of 50%)		9	457,596.		
	d the amounts on line 9 of both columns and enter the total here. ese are your supplemental business expenses				10	457,596.

	ment SBE (2016) DONALD J. TRUMP							Page 2
	rt II Vehicle Expenses							
Sect	ion A General Information					(a) Vehicle	(b) Vehicle	3
11	Enter the date vehicle was placed in service							
12	Total miles vehicle was driven during 2017					miles		miles
13	Business miles included on line 12					miles		, miles
14	Percent of business use. Divide line 13 by line 12					%		%
15	Average daily roundtrip commuting distance					miles		miles
16	Commuting miles included on line 12					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total f	rom line 12			miles		miles
18	Was your vehicle available for personal use during	off-di	ity hours?				Yes	L No
								[]
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
								<u> </u>
21	If "Yes," is the evidence written?						Yes	No
			Transferrer (Statements and Statements)					
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete this s	ection or Se	ection C.)		
		•						
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a			<u></u>		2 ) Vehicle	
Sect	ion C Actual Expenses	r	(a) V	ehicle				
23	Gasoline, oil, repairs, vehicle insurance, etc.						and Meterski i Statistik	
	Vehicle rentals	24a			-		-	
	Inclusion amount	24b			528.0.3190 1		The Salutines of a	
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)							
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29				den ale sur blade S		
Sect	ion D Depreciation of Vehicles (Use this section	i only			g Section C		N V-l-i-l-	<del> </del>
			(a) V	ehicle	10 16 31 21	(D	) Vehicle.	
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31		107-20-00-00-00-00-00-00-00-00-00-00-00-00-			2945 例:\$P\$(例:\$P\$(\$P\$(\$P\$(\$P\$(\$P\$))	
32	Multiply line 30 by line 14 (see Form 2106					22		
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33		CPACE MARLIN	NALTY AN		著によってい 新聞 (***) 第	
34	Multiply line 32 by the percentage on line 33	34			1			
35	Add lines 31 and 34	35		man of the State of the State of the State of the	Sectores - Sectores - P		Real	
36	Enter the limitation amount	36				NUM HER OF STREET	NUMBER OF STREET	
37	Multiply line 36 by the percentage on line 14	37		·		at the second		
38	Enter the smaller of line 35 or line 37. If you					and the second		
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38				·····································	999	

Vaun	name	
YOUL	name	

DONALD J. TRUMP

Social security number

Business in which expenses were incurred

2017

TRUMP	CPS	LLC

Part I Business Expenses and Reimbursements

ST	EP 1 Enter Your Expenses		Column A		Column B	
0.		Other Than Meals and Entertainment		Meals and Entertainment		
1	Vehicle expense from line 22 or line 29	1				
2	Parking fees, tolls, and transportation, including train, bus, etc., that <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. Do not include meals and entertainment SEE STATEMENT 70	4	100,165.			
5	Meals and entertainment expenses	5				
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	100,165.		a 9	

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

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

#### are expenses Subject to the Limitation

8 Su	btract line 7 from line 6	8	(*)	100,165.		
am the	Column A, enter the amount from line 8. In Column B, multiply the nount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to a Department of Transportation (DOT) hours-of-service limits: Jltiply by 80% (.80) instead of 50%)	9		100,165.		
	d the amounts on line 9 of both columns and enter the total here. ese are your supplemental business expenses				10	100,165.
				Sec. 1 to 1		and the second

	ement SBE (2016) DONALD J. TRUMP							and the second secon	Page 2
	art II Vehicle Expenses								-
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2017				12	mile	S		miles
13	Business miles included on line 12				13	mile	S		miles
14	Percent of business use. Divide line 13 by line 12				14	a 	6		%
15	Average daily roundtrip commuting distance				15	mile	S		miles
16					2012	mile	S		miles
17	Other miles. Add lines 13 and 16 and subtract the	total f	rom line 12		17	mile	S		miles
18	Was your vehicle available for personal use during	g off-d	uty hours?					Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable 1	or personal use?					Yes	No
20	Do you have evidence to support your deduction?							Yes	No
					2			[]	
21	If "Yes," is the evidence written?							Yes	L No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether	to comple	te this section	or Section C.)		the second second second	
<u>22</u>	Multiply line 13 by 53.5¢ (0.535). Enter the result ion C Actual Expenses	here a		ehicle			22 (b) Veh	icle	
-		1 00	(a) v			etersi gati conserva		1010	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		North Maria		and a second s	and		
	Vehicle rentals	24a							
	Inclusion amount	24b					2012PCC		1
	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies						diana.		
	only if 100% of annual lease value was								
	included on Form W-2)								
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27					and a second		
28	Depreciation. Enter amount from line 38 below $\ldots$	28							
29	Add lines 27 and 28. Enter total here and on								
	line 1	29		Ļ					
Sect	ion D Depreciation of Vehicles (Use this section	only			npleting Section	on C for the vehicle.)			<u> </u>
11.23			(a) V	ehicle		440 C	(b) Veh	icle	Standard Hall
30	Enter cost or other basis	30	The second s				204 202 095-02 20105-0		and Chantel
31	Enter section 179 deduction		Constant and						10
	and special allowance	31		-september vert	and the second second				
32	Multiply line 30 by line 14 (see Form 2106						1000		
	instructions if you claimed the section 179		8 = *		·哈马克克·哈马克·马克 ···························			管理之中。	
	deduction or special allowance)	32		<b>上</b> 和特征			1 Children		
33	Enter depreciation method and percentage	33				(1997) (1997)			
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35				and the second			
36	Enter the limitation amount	36					1000	e andre se	
37	Multiply line 36 by the percentage on line 14	37				1944 - SA			
38	Enter the smaller of line 35 or line 37. If you		MALLAN AN				A STATE		
	skipped lines 36 and 37, enter the amount from					and the second second	Contraction of the second		
	line 35. Also enter this amount on line 28 above	38							

2017

Your	name	

Social security number

Business in which expenses were incurred TRUMP 845 UN GP LLC (MGR)

DONALD	J.	TRUMP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A		Column B Meals and Entertainment		
		Other Than 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						
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		AND T	and the second second		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 71	4	55,370.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	55,370.		* =		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the a	mount from line 6	on line 8.				

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

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

#### STEP 3 Figure Expenses Subject to the Limitation

8	Subtract line 7 from line 6	8	55,370.		· · ·
	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.

State	ement SBE (2016) DONALD J. TRUMP								Page 2
Pa	Irt II Vehicle Expenses						-		
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			1	1				
12	Total miles vehicle was driven during 2017			1	2	miles			miles
13	Business miles included on line 12				3	miles			miles
14	Percent of business use. Divide line 13 by line 12				4	%			%
15	Average daily roundtrip commuting distance			1	5	miles			miles
16	Commuting miles included on line 12				6	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fi	om line 12		7	miles			miles
18	Was your vehicle available for personal use during	g off-du	ity hours?	· ·				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				·····	Yes	No
								Yes	No
20	Do you have evidence to support your deduction?		······						
21	If "Yes," is the evidence written?							Yes	No
21	If res, is the evidence written?								
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to a	complete this	s section or S	Section C.)			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1				22		
Sect	ion C Actual Expenses		(a) Vehi	icle		Contraction of the U.S. With Divis	(b) Vehi	cle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							1012 1000 1000
24 a	Vehicle rentals	24a							
b	Inclusion amount	24b							
	Subtract line 24b from line 24a	24c				and a line of the share			
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was						(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	included on Form W-2)	25					form:		
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27					同時に		
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on					4.4 Content of the second			
20	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle and	are complet	ing Section (	C for the vehicle.)			
		T					(b) Vehi	cle	
30	Enter cost or other basis	30					202		
31	Enter section 179 deduction			<i>x</i> .					
01	and special allowance	31	an a						
32	Multiply line 30 by line 14 (see Form 2106						-	e de la composition d	2.20
02	instructions if you claimed the section 179						1000	- 11 - 11 - 1 - 11 - 11 - 11 - 11 - 11	
	deduction or special allowance)	32					1000		
0.0	Enter depreciation method and percentage	33							
33				and the second	and the design of the second		Stall Stall		
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35					A SUBARIAN CONTRACTOR		
36	Enter the limitation amount	36		7-12-12-27				Parents and the shirts of	PRE-MARKING STREET
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from					da strategi	100		
	line 35. Also enter this amount on line 28 above	38					S BYING	and a state of the	

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LU	

Your name

DONALD J. TRUMP

Social security number

Business in which expenses were incurred

TRUMP EQUITABLE FIFTH AVENUE CO

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(4A)	a	l,	٩.	

