efile GRAPH	IC print - DO NOT PROCE	SS LATE	ST DATA - F	roductio	n			DLN: 76	5221484788052
£1040	Department of the Treasury—Internal Re U.S. Individual Inco		99) eturn 2()20	MB No. 15	545-0074	IRS Use (Only—Do no	t write or staple in this
Amended Reti Filing Status Check only one box	urn Single Married filing jo If you checked the MFS box qualifying person is a child l	, enter the nar	ne of spouse.	7		,		, .	
	and middle initial ELANIA <trump< td=""><td></td><td>Last name</td><td></td><td></td><td></td><td></td><td></td><td></td></trump<>		Last name						
If joint return,	spouse's first name and middle	initial	Last name	128					
	u have a P.O	, box, see instru	ctions.			Apt.	Chec	k here if	Election Campaign you, or your g jointly, want \$3
City, town, or pos PALM BEACH	at office, If you have a foreign addres	s, also complete	spaces below.	State FL		ZIP code 33480	box I		und. Checking a I not change your
Foreign country r	name	Foreign province	ce/state/county	Foreig	gn postal co	de	Lax C		You 💆 Spouse
	2020 414				6				a (1) Mar 1/2 M
	ing 2020, did you receive, sell,					ıı ınterest iı	n any virtua	I currency	// Yes ₩ No
Deduction	Someone can claim: You as a Spouse itemizes on a separate i				11				
Age/Blindness	You: Were born before January	2, 1956 DA	re blind Spo	use: 🗆 Wa	as born befo	ore January	2, 1956	اد Is blind	4
Dependents	(see instructions): .多.ダ			al security nber	(3) Rel	ationship to you	S. 33	(I)	or (see instructions):
If more than four	(1)First name Last name		<u>4</u>	-	l cou			redit Cre	dit for other dependents
dependents, see instructions			2	· ·	SON				
and check here >			-		-				Ö
nere y							0		Ō
Attach	1 Wages, salaries, tips, etc		K. 1 (1)					1 %	
Sch. B if	2a Tax-exempt interest .	2a	2,208	1		ach Sch, B if re			10,626,179
required.	3a Qualified dividends 4a IRA distributions	3a 4a	17,694		ble amoun	Attach Sch. B if	required	3b %	25,347
Standard	5a Pensions and annuities	5a		1	ble amour			5b	86,532
Deduction for - Single or	6a Social security benefits	6a		b Taxa	ble amoun	ıt		6b	
Married filing	7 Capital gain or (loss). At	ach Schedule	D if required.	If not requi	red, check	here	. ▶□	7	
separately,	8 Other income from Schee	lule 1, line 9						8	-15,825,34
\$12.400	9 Add lines 1, 2b, 3b, 4b, 5	b, 6b, 7, and	B. This is your	total inco	me		>	9	-4,694,058
\$12,400 • Married filing									
 Married filing jointly or Qualifying 	10 Adjustments to income:					100			
 Married filing jointly or Qualifying widow(er), 	10 Adjustments to income: a From Schedule 1, line 22				. 10		101,6	99	
Married filing jointly or Qualifying widow(er), \$24,800 Head of	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if y	ou take the stan			tions 10		101,6]	
 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, 	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T	ou take the stan	total adjustn	nents to ir	tions 10		101,69	10c	
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T Subtract line 10c from line	ou take the stan hese are your ne 9. This is yo	total adjustn ur adjusted g	nents to ir gross inco	tions 101 ncome . me		101,69	10c	-4,795,75
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T Subtract line 10c from lines 12 Standard deduction or	ou take the stan hese are your ne 9. This is yo itemized dec	total adjustn ur adjusted g luctions (fron	n ents to ir g ross inco n Schedule	tions 101 ncome . me		101,6	10c	-4,795,75
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T 11 Subtract line 10c from lir 12 Standard deduction or 13 Qualified business income d	ou take the stan hese are your ne 9. This is yo itemized dec eduction. Attach	total adjustn ur adjusted g luctions (fron	n ents to ir g ross inco n Schedule	tions 101 ncome . me		101,6	10c 11 12 13	101,699 -4,795,75 915,17
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if y c Add lines 10a and 10b. T 11 Subtract line 10c from lin 12 Standard deduction or	ou take the stan hese are your ne 9. This is yo itemized dec eduction. Attach	total adjustn ur adjusted g luctions (fron Form 8995 or F	nents to in gross inco n Schedule orm 8995-A	tions 101		101,69	10c	-4,795,757