**Business Expenses and Reimbursements** 

STEP 1 Enter Your Expenses			Column A	Column B		
		Other Than Meals and Entertainment		Meals and Entertainment		
1	Vehicle expense from line 22 or line 29	1				
2	Parking fees, tolls, and transportation, including train, bus, etc., that <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. Do not include meals and entertainment SEE STATEMENT 72	4	190,532.			
5	Meals and entertainment expenses	5				
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6				

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

Include any amount reported under code "L" in box 12 of your Form W-2 7	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	88.8	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.

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	ement SBE (2016) DONALD J. TRUMP							Page 2
Pa	art II Vehicle Expenses				-			
Sect	ion A General Information				(a) Vel	nicle	(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					miles		miles
14	Percent of business use. Divide line 13 by line 12					%		%
15	Average daily roundtrip commuting distance					miles		miles
16	Commuting miles included on line 12					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the					miles		miles
18	Was your vehicle available for personal use during	g off-du	ity hours?				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	Nc
							And office of Sales	
20	Do you have evidence to support your deduction?			·			Yes	Nc Nc
21	If "Yes," is the evidence written?						Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete this s	ection or Section (	<u>.)</u>		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a						
Sect	ion C Actual Expenses		(a) V	ehicle		(b) \	/ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
24 a	Vehicle rentals	24a						
b	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27			14.5.5 B			
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	ı only i	f you owned the vehicle ar	id are completing	section C for the	vehicle.)		
-	······································		(a) V	ehicle		(b) \	/ehicle	
30	Enter cost or other basis	30	-					
31	Enter section 179 deduction		in the set of					
	and special allowance	31					-	
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179.			All Martin				
×	deduction or special allowance)	32	а. <sup>16</sup>	AND MELL				
33	Enter depreciation method and percentage	33						M. A.
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35	CALL STR		4.5.5			
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37			85° 8.			
38	Enter the smaller of line 35 or line 37. If you		A Mark A Ch					
	skipped lines 36 and 37, enter the amount from		a Maria					
	line 35. Also enter this amount on line 28 above	38			新来·马克			

		<b>Battorne</b>
20	-1	7
LU	1	1
Antonia Mar		

Your	name	

Social security number

Business in which expenses were incurred

TRUMP PALACE/PARC LLC

DONALD J. TRUMP

Part I	Business	Expenses	and	Reimbursements
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SI	EP 1 Enter Your Expenses		Column A	Column B
			Other Than Meals and Entertainment	Meals and Entertainment
1	Vehicle expense from line 22 or line 29	1		Aller and a sell and the
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. Do not include meals and entertainment73	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 <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	
07			

#### 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.

	ment SBE (2016) DONALD J. TRUMP		-				unnar dar da fa fak i sanana Settistan an	Page 2
Pa	rt II Vehicle Expenses							
Sect	ion A General Information				(a) Vehicle		(b) Vehicle	9
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					miles		miles
14	Percent of business use. Divide line 13 by line 12					%		%
15	Average daily roundtrip commuting distance					miles	dan di kampanan di kampana	miles
16	Commuting miles included on line 12					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12			miles		miles
18	Was your vehicle available for personal use during	) off-di	ty hours?				Yes	No
			-				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				[] fes	
20	Do you have evidence to support your deduction?						Yes	No No
~ (	1/ III / III / III / III / III / III / IIII / IIIII / IIII / IIIII / IIII / IIIII / IIII / IIII / IIII / IIII / IIII / IIII / IIIII / IIIII / IIIII / IIIIII						Yes	No
21	If "Yes," is the evidence written?						[] 100	
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	o complete this se	ction or Section C.)			
	Multich, line 10 hrs 50 5 at (0 525). Exter the regult	horo o	ud on line 1			22		
22 Section	Multiply line 13 by 53.5¢ (0.535). Enter the result ion C Actual Expenses	liele al	a) Ve		T		Vehicle	
	Gasoline, oil, repairs, vehicle insurance, etc.	22			超接到到			
23		[ ]						
		24a						
	Inclusion amount	240 24c	A sequence to a second					
	Subtract line 24b from line 24a	246						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	1 1						
26	Add lines 23, 24c, and 25						1000	
27	Multiply line 26 by the percentage on line 14			-	Altern Marin			
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	29						
Sect	line 1 ion D Depreciation of Vehicles (Use this section		f vou owned the vehicle ar	d are completing	Section C for the vel	icle.)		
		T		ehicle			Vehicle	
30	Enter cost or other basis	30	··					
31	Enter section 179 deduction							
01	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106						distant of	
52	instructions if you claimed the section 179.		•		allen an		the second state	
	deduction or special allowance)	32		AL AVALUTE I				
20	Enter depreciation method and percentage	33						2 Auch
33 34	Multiply line 32 by the percentage on line 33	34			Part plat in the			
		35			340.2 M			
35	Add lines 31 and 34	36			101165420			
36	Enter the limitation amount	30		and the set water and				
37	Multiply line 36 by the percentage on line 14	- 31			21 通常的			
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from	0.0	A TRAFT OF THE PARTY		3			
	line 35. Also enter this amount on line 28 above	38		L		CONTRACTOR OF		

Social security number

Business in which expenses were incurred

TRUMP PLAZA LLC

2017

DONALD J. TRUMP

Business	Expenses	and	Reimbursements
	Business	Business Expenses	Business Expenses and

STEP 1 Enter Your Expenses		Column A		Column B
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			$ \begin{array}{c} (1,1,2) \\ (1,1,2) $
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				Followparts
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 74	4	1	3,301.	
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	-1	3,301.	
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount from	n line 6 on line 8.		
TEP 2 Reimbursements for Expenses Listed In STEP 1		n line 6 on line 8.		 -
TEP 2 Reimbursements for Expenses Listed In STEP 1		n line 6 on line 8.		
TEP 2 Reimbursements for Expenses Listed In STEP 1		n line 6 on line 8.		
TEP 2 Reimbursements for Expenses Listed In STEP 1 Tenter 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 TEP 3 Figure Expenses Subject to the Limitation			3,301.	
TEP 2   Reimbursements for Expenses Listed In STEP 1     7   Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		3,301.	
TEP 2 Reimbursements for Expenses Listed In STEP 1 7 Enter amounts that were not reported to you in box 1 of Form W-2. 1 Include any amount reported under code "L" in box 12 of your Form W-2 TEP 3 Figure Expenses Subject to the Limitation	7	<u> </u>	3,301. 3,301.	

	ement SBE (2016) DONALD J. TRUMP								Page 2
Pa	Irt II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 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		te palanter i con con constante i con con con	miles
16					16	miles		*****	miles
17	Other miles. Add lines 13 and 16 and subtract the	total f	rom line 12		17	miles			miles
18								Yes	No
19								Yes	No
20	Do you have evidence to support your deduction?							Yes	No
21	If "Yes," is the evidence written?					· · ·		Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ins for	Part II to find out whether t	to complete	this section	or Section C.)			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result ion C Actual Expenses	here a		ehicle			22 (b) Vehic	lo	
		23	· (a) v			and south that the			
23	Gasoline, oil, repairs, vehicle insurance, etc.	23 24a					PROJECT STREET		
	Vehicle rentals	24a 24b						1. g	
	Inclusion amount	240 24c		CHARACTER			TON: Autor	SPORT STREET	
	Subtract line 24b from line 24a	240							
25	Value of employer-provided vehicle (applies		Par Principal						
	only if 100% of annual lease value was								
	included on Form W-2)	25					172-133 193-133		
26	Add lines 23, 24c, and 25	26	a state and see the						
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		A REAL PROPERTY OF					5	
0	line 1 ion D Depreciation of Vehicles (Use this section	29	f you owned the vobials or		lating Contin	n C for the vehicle )	AND STOP		
		l		ehicle	leany decar		(b) Vehic		
	Enter aget or other basis	30	(a) Ve						ingines a
	Enter cost or other basis	30			GN RECENT TO AN		8.50.75 8.50.75	attendari attenda	
31	Enter section 179 deduction	0.1							
	and special allowance	31		1996 Select		Marcalan Alexandra Area	19.040235 2015	distant.	
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33					Sarah .		
34	Multiply line 32 by the percentage on line 33	34					(195) —		
35	Add lines 31 and 34	35		STATISTICS STATE		Strain Strain	1986) 96:28	No Property	
36	Enter the limitation amount	36		est reside freese	State of the second				
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
-	line 35. Also enter this amount on line 28 above	38		L			1244		

uui	pplemental Business Expenses	har	Duginaga in which average				
Your name Social security number			Business in which expenses	were in	re incurred		
DONA	LD J. TRUMP		THE TRUMP CORPORATI	ON	240 		
Pa	t I Business Expenses and Reimbursements						
STE	P 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment		
1 \	/ehicle expense from line 22 or line 29	1					
<b>2</b> F	Parking fees, tolls, and transportation, including train, bus, etc., that did not nvolve overnight travel						
3 T e	ravel expense while away from home overnight, including lodging, airplane, car rental, tc. Do not include meals and entertainment	3					
4 E a	Business expenses not included on lines 1 through 3. Do not include meals nd entertainment75	4	168,898.				
5 N	Aeals and entertainment expenses	5					
6 T	otal expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, nter the amount from line 5						
C		<u>6</u>	168,898.				
N	IOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the		- <b>L</b>				
N			- <b>L</b>				
N STE	IOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the	e amount fro	- <b>L</b>				
N STE 7 E	IOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the P 2 Reimbursements for Expenses Listed In STEP 1	e amount fro	- <b>L</b>				
TE 7 E	IOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the P 2 Reimbursements for Expenses Listed In STEP 1 Inter 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	2 amount fro	- <b>L</b>				
N 5TE 7 E 11 5TE 8 S	IOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the P 2 Reimbursements for Expenses Listed In STEP 1 Inter 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 P 3 Figure Expenses Subject to the Limitation Subtract line 7 from line 6 In Column A, enter the amount from line 8. In Column B, multiply the	2 amount fro	m line 6 on line 8.				
N STE 7 E 10 STE 8 S 9 In a t	IOTE:   If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the     IP 2   Reimbursements for Expenses Listed In STEP 1     Inter 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     IP 3   Figure Expenses Subject to the Limitation     Subtract line 7 from line 6	2 amount fro	m line 6 on line 8.				

	ement SBE (2016) DONALD J. TRUMP		-		And a fair of the state of the	Page 2
Pa	irt II Vehicle Expenses					
Sect	ion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service					
12	Total miles vehicle was driven during 2017				miles	miles
13	Business miles included on line 12				miles	miles
14	Percent of business use. Divide line 13 by line 12				%	%
15	Average daily roundtrip commuting distance				miles	miles
16	Commuting miles included on line 12				miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		miles	
18	Was your vehicle available for personal use during	ı off-du	ty hours?			Yes No
19	Do you (or your spouse) have another vehicle available.	lable fo	or personal use?			Yes No
20	Do you have evidence to support your deduction?					Yes No
21	If "Yes," is the evidence written?					Yes No
					a series of the second s	
Sect	ion B Standard Mileage Rate (See the instruction	ns for	Part II to find out whether to	complete this se	ection or Section C.)	
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here ar				22
Sect	ion C Actual Expenses		(a) Vel	hicle	and which are also in the part of the day of the	b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals	24a				
b	Inclusion amount	24b		Sala and		
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25	-			
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
-	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only i	f you owned the vehicle and	are completing		
		L	(a) Vel	hicle	· · · · · · · · · · · · · · · · · · ·	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				通机 法 计输出 计
37	Multiply line 36 by the percentage on line 14	37				-D-5.
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from		A Star Star Star			
	line 35. Also enter this amount on line 28 above	38				

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Supplemental Business Exper	ises				LUII
Your name	Social security number	E	Business in which expenses we	ere incu	rred
DONALD J. TRUMP		г	RUMP PROJECT MANAGEM	IENT (	CORP
Part I Business Expenses and Reimbur	sements				
STEP 1 Enter Your Expenses			Column A Other Than Meals and Entertainment		<b>Column B</b> Meals and Entertainment
1 Vehicle expense from line 22 or line 29	5.	1			
2 Parking fees, tolls, and transportation, including train, bus involve overnight travel	, etc., that did not	2			
3 Travel expense while away from home overnight, including etc. Do not include meals and entertainment	lodging, airplane, car rental.	3			
4 Business expenses not included on lines 1 through 3. Do and entertainmentS	not include meals SE STATEMENT 76	4	9,665.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and 6 enter the amount from line 5	enter the result. In Column B,	6	9,665.		
NOTE: If you were not reimbursed for any expenses in S	tep 1, skip line 7 and enter the amou	Int from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Li	sted In STEP 1				
7 Enter amounts that were <b>not</b> reported to you in box 1 of Fe Include any amount reported under code "L" in box 12 of y	orm W-2. our Form W-2	7			
STEP 3 Figure Expenses Subject to the L	imitation				
8 Subtract line 7 from line 6		8	9,665.		
9 In Column A, enter the amount from line 8. In Column B, r amount on line 8 by 50% (.50). (If zero or less, enter -0-) of the Department of Transportation (DCT) hours-of-service	If subject to imits:		· · · · · · · · · · · · · · · · · · ·		
Multiply by 80% (.80) instead of 50%)		9	9,665.		
10 Add the amounts on line 9 of both columns and enter the t					
These are your supplemental business expenses			▶	10	9,

2017

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	ment SBE (2016) DONALD J. TRUMP				ana ann an tarainn an baile àirte ann an tarainn an ann ann			Page 2
Pa	rt II Vehicle Expenses			· · · · · · · · · · · · · · · · · · ·				
Sect	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 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				%	,		%
15	Average daily roundtrip commuting distance				miles	;		miles
16			t		miles	;		miles
17	Other miles. Add lines 13 and 16 and subtract the				miles	\$		miles
18	Was your vehicle available for personal use during	off-du	ty hours?	-			Yes	No
18 Was your vehicle available for personal use during off-duty hours?								
19	Do you (or your spouse) have another vehicle available for personal use?							No
0.0	De very here evidence to support your deduction?						Yes	No
20	Do you have evidence to support your deduction?							
21	If "Yes," is the evidence written?						Yes	No No
			<b>-</b>	1 1 11	tion or Costion ()			
Sect	ion B Standard Mileage Rate (See the instruction	ins for	Part II to find out whether to	complete this set				
						22		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here ar					cle	
	ion C Actual Expenses		(a) Veh	ICIE		(b) Vehi	010	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				1219177 1311		1899910
	Vehicle rentals	24a						
	Inclusion amount	24b				and the second s		
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				IV I SHO	*****	
26	Add lines 23, 24c, and 25	26	-				- Avenue and a second	
27	Multiply line 26 by the percentage on line 14	27				Electronic		
28	Depreciation. Enter amount from line 38 below	28	_			1 8 M		
29	Add lines 27 and 28. Enter total here and on				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	<u>only i</u>						
			(a) Veh	icle		(b) Vehi	cle .	
30	Enter cost or other basis	30	Real Data and State Street Barriets					
31	Enter section 179 deduction							
	and special allowance	31				Contraction of the second	Render in delig in com	
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179					13.53		
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33				12		NO. N. P
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						Section Section
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
15.0983 (F	skipped lines 36 and 37, enter the amount from							
2. <b></b>	line 35. Also enter this amount on line 28 above	38		Plane where a survey of the last				

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2017

Your name

DONALD J. TRUMP

Social security number

Business in which expenses were incurred T MANAGEMENT LLC (TMG MEMBER LLC)

Part I Bus

Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		column A		Column B
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	清		
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 <u>SEE STATEMENT</u> 77	4	67,209.	.a.tes	
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	67,209.		

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

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

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

8	Subtract line 7 from line 6	8	67,209.		• • • • •
	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.

	ement SBE (2016) DONALD J. TRUMP					and the second		-	Page 2
Pa	rt II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle	-	<ul> <li>(b) Vehicle</li> </ul>	
11	Enter the date vehicle was placed in service			-	11				
12	Total miles vehicle was driven during 2017				12	mile	S	www.constantion.com	miles
13	Business miles included on line 12				13	mile			miles
14	Percent of business use. Divide line 13 by line 12				14	Q	%		%
15	Average daily roundtrip commuting distance				15	mile	S		miles
16					16	mile	S		miles
17	Other miles. Add lines 13 and 16 and subtract the				17	mile	s		miles
18	Was your vehicle available for personal use during							Yes	No
19	Do you (or your spouse) have another vehicle avai	lable f	or personal use?	 		· · ·		Ves	No No
20	Do you have evidence to support your deduction?							. Ves	No
								Yes	No
21	If "Yes," is the evidence written?							100	
Sect	ion B Standard Mileage Rate (See the instructio	ns for	Part II to find out whether to comp	olete th	is section (	or Section C.)			
						Cubiteurs (1999) PDU-96 (1999)Cubited (1990) at 6-1764 (1997)			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a				<u></u>	22 (b) Ve	hiele	
Sect	ion C Actual Expenses		(a) Vehicle			Conception President	(0) VE		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			LT STOLET	Contractor States and States			
24 a	Vehicle rentals	24a							
b	Inclusion amount	24b			isti di		-		
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				Contraction of the			
26	Add lines 23, 24c, and 25	26					2日日本 同時間の		
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28					1.43		
29	Add lines 27 and 28. Enter total here and on								
	line 1	29							
Sect	tion D Depreciation of Vehicles (Use this section	only i	f you owned the vehicle and are o	comple	ting Sectio	on C for the vehicle.)			
Sector Sector			. (a) Vehicle				(b) Ve	hicle	
30	Enter cost or other basis	30						的。但是我们	
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.							and the state of	
	deduction or special allowance)	32						the stand	
33	Enter depreciation method and percentage	33		Ten year		2		201 M	
34	Multiply line 32 by the percentage on line 33	34							
34 35		35	A				in the		
	Add lines 31 and 34 Enter the limitation amount	36		No.					112
36	Multiply line 36 by the percentage on line 14	37		e fans Flinklig	AND THE ADDRESS OF				
37	Enter the smaller of line 35 or line 37. If you	- 01							
38	skipped lines 36 and 37, enter the amount from		罪 55 公務						
	line 35. Also enter this amount on line 28 above	38							
	THE JJ. AND GILLET LITIS ATTUUTE UT THE ZU ADUVE	00	ANDFRONT 111111111111111111111111111111111111				12.000.000.000		