rom 1040 (202	U)						Page 2
	16	Tax (see instructions). Check if any from Form(s): 1]8814 2 C	4972 3 🗆 🗀		. 16	0
	17	Amount from Schedule 2, line 3				▶ 17	
	18	Add lines 16 and 17				. 18	0
	19	Child tax credit or credit for other dependents				. 19	
	20	Amount from Schedule 3, line 7				▶ 20	
	21	Add lines 19 and 20				. 21	
	22	Subtract line 21 from line 18. If zero or l				. 22	0
	23	Other taxes, including self-employment t	ax, from Sc	nedule 2, line 1		. 23	271,973
- 5	24	Add lines 22 and 23. This is your total to	ах			▶ 24	271,973
	25	Federal income tax withheld from:					
 If you have a qualifying 	a	Form(s) W-2 🥖				,915	
child, attach	ь				25b		
Sch. EIC If you have	С	Other forms (see instructions) 4 9 9			25c 1	,733	
nontaxable	d	Add lines 25a through 25c				. 25d	85,649
combat pay,	26	2020 estimated tax payments and amou	nt applied fr	om 2019 return		. 26	13,635,520
instructions.	27	Earned income credit (EIC)			27		
	28	Additional child tax credit. Attach Schedu	ıle 8812		28		
	29	American opportunity credit from Form 6	1863, line 8		29		
	30	Recovery rebate credit. See instructions			30		
	31	Amount from Schedule 3, line 13			31 19	,397	
	32	Add lines 27 through 31. These are your	total other	payments an	d refundable credits .	▶ 32	19,397
	33	Add lines 25d, 26, and 32. These are you	ır total pay	ments .		▶ 33	13,740,566
Refund	34	If line 33 is more than line 24, subtract 1	ine 24 from	line 33. This is	the amount you overpaid	34	13,468,593
	35a	Amount of line 34 you want refunded to	vou. If For	m 8888 Is attac	hed, check here . >	35a	5,468,593
Direct deposit? See instructions.	►b	Routing number		- Type: 🖸	dents.		
oce manuchons,	▶d	Account number					
	36	Amount of line 34 you want applied to your 2	021 estimate	1 tax , . ▶	36 8,000	,000	
Amount	37	Subtract line 33 from line 24. This is the				▶ 37	
You Owe		Note: Schedule H and Schedule SE filers	, line 37 ma	y not represent	all of the taxes you owe i	or	
For details on		2020. See Schedule 3, line 12e, and its i	nstructions	for details.			
how to pay, see instructions,	38	Estimated tax penalty (see instructions)			38		
Third Party		o you want to allow another person to disc			? See		
Designee	In	structions			> A Yes. Comple		UNo.
		esignee's		one (74.)	Personal Ident		
		ame TIMOTHY P HORAN	no				
Sign Here	CO	der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than	this return and a taxpayer) is bas	ed on all information	of which preparer has any knowle	dge.	- 10 - NOS 2005
		our signature		Date	Your occupation		sent you an Identity PIN, enter it here
Joint return?	1 *	****		03-25-2022	PRESIDENT	(see inst.)	
See	L						
instructions. Keep a copy for		pouse's signature, If a joint return, both must sig	in.	Date	Spouse's occupation	If the IRS	sent your spouse an rotection PIN, enter it here
your records.		****		03-25-2022	FIRST LADY	(see inst.)	
	_						
		none no. (212) 715-7231	eparer's sign	Email address	Date		Check if:
Paid		MOTHY P HORAN	eparer s sign	iature	Date		ATTA
Preparer		m's name BKM SOWAN HORAN LLP				Thomas do	Self-employed . (214) 545-3965
Use Only	FIF	m's name BKM SOWAN HORAN LLP				Phone no	. (214) 545-5965
	Fir	m's address 🕨	0			Firm's EI	N ► 27-2602152
		DALLAS TV 75354					
		DALLAS, TX, 75254					
							COMPANIES OF THE PROPERTY OF T
Go to www.irs.c	70V/F	orm1040 for instructions and the latest inf	ormation.				Form 1040 (2020)