2017

DONALD	J.	TRUMP

Social security number

Business in which expenses were incurred

TRUMP PARK AVENUE LLC (DELMONICO)

P	ar	t	
1.23		<b>.</b>	121

Your name

Pa	rtl	
4.197.270	Mar Carlo	

**Business Expenses and Reimbursements** 

			Column A		Column B
51	EP 1 Enter Your Expenses		Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29	1			
2	Parking fees, tolls, and transportation, including train, bus, etc., 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. 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	â
STED 2 Figure Expenses Subject to the Limitation		

### STEP 3 Figure Expenses Subject to the Limitation

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

Stat	ement SBE (2016) DONALD J. TRUMP						Page 2
Pa	art II Vehicle Expenses						
Sect	ion A General Information				(a) Vehicle	(b) Vehic	cle
11	Enter the date vehicle was placed in service			11	A 10 A		
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					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles		miles
18	Was your vehicle available for personal use during	g off-du	ty hours?			Yes	s 🗌 No
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?			Yes	s 🗌 No
							10000 C 10000
20	Do you have evidence to support your deduction?	6				Yes	s 🗌 No
21	If "Yes," is the evidence written?					Yes	s 🗌 No
				1997 - 1997 - 1989 M 19			
Sect	ion B Standard Mileage Rate (See the instruction	ons for I	Part II to find out whether to complet	e this sec	tion or Section C.)		
							r.
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here an	d on line 1			22	
Sect	ion C Actual Expenses		(a) Vehicle			b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				26	
24 a	Vehicle rentals	24a					
	Inclusion amount	24b					
	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 1.4	27					
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on						
20	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and are con	pleting S	Section C for the vehicle.)		
		T	(a) Vehicle			b) Vehicle	
	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					and the second second	
0L	instructions if you claimed the section 179		•				
	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33	B		dana da		
33 34	Multiply line 32 by the percentage on line 33	34			And a state of the		
34 35	Add lines 31 and 34	35					
	Enter the limitation amount	36					
36	Multiply line 36 by the percentage on line 14	37		- BLACETE TE			100 C
37	Enter the <b>smaller</b> of line 35 or line 37. If you				The second second		
38	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Business in which expenses were incurred

2017

	TRUMP	PARK	AVE	LLC	-	ACQUISITIONS

DONALD	J.	TRUMP
Part I		Busine

Your name

**Business Expenses and Reimbursements** 

0.1			Column A	Column B		
51	EP 1 Enter Your Expenses		Other Than Meals and Entertainment	Meals and Entertainment		
1	Vehicle expense from line 22 or line 29	1		RH		
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. 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 79	4	5,139.			
5	Meals and entertainment expenses	5				
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,139.		đ –	

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		 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	9 <u>.</u>

	ement SBE (2016) DONALD J. TRUMP							Page 2
Pa	art II Vehicle Expenses							
Sect	tion A General Information					(a) Vehicle	(b) Vehicl	le
11	Enter the date vehicle was placed in service			1	1			
12	Total miles vehicle was driven during 2017				2	miles		miles
13	Business miles included on line 12				3	miles		miles
14	Percent of business use. Divide line 13 by line 12				4	%		%
15	Average daily roundtrip commuting distance				5	miles		miles
16				server at server servers and the server of t	6	miles		miles
17	Other miles. Add lines 13 and 16 and subtract the				7	miles		miles
18	Was your vehicle available for personal use during			Control of Street of California and California			Yes	No No
	und un hunde Characteristic in an and the international and a strategic currents. Includies on a constraint of the strategic currents in the strateg					•		
19	Do you (or your spouse) have another vehicle ava	ilable	for personal use?				Yes	No No
20	Do you have evidence to support your deduction?						Yes	No
							•	10.000 B
21	If "Yes," is the evidence written?						Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete this	s sectio	on or Section C.)		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1					
Sect	ion C Actual Expenses		(a) Ve	ehicle		(b)	Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
24 a	Vehicle rentals	24a		Sales				
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							
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
20	line 1	29	·····································			非是有,利用,西方,		
Sect	ion D Depreciation of Vehicles (Use this section	-	if you owned the vehicle an	id are complet	ing Sec	tion C for the vehicle.)		
		T	(a) Ve				Vehicle	
30	Enter cost or other basis	30	(u) (u)				With the second	
31	Enter section 179 deduction				and a reason for the			
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106						E at he areas	
02	instructions if you claimed the section 179.					· ·		
	deduction or special allowance)	32	10 N		Sec. 1		1.4	
99	Enter depreciation method and percentage	33					- All All Ash	
33 34	Multiply line 32 by the percentage on line 33	34		HAR REPORTED AND AND AND AND AND AND AND AND AND AN	- Pipersey			and a man share of the
		35						
	Add lines 31 and 34	36			Contrains			3411014
36	Enter the limitation amount	-						Contraction of the second
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					<u>s</u>	

6.57.1

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numo	

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

Part I	Business	Expenses	and	Reimb

STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29	1	÷		
2	Parking fees, tolls, and transportation, including train, bus, etc., that <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. Do not include meals and entertainment 80	4	172,319.		
5	Meals and entertainment expenses	5			
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	172,319.		
	NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amo	unt from lir	ne 6 on line 8.		

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

7	Enter amounts that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	. 7		ана на
S1	EP 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.	17

10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses

> . . . . .. •

10

172,319.

	ement SBE (2016) DONALD J. TRUMP		4				- ANNI - ANN		Page 2
Pa	art II Vehicle Expenses				_				
Sec	tion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service								
12	Total miles vehicle was driven during 2017			12		miles	5		miles
13	Business miles included on line 12					miles	5		miles
14	Percent of business use. Divide line 13 by line 12					%	,		%
15	Average daily roundtrip commuting distance			15		miles	3		miles
16	2001 · 1022 · 1223 · 123 · 123 · 124 · 125					miles	;		miles
17	Other miles. Add lines 13 and 16 and subtract the	e total f	rom line 12	17		miles	3		miles
18	Was your vehicle available for personal use durin	g off-d	uty hours?	•				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable 1	or personal use?					Yes	No
20	Do you have evidence to support your deduction?	<b>.</b>						Yes	No
21	If "Yes," is the evidence written?							Yes	No No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to con	mplete this s	ection or	Section C.)			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a					22 (b) Vehic		4 <u></u>
	ion C Actual Expenses	1	(a) Vehicle	3			(b) venic	16	
23	Gasoline, oil, repairs, vehicle insurance, etc.						546855 9345		and the second
	Vehicle rentals						8116 1785		
	Inclusion amount					Charles on a contraction	278 201701		
C		24c							
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was								
	included on Form W-2)								
26	Add lines 23, 24c, and 25	26				- 通知時間間時	and a		
27	Multiply line 26 by the percentage on line 14	. 27							
28	Depreciation. Enter amount from line 38 below	28				1111 1111 1111			
29	Add lines 27 and 28. Enter total here and on								
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section	n only i	f you owned the vehicle and are	e completing	Section	C for the vehicle.)		·	
1			(a) Vehicle	)			(b) Vehic	le	
30	Enter cost or other basis	30							
31	Enter section 179 deduction		CAN THE REAL PROPERTY.						
	and special allowance	31					and the second se		
32	Multiply line 30 by line 14 (see Form 2106						100		
	instructions if you claimed the section 179			he de la l					
	deduction or special allowance)	32		st., 171,	4		1000		
33	Enter depreciation method and percentage	33					10 A		
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36					N.C.	00	
37	Multiply line 36 by the percentage on line 14	37					NO.		
38	Enter the smaller of line 35 or line 37. If you					小村山 印刷树			
00	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Your name

Social security number

Business in which expenses were incurred DJT HOLDINGS LLC – DJT ENTREPRENEUR MANAGING MEMBER LLC

10

. . . . . . . . . .

1,623.

2017

DONALD	J.	TRUMP

**Business Expenses and Reimbursements** Part I

STEP 1 Enter Your Expenses		olumn A	Column B		
		Than Meals ntertainment	Meals and Entertainment		
1 Vehicle expense from line 22 or line 29					
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 r etc. Do not include meals and entertainment	ental,3				
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 81		1,623.			
5 Meals and entertainment expenses					
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Colum enter the amount from line 5	nn B, 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

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				1.412
			(dage)	
8 Subtract line 7 from line 6		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%)		1,623.		
		1,025.	1000	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	±	Þ	10	1,623.

	ement SBE (2016) DONALD J. TRUMP								Page 2
Pa	art II Vehicle Expenses								
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			a	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			L	14	%			%
15	Average daily roundtrip commuting distance			L	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 fr	om line 12	L	17	miles	-		miles
18	Was your vehicle available for personal use during	) off-di	ty hours?					Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?					Yes	No
20	Do you have evidence to support your deduction?							Yes	No
20									
21	If "Yes," is the evidence written?							Yes	No No
								3,343,555	
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to	complete th	nis section	or Section C.)			
									94
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here ar	nd on line 1				22		
	ion C Actual Expenses		(a) Vel	hicle		(	b) Veh	icle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
	Vehicle rentals	24a							
b	Inclusion amount	24b					avr. 4.		
C	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies						10-27-27 36,75,7-57		
	only if 100% of annual lease value was								
	included on Form W-2)	25				Addition of the second			
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27					No.		
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
20	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle and	d are comple	ting Section	on C for the vehicle.)			
		1	(a) Vel				b) Veh	icle	
30	Enter cost or other basis	30					な調整		
31	Enter section 179 deduction								
01	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106						Aside		
02	instructions if you claimed the section 179					·			
	deduction or special allowance)	32					141		
33	Enter depreciation method and percentage	33							
	Multiply line 32 by the percentage on line 33	34							
34 25	and and a second s	35					10-1		
35	Add lines 31 and 34 Enter the limitation amount	36		le comund			10		
36	Multiply line 36 by the percentage on line 14	37		er og okke dår te om	Contemported by			No. 1999 December 2012 Party of the	
37	Enter the smaller of line 35 or line 37. If you						1		
38			The second second		<i>.</i>		14		
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38						••••••••••••••••••••••••••••••••••••••	

2017

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Social security number

Business in which expenses were incurred

TIHT COMMERCIAL LLC

DONALD J. TRUMP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses			Column A		Column B
51	LP I Linei Tour Expenses		Other Than Meals and Entertainment	Meals and Entertainment	
1	Vehicle expense from line 22 or line 29	1			
2	Parking fees, tolls, and transportation, including train, bus, etc., 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			Contractor
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 82	4	967.		
5	Meals and entertainment expenses	5			
- 6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	967.		

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

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

7	Enter amounts that were <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		
80000			Contraction of the second s	

### STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6		967.		3 m m 8
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	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.

	ement SBE (2016) DONALD J. TRUMP							-	Page 2
Pa	art II Vehicle Expenses		2						
Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			1	1				
12	Total miles vehicle was driven during 2017			1	2	miles	5		miles
13	Business miles included on line 12				3	miles	5		miles
14	Percent of business use. Divide line 13 by line 12				4	%	,		%
15	Average daily roundtrip commuting distance				5	miles	5		miles
16					3	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the				7	miles	5		miles
18	Was your vehicle available for personal use during							Yes	No
	Paragenae Augente Las Augenteannair d'Augenteannair a d'Annaichteannair an Annaichteannair an Annaichteannair a		-						
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?					Yes	No No
20	Do you have evidence to support your deduction?							Yes	No No
	0,								
21	If "Yes," is the evidence written?					•		Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to	complete this	section o	r Section C.)	111		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1				22		
	ion C Actual Expenses		(a) Veh				(b) Vehic	cle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23							
	Vehicle rentals	24a							
b	Inclusion amount	24b							
	Subtract line 24b from line 24a	24c							-
	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26		Constant American Constant					
27	Multiply line 26 by the percentage on line 14	27						en della se a com la second de la	
28	Depreciation. Enter amount from line 38 below	28							
	Add lines 27 and 28. Enter total here and on	20							
29		29					Raine a		
Sact	line 1 ion D Depreciation of Vehicles (Use this section		f you owned the vehicle and	are completi	na Sectio	G for the vehicle )	CINCRA.		
0661			( ) ) ( )		ing obstro		(b) Vehic	1e	•
20	Enter cost or other basis	30	. (a) ven						1 Stantes
30 31	Enter section 179 deduction	- 30			The sector of the		The second		A CONTRACTOR OF A
01	and special allowance	31							
20	Multiply line 30 by line 14 (see Form 2106	01	100 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200				5440238223 		
32	instructions if you claimed the section 179								4
	-	32					111		ST. Parks
~~	deduction or special allowance)								
33	Enter depreciation method and percentage	33		The pulke stati				innige That had	the market of the t
34	Multiply line 32 by the percentage on line 33	34					1. 181 - 181		
	Add lines 31 and 34	35			1.急速 南	ALLAND THE LETTER A. P.	2000112) 2110		
36	Enter the limitation amount	36		14.76 H B	North Martin	27上了14的公司4月21日-2月2日	40.33		28 13 E
37	Multiply line 36 by the percentage on line 14	37					11		
38	Enter the smaller of line 35 or line 37. If you						1.11		
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38					ALC: NO	ar an internet in the second	and a second part of

		and the second se
Social	security	number

Business in which expenses were incurred

2017

TRUMP INTERNATIONAL GOLF CLUB LLC

	100 million	-	
n	0.11	65. T	3
~	an	10.6	

DONALD J. TRUMP

Your name

**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	ä		
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. <b>Do not</b> include meals and entertainment	3	12		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 83	4	282,014.		
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	282,014.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount from line 6	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		ан на стана (стана) С
STEP 3 Figure Expenses Subject to the Limitation			
8 Subtract line 7 from line 6	8	282,014.	
			a

9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)

10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses

e and the second of a

9

282,014,

10

282,014.

	ement SBE (2016) DONALD J. TRUMP				· · · · · · · · · · · · · · · · · · ·		54 ·	Page 2
Pa	Irt II Vehicle Expenses							
Sect	ion A General Information				(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 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					miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fi	om line 12	17	miles			miles
18	Was your vehicle available for personal use during	g off-di	ity hours?				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						. Yes	No No
21	If "Yes," is the evidence written?						Yes	No No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to com	olete this section	on or Section C.)			
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a				22		
Sect	ion C Actual Expenses		(a) Vehicle			b) Ve	nicie	
23	Gasoline, oil, repairs, vehicle insurance, etc.	-			Contraction of the second second			
	Vehicle rentals	24a						
		24b				Autor	fina ar san d	
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was					C - 100		
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26		- Contractor and the state				
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		and the second second second			and the second	
Sect	ion D Depreciation of Vehicles (Use this section	n only i	f you owned the vehicle and are	completing Se				
	المقاطعة المتحافظ	L	. (a) Vehicle			b) Ve	hicle	
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31				02211		10000
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179						1. 新闻生物	
	deduction or special allowance)	32			1			
33	Enter depreciation method and percentage	33				1	Sector 201	
34	Multiply line 32 by the percentage on line 33	34				1		
35	Add lines 31 and 34	35	一,在方法,《人人					
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37				「「		
38	Enter the smaller of line 35 or line 37. If you		了。 一個人子 記述:					
	skipped lines 36 and 37, enter the amount from					Scholler Mc		
	line 35. Also enter this amount on line 28 above	38	型。《王·特·特莱金纳留学》"					

Social security number	er
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Business in which expenses were incurred

MAR-A-LAGO CLUB LLC

2017

Part I

DONALD J. TRUMP

Your name

**Business Expenses and Reimbursements** 

e1	ED 1 Enter Vour Expenses		Column A		Column B
31	EP 1 Enter Your Expenses		ner Than Meals I Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29	1			
2	Parking fees, tolls, and transportation, including train, bus, etc., that <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. Do not include meals and entertainment SEE STATEMENT 84	4	466,440.		
5	Meals and entertainment expenses	5			
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	466,440.		

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

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

nounts that were <b>not</b> reported to you in box 1 of Form W-2. any amount reported under code "L" in box 12 of your Form W-2	7		
	1	2011	

### STEP 3 Figure Expenses Subject to the Limitation

8	Subtract line 7 from line 6	 8	466,440.		• <sup>1</sup> • 5, 5•
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.

	ement SBE (2016) DONALD J. TRUMP							2
Pa	art II Vehicle Expenses					-		
Sect	tion A General Information		·		(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11				
12	Total miles vehicle was driven during 2017			12		miles		miles
13	Business miles included on line 12					miles		miles
14	Percent of business use. Divide line 13 by line 12			14		%		%
15	Average daily roundtrip commuting distance			15	1	miles		miles
16	Commuting miles included on line 12			16		miles		miles
17	Other miles. Add lines 13 and 16 and subtract the					miles		miles
18	Was your vehicle available for personal use during	g off-d	ity hours?				Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No No
21	If "Yes," is the evidence written?						Yes	No No
Sect	ion B Standard Mileage Rate (See the instruction	one for	Part II to find out whether to co	mnlete this se	ction or Section C.)			
0000	ion D Standard Willeage Hale (See the instruction	113 101					T	
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1			22		
	ion C Actual Expenses	noro u	(a) Vehicle				Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
b	Inclusion amount	24b				100 BUC		
	Subtract line 24b from line 24a	240	STORE STORE					
25	Value of employer-provided vehicle (applies							
20	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28					-	
20	Add lines 27 and 28. Enter total here and on	20				6 2 2 4		
29	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	1	f you owned the vehicle and ar	e completina	Section C for the vehicle	1001.030200000 2		
0000			(a) Vehicle				/ehicle	
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
01	I and a later that a literature of the second	31						
20	Multiply line 30 by line 14 (see Form 2106	- 01				24101-04234-07823124		
32	instructions if you claimed the section 179							• - • • iz
		32						
	deduction or special allowance)							
33	Enter depreciation method and percentage	33				C. M. STAL		ing the training
34	Multiply line 32 by the percentage on line 33	34				a grant		
35	Add lines 31 and 34	35			and the second	Charles President		
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		学校でで、その主要的		<b>新学校</b> 在1	T THE R		
	line 35. Also enter this amount on line 28 above	38	and the second second second		PPAPER Stolla	ALC: NO		

Social	security	number
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Business in which expenses were incurred

TRUMP NATIONAL GOLF CLUB

2017

DONALD	л	TRIMP	

Your name

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
		tertamment	102580	Linertainment
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 85	4	2,632.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,632.		

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

	nter 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		
A design of the second s				

### 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.

-	ement SBE (2016) DONALD J. TRUMP	the state of the s				and a state of the state of the second state of the state	analah bilangan sa	Page 2
	art II Vehicle Expenses							
Sect	ion A General Information					(a) Vehicle	(b) Vehicl	8
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 f	rom line 12		17	miles		miles
18	Was your vehicle available for personal use during	g off-di	uty hours?				Yes	No No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	No
20	Do you have evidence to support your deduction?	•					Yes	No
21	If "Yes," is the evidence written?					• •	Yes	No No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	o complet	e this section	or Section C.)		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a					22   b) Vehicle	
Sect	ion C Actual Expenses	-	(a) V	ehicle		Selected and the second		
23	Gasoline, oil, repairs, vehicle insurance, etc.			BARMACRINIT:				
24 a	Vehicle rentals						Alter Alter [	
1.000	Inclusion amount	24b					and the second second	
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was		ALL ALL AND AND A		123			
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25							
27	Multiply line 26 by the percentage on line 14	2.7						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	n only i	f you owned the vehicle ar	id are con	pleting Secti	on C for the vehicle.)		
		L	(a) V			•	b) Vehicle	
30	Enter cost or other basis	30						
31	Enter section 179 deduction				-2.			
01	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
52	instructions if you claimed the section 179							
	deduction or special allowance)	32				No.		
		33						
33	Enter depreciation method and percentage			and the second second	CONTRACTOR DE LA CONTRACT			
34	Multiply line 32 by the percentage on line 33	34	Stranger and a					
35	Add lines 31 and 34			10000			1. Ball 1. C. W. W.	
36	Enter the limitation amount	36				A STATE OF A STATE		
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38			and triaded particular constructions. Hit is presented	A PARTY OF A	10 B	

Social security number

Business in which expenses were incurred TUMP KOREAN PROJECTS LLC 2017

DONALD J. TRUMP

Your name

Part I	Business	Expenses	and	Reimbursements
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ST	EP 1 Enter Your Expenses		<b>Column A</b> her Than Meals d Entertainment	<b>Column B</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. Do not include meals and entertainment SEE STATEMENT 86	4	122.	
5	Meals and entertainment expenses	5		
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	122.	

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

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

7 Enter amounts that were <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			en an ean ann an tar			ľ
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

	ement SBE (2016) DONALD J. TRUMP					and the second		Page 2
Pa	art II Vehicle Expenses							
Sect	ion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11			
12	Total miles vehicle was driven during 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					16	miles		miles
17	Other miles. Add lines 13 and 16 and subtract the				17	miles		miles
18	Was your vehicle available for personal use during						Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	No No
			8				Yes	No
20	Do you have evidence to support your deduction?			······			res	
21	If "Yes," is the evidence written?						Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether	to complete th	his section of	Section C.)		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result	here a	nd on line 1					
	ion C Actual Expenses	nore u		/ehicle			Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				ENERGY PUTCH STREET	8	
	Vehicle rentals	24a				Provide Contracting States in the State Conception		
24 a	Inclusion amount	24a						
0	Subtract line 24b from line 24a	240	TRANSFER SERVICE	212020202020202020			THERE LEADER INCOME AND A SUB-	
0		240						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	25						
~~	included on Form W-2)	25						
26	Add lines 23, 24c, and 25				-			
27	Multiply line 26 by the percentage on line 14	2.7						
28	Depreciation. Enter amount from line 38 below	28					( <b></b>	
29	Add lines 27 and 28. Enter total here and on							
	line 1 ion D Depreciation of Vehicles (Use this sectior	29	f	L	ting Costier	C for the vehicle )		
Sect	ion D Depreciation of Venicles (Use this section	T			ening section		Vahiela	
			(a) V	ehicle		. <u>(D)</u>	Vehicle	
0.000	Enter cost or other basis	30						
31	Enter section 179 deduction							
	and special allowance	31		200340522805723				CARL AN
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			a contra			
34	Multiply line 32 by the percentage on line 33 $_{\dots\dots}$	34	The starts					
35	Add lines 31 and 34	35			and the last of the last of the			10 b (002 - 1
36	Enter the limitation amount	36				And American American American		
37	Multiply line 36 by the percentage on line 14	37	1.44年4月 月 月					
38	Enter the smaller of line 35 or line 37. If you						2	
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38		and and the state of the state		为行、市场、市		

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COMPANY	
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DONALD J. TRUMP

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Description	Schedule A/		Other Busi	Other Business Entities/Statement SBE	lent SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
THE EAST 51 ST. COMPANY OTHER BUSINESS EXPENSES					10,950.		10,950.
GRAND TOTAL	A TRANSPORTATION OF A DESCRIPTION OF A D	The second s	new management of the state of	** In the second s Second second s Second second s Second second seco	and and a second se	and the second second and the second se	10,950.
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	11 X 100						

DONALD J. TRUMP

DONALD J. TRUMP							ı I
Description	Schodulo A/		Other Bus	Other Business Entities/Statement SBE	ient SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
40 WALL DEVELOPMENT ASSCC, LLC OTHER BUSINESS EXPENSES GRAND TOTAL					457,596.		457,596. 457,596.
703521 04-01-17							

TRUMP CPS LILC DONALD J. TRUMP

# Allocation of Form 2106/Statement SBE Business Expenses

DONALD J. TRUMP				<u>(</u>	100.		I
Description	Schadula A/		Other Busi	Other Business Entitles/Statement SBE	Ient SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP CPS LLC		roti atta					
OTHER BUSTNESS EXPENSES	<ul> <li>A state of the sta</li></ul>				100,165.		100,165. 100 165
							• C0T / 00T
		· •					
	1.04						

DONALD J. TRUMP							l
Docorintion	Cabadula A/		Other Busin	Other Business Entities/Statement SBE	lent SBE		÷
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	I OTAI TO Business Entity
TRUMP 845 UN LIMITED PARTNERSHIP OTHER BUSINESS EXPENSES					55,370.		55,370.
GRAND TOTAL							55,370.
	•						
	and a second						
						(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	and the second secon						
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		<ul> <li>We have a "to" is a substant of the substant of t</li></ul>			<ul> <li>A state of the sta</li></ul>		

TRUMP 845 UN GP LLC (MGR)

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AVENUE	
FIFTH	
EQUITABLE	
TRUMP	

DONALD J. TRUMP

DUNALD U. INUME							Ι
Description	Schodulo A/		Other Busi	Other Business Entities/Statement SBE	tent SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP EQUITABLE FIFTH AVE CO OTHER BUSINESS EXPENSES					190,532.		190,532.
GRAND TOTAL							190,532.
		and the second					
			Above and the second				

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TRUMP PALACE/PARC LLC DONALD J. TRUMP

# Allocation of Form 2106/Statement SBE Business Expenses

			Other Rus	Other Business Entities/Statement SBF	ant SRF		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP PALACE PARC LLC OTHER BUSINESS EXPENSES GRAND TOTAL					. 45,476.		45,476. 45,476.
		·					
				· ·			
			[10] C. M.		Provide and the second seco		
	and the second se						

DONALD J. TRUMP					100 -		
Description	Schadula A/		Other Busi	Other Business Entities/Statement SBE	lent SBE		
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP PLAZA LLC OTHER BUSINESS EXPENSES		and Calara Section 2014			105 51		13 201
GRAND TOTAL					•		13,301.
			<ul> <li>Constraints of the second secon</li></ul>				

TRUMP PLAZA LLC DONALD J. TRUMP

THE TRUMP CORPORATION DONALD J. TRUMP

Allocation of Form 2106/Statement SBE Business Expenses

DONALD J. TRUMP						*		
Descrintion	Schedule A/		Other Busi	Other Business Entities/Statement SBE	ient SBE		Total to	
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity	
THE TRUMP CORPORATION					000 071		000 071	
GRAND TOTAL					-040,040.	(1) A state of the second sec second second sec	168 898	
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						(1) The first of the first o		
		•						
							(1) Any even when the property of the state of o	
						(1) A. C. C. M.		
703521 741-17	a state a	0 8 80 <b>805</b> 0					×	
DONALD J. TRUMP							R.	
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20C	Description	Cohodulo A/		Other Busir	Other Business Entities/Statement SBE	tent SBE		- - H
5		Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	lotal to Business Entity
TRUMP PROJECT MANAGEMENT CORP OTHER BUSINESS EXPENSES GRAND TOTAL	ENT CORP NSES					9,665.	DESERTING SCHEMES	9,665.
						(a) A second se second second seco		How are the set of
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703521 04-01-17	-							e X
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# Allocation of Form 2106/Statement SBE Business Expenses

TRUMP PROJECT MANAGEMENT CORP DONALD J TRIMP

T MANAGEMENT LLC (TMG MEMBER LLC) DONALD J. TRUMP

Allocation of Form 2106/Statement SBE Business Expenses

DONALD J. TRUMP	a in the second seco						1
	Cabadada A/	-	Other Busir	Other Business Entities/Statement SBE	tent SBE		Total to
Description	Schedule Av Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER L OTHER BUSINESS EXPENSES					67,209.		67,209.
GRAND TOTAL							67,209.
	aline a star anno 1991 agus ann a star an 1991. Bha an 1991 ann ann an 1991 agus ann an 1991 agus ann an 1991 agus ann an 1991.						(1) A statistical statistic
				A DESCRIPTION OF A DESC			

703521 34-01-17

(DELMONICO)
LLC
AVENUE
PARK.
TRUMP

DONALD J. TRUMP

			Other Rusi	Other Business Entities/Statement SBF	ant SRF		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
TRUMP DELMONICO LLC OTHER BUSINESS EXPENSES GRAND TOTAL					5,082,		5,082.
	•						
							e de la constante de la constan Constante de la constante de la Constante de la constante de la
		-					

703521 34-01-17 ...



TRUMP PARE AVE LLC - ACQUISITIONS DONALD J. TRUMP

DONALD U. TRUMP				1			
Description	Schedule A/		Other Busi	Other Business Entities/Statement SBE	tent SBE		Total to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP PARE AVENUE LLC							
OTHER BUSINESS EXPENSES					5,139.		5,139.
GRAND TOTAL							5,139.
	•						
703521 04-D1-17		- * 	*	18.7			

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JJT HOLDINSS LLC - DJT ENTREPRENEUR MEMBER LLC JONALD J. TRUMP

Allocation of Form 2106/Statement SBE Business Expenses

Description	Schedule A/		Other Busi	Other Business Entities/Statement SBE	nent SBE	-	F
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	lotal to Business Entity
OJT HOLDINGS LLC - DJT ENTREPRENEUR MEMB OTHER BUSINESS EXPENSES					172,319.		172,319.
GRAND TOTAL							172,319.
		(1) Statistical Contract Contract of Contract					
		**************************************					
		(1) An and the space of the state of the state of the space of the state of the space of the	(See Section 2014) and the section of the sectio		W. Weiter and S. Martin, M. Martin, S. Martin, M. S. Martin, M. S. Martin, M. S. Martin, M. S. Martin, and M. S. Ma Samatin, and M. S. Martin, and M. S.		

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Allocation of Form 2106/Statement SBE Business Expenses	MEMBER
	MANAGING
	ENTREPRENEUR 1
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	LLC -
	DJT HOLDINGS

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DONALD J. FRUMP						•	
Description	Cohodino A/		Other Busir	Other Business Entities/Statement SBE	lent SBE		ł
	Scheaule Av Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses.	Iotal to Business Entity
DJT HOLDINGS LLC - DJT ENTREPRENEUR MANA OTHER BUSINESS EXPENSES GRAND TOTAL					1,623.		1,623. 1,623.
						•	
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						(i) A starting of the start	

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DONALD J. TRUMP

			Othor Build	Other Business Entitios/Statement SBE	Cont CDE		
Description	Schedule A/						Total to
	Form 2106	Venicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TIHT COMMERCIAL LLC OTHER BUSINESS EXPENSES	and a state of the				0677		067
GRAND TOTAL		a (1.1888) a statistica in the statistical statistical statistical statistical statistical statistical statistic			· .		- 10 C
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						· · · · · · · · · · · · · · · · · · ·	
		and a second					

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TRUMP INTEENATIONAL GOLF CLUB LLC DONALD J. TRUMP

Allocation of Form 2106/Statement SBE Business Expenses

DUNALD U. INUME							l
Description	Schedule A/		Other Busi	Other Business Entities/Statement SBE	tent SBE		Totol to
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Business Entity
TRUMP INTERNATIONAL GOLF CLUB LLC OTHER BUSINESS EXPENSES					282,014.		282,014.
GRASD TOTAL							282,014.
	-						
		n an an ann an Anna an Anna an Anna an Anna an Anna Anna Anna Anna					
				• •		• • • • • • • • • • • • • • • • • • •	
		• •					
		<ul> <li>A second sec second second sec</li></ul>					

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MAR-A-LAGC CLUB LLC DONALD J. TRUMP

			Other Busi	Other Business Entities/Statement SBE	tent SBE		
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
MAR-A-LAGC CLUB, LLC OTHER BUSINESS EXPENSES GRAND TOTAL					466 , 440 .		466,440. 466,440.
	i.t						

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CLUB	
GOLF	
NATIONAL	
TRUMP	

DONALD J. TRUMP

			Other Busir	Other Business Entities/Statement SBF	ant SRF		l
Description	Schedule A/ Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
DJT HOLDINGS LLC - TRUME NATIONAL GOLF C OTHER BUSINESS EXPENSES GRAND TOTAL					2,632,		2,632. 2,632.
					an a	(i) A must be a part of some band of the part of th	(a) A set of the se
		<ul> <li>Second and the second se</li></ul>					
703521 7	41 To 42 Figure 1						à
	z • • •*	() ()					

DONALD J. TRUMP							
	Cohood a l		Other Busi	Other Business Entities/Statement SBE	nent SBE		
	Form 2106	Vehicle Expenses	Parking Fees, tolls and transportation	Travel Expenses	Business Expenses	Meals & Entertain- ment Expenses	Total to Business Entity
DJT HOLDINJS LLC - TRUMP KOREAN PROJECTS OTHER BUSINESS EXPENSES GRAND TOTAL			ENGLAND PRODUCTS		122.	provide provide a	122.
				• • • • • • • • • • • • • • • • • • •			
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		.4					

TUMP KOREAN PROJECTS LLC

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SCHEDULE H (Form 1040)	Household Employment Taxes (For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Ta	axes)	OMB No. 1545-1971
Department of the Treasury Internal Revenue Service (99) Name of employer	<ul> <li>Attach to Form 1040, 1040NR, 1040-SS, or 1041.</li> <li>Go to www.irs.gov/ScheduleH for instructions and the latest information.</li> </ul>		Attachment Sequence No. 44
DONALD J. TRUMP			r identification number - 3440039
Calendar year taxpayers	having no household employees in 2017 don't have to complete this form for 2017.		
	ne household employee cash wages of \$2,000 or more in 2017? (If any household employee r parent, or anyone under age 18, see the line A instructions before you answer this question.		spouse, your child
	lines B and C and go to line 1. o line B.		
B Did you withhold fe	ederal income tax during 2017 for any household employee?		
	line C and go to line 7. o line C.		
	cash wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 2016 or 2017 to <b>all</b> household emp wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)	oloyees?	
	b. Don't file this schedule. lines 1-9 and go to line 10.		
Part I Social Se	curity, Medicare, and Federal Income Taxes		
1 Total cash wages sul	oject to social security tax 1 97,795	•	
2 Social security tax. N	lultiply line 1 by 12.4% (0.124)	2	12,127.
3 Total cash wages sul	oject to Medicare tax	• •	
4 Medicare tax. Multipl	y line 3 by 2.9% (0.029)	4	2,836.
5 Total cash wages sul	oject to Additional Medicare Tax withholding		
6 Additional Medicare	Fax withholding. Multiply line 5 by 0.9% (0.009)	6	1
7 Federal income tax w	ithheld, if any	7	12,104.
8 Total social security	, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8	27,067.
	sh wages of \$1,000 or more in <b>any</b> calendar <b>quarter</b> of 2016 or 2017 to <b>all</b> household emplo ages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)	yees?	
	nclude the amount from line 8 above on Form 1040, line 60a. If you're not required to file For nstructions.	m 1040, s	ee the
X Yes. Go to li	ne 10.		
LHA For Privacy Act.	and Paperwork Reduction Act Notice, see the instructions,	Sched	ule H (Form 1040) 2017

•• •• --

		NALD J. TRUMP	A1 7		Land Oniversity of a street of the state							Page 2
Part II F	-ederal U	nemployment (FUT	A) Tax								Yes	No
10 Did you pr	avunomplov	ment contributions to on	ly one state? If	you naid con	tributions to a (	credit reductio	on state.				100	
		heck "No."								10	X	
		nemployment contributio								11	Х	
		e taxable for FUTA tax al								12	X	<u> </u>
Next: If you cl	hecked the '	'Yes" box on all the lines	above, comple	ete Section A	•							
If you cl	hecked the '	'No" box on any of the li		Section A ar		ection B.					,	
					-	NY						
13 Name of th	he state whe	re you paid unemployme	nt contributions	s I		N1						
14 Contributi	ons paid to v	our state unemployment	fund		14		394.					
		ect to FUTA tax						15			24	,358.
		e 15 by 0.6% (0.006). Ent						16				146.
				Section B								
hanness and a second se	all columns	below that apply (if you r	eed more space		[2] S.			(-)		1	(1-)	
(a) Name Taxal	(b) ble wages (as	(C) State experience	rate	(d) State	(e) Multiply col. (b)	(f) Multiply o		(g) Subtract	col. (f)		(h) Intribut	
	ed in state act)	From	То	experience rate	by 0.054	by col.	(d)	from co If zero or	less,		aid to st employ: fund	ment
			10					enter -	0		Tunu	
												÷
					I I I		18	1.11.11.11.11		1		
		n) of line 18										
	a sector the sector and the sector of	ect to FUTA tax (see the						20 21				
		% (0.060) % (0.054 <u>)</u>						21				
		ne 19 or line 22										
		ployment contributions I										
		heck here)					\Box	23				
24 FUTA tax.	. Subtract lir	ie 23 from line 21. Enter t	he result here a	and go to line	25			24	L			
	the second se	sehold Employmen									27	067
		line 8. If you checked th						. 25				,067.
		and line 25					•••••	_26			<u></u>	,
27 Are you re		e Form 1040? le the amount from line 2	6 above on For	m 1040 line (	60a Don't con	nnlete Part IV	below.					
		ve to complete Part IV. S			ood. Don toon			-				
Part IV A	Address a	nd Signature - Com	plete this part o		ed. See the line	27 instruction	<b>15.</b>					
Address (number a	nd street) or P.O	box if mail isn't delivered to stree	et address					Apt., ro	oom, or sui	ite no.		
		705	2 1							***		
City, town or post o	office, state, and	ZIP code										
Inder penalties of	periury I declare	that I have examined this schedu	le. including accomp	anving statements	s, and to the best of	my knowledge and	d belief, it is tru	e, correct,	and comp	olete. No	part of	any
payment made to a which preparer has	a state unemploy	ment fund claimed as a credit was	, or is to be, deducte	ed from the payme	ents to employees. D	eclaration of prepa	arer (other than	taxpayer)	is based o	on all info	rmatio	n of
	any knowledge.											
Employer's s	ignature					Date						
		preparer's name	Preparer's	signature	Di	ate	Check	if	PTIN			
Paid							self- emp		L			
Preparer	Firm's nam	e 🕨	1				Firm's E	IN 🕨				
Use Only					and the product of the second s							
	Firm's add	ress 🕨					Phone r	10.				
			AND THE REPORT OF A DESCRIPTION OF A DESCR		r a channa la fair ann an Anna							

Schedule H (Form 1040) 2017

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

Employer Name Control: TRUM

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#### 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.



Cat. No. 11358Z

Schedule SE (Form 1040) 2017



Sche	dule SE (Form 1040) 2017	Attachment Sequence No	17	Page 2
Name	e of person with self-employment income (as shown on Form 1040 or Form 1040NR) So	cial security number of		an a san sana ang kasalan kanan kang talah san ang kasan kanan san kasalan kasalan kasa kan kanan kasa kasa ka
	per	rson with self-employme	nt	
-		ome		
	tion B - Long Schedule SE			
Station of the	t I Self-Employment Tax			
Note churc	If your only income subject to self-employment tax is <b>church employee income,</b> see ins h employee income.	tructions. Also see instrue	ctions f	or the definition of
А	If you are a minister, member of a religious order, or Christian Science practitioner and yo more of other net earnings from self-employment, check here and continue with Part I	ou filed Form 4361, but ye	ou had	\$400 or
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Fo box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instr		1a	
b	If you received social security retirement or disability benefits, enter the amount of Consel Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065		1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 10	065), box 14, code A		
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and mem	bers of religious		
	orders, see instructions for types of income to report on this line. See instructions for other			
	Note: Skip this line if you use the nonfarm optional method (see instructions) SEE . STA	TEMENT 33	2	7,284,683.
3	Combine lines 1a, 1b, and 2		3	7,284,683.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount fro	m line 3	4a	6,727,405.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line	•		
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	-
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Ex	ception:		6 808 405
	ACCESSION AND A REPORT OF A DECIMAR AND A REPORT OF A DECIMAR AND A DECIMAR A	▶	4c	6,727,405.
5 a	Enter your church employee income from Form W-2. See instructions			
6 <b>1</b> 0	for definition of church employee income			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-		5b	6 727 405
6	Add lines 4c and 5b		6	6,727,405.
7	Maximum amount of combined wages and self-employment earnings subject to social sec		-	127 200 00
0.0			7	127,200.00
	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			
		128,555.		
b	lines 8b through 10, and go to line 11       8a         Unreported tips subject to social security tax (from Form 4137, line 10)       8b		and and	
c	Wages subject to social security tax (from Form 8919, line 10) 8c			
	Add lines 8a, 8b, and 8c		8d	
a	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	
11	Multiply line 6 by 2.9% (0.029)		11	195,095.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Fo	orm 1040NR, line 55	12	195,095.
13	Deduction for one-half of self-employment tax.		S. Chines	
	Multiply line 12 by 50% (0.50). Enter the result here and on			
	Form 1040, line 27, or Form 1040NR, line 27	97,548.		Margaret Horney
Par		-		
Farm	Optional Method. You may use this method only if (a) your gross farm income <sup>1</sup> wasn't r	nore than \$7,800, or	tion of the	
(b) yo	our 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	0. Also include		
	this amount on line 4b above		15	
	arm Optional Method. You may use this method only if (a) your net nonfarm profits <sup>3</sup> wer			
	llso less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from			
at lea	st \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five tim	es.	en li	
16	Subtract line 15 from line 14		16	20
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or th			¥7
-	line 16. Also include this amount on line 4b above		17	
		e 31; Sch. C-EZ, line 3; Sch.	K-1 (For	m 1065), box 14, code A;
am	punt you would have entered on line 1b had you not used the optional 4 From Sch. C , line	rm 1065-B), box 9, code J1. e 7; Sch. C-EZ, line 1; Sch. K rm 1065-B), box 9, code J2	-1 (Forn	n 1065), box 14, code C;

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