DLN: 76221484788052

OMB No. 1545-0074

Attachment Sequence No. 01

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income Attach to Form 1040, 1040-SR, or 1040-NR
Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 1040-SR, or 1040-NR DONALD J & MELANIA<TRUMP

curity number

Pa	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	382,065
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	-29,686
4	Other gains or (losses). Attach Form 4797 💆	4	-501,25
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 💆 · · · · ·	5	-15,676,469
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-15,825,345
ar	Adjustments to Income		
LO	Educator expenses	10	
.1	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach		
	Form 2106	11	
2	Health savings account deduction. Attach Form 8889	12	
.3	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
4	Deductible part of self-employment tax. Attach Schedule SE 💯 · · · · · · · · · · · · · · · · · ·	14	101,699
5	Self-employed SEP, SIMPLE, and qualified plans	15	
6	Self-employed health insurance deduction	16	
7	Penalty on early withdrawal of savings	17	
	Alimony paid	18a	
b	Recipient's SSN		
C	Date of original divorce or separation agreement (see instructions)		
9	IRA Deduction	19	
0	Student loan interest deduction	20	
1	Tuition and fees deduction. Attach Form 8917	21	
2	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 1040-SR, or		
	1040-NR, line 10a	22	101,699

TY 2020 Other Tax Statement

Name: DONALD J & MELANIA<TRUMP

SSN:

Spouse SSN:

Other Tax Literal or Tax Text	Other Tax Amount
FROM FORM 8959	64,412

DLN: 76221484788052

SCHEDULE 2

(Form 1040)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. ▶Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 02

	(s) shown on Form 1040, 1040-SR or 1040-NR LD J & MELANIA <trump< th=""><th>8.8</th><th>rity number</th></trump<>	8.8	rity number
Pa	rt I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	0
Pa	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE 💯	4	203,397
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137 \mathbf{b} \square 8919 \dots \dots$	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H 💯 · · · · · · · · · · · · · · · · · ·	7a	4,164
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	8	64,412
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23 or Form 1040-NR, line 23b		271,973
For P	aperwork Reduction Act Notice, see your tax return instructions Cat. No. 7147811	Sch	edule 2 (Form 1040) 2020

Additional Data

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

Software ID:

Software Version:

SSN:

Spouse SSN:

Software Version:

SSN:

Spouse SSN:

DLN: 76221484788052

SCHEDULE 3

(Form 1040)

Additional Credits and Payments

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 03

OMB No. 1545-0074

DONA	NALD J & MELANIA <trump< th=""><th></th></trump<>	
Pa	Part I Nonrefundable Credits	
1	Foreign tax credit. Attach Form 1116 if required	
2	2 Credit for child and dependent care expenses. Attach Form 2441	
3	3 Education credits from Form 8863, line 19	
4	Retirement savings contributions credit. Attach Form 8880	
5	Residential energy credits. Attach Form 5695	
6	6 Other credits from Form: a 3800 b 8801 c	-
7	7 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	0
Par	art II Other Payments and Refundable Credits	
8	Net premium tax credit. Attach Form 8962	
9	Amount paid with request for extension to file (see instructions)	
10	D Excess social security and tier 1 RRTA tax withheld	42
11	1 Credit for federal tax on fuels. Attach Form 4136 🕾 · · · · · · · · · · · · · · · · · 11	19,355
12	2 Other payments or refundable credits:	
a	a Form 2439	
b	b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 12b	
c	c Health coverage tax credit from Form 8885 12c	
d	d Other: 12d	
е	e Deferral for certain Schedule H or SE filers (see instructions) 12e	
f	f Add lines 12a through 12e	
13	3 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	19,397

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2020

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

DLN: 76221484788052

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

Department of the Treasury Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for Attachment Internal Revenue Service (99) Sequence No. 07 line 16. Name(s) shown on Form 1040 or 1040-SR Your social security number DONALD J & MELANIA<TRUMP Caution: Do not include expenses reimbursed or paid by others. Medical and 1 Medical and dental expenses (see instructions) . . . 1 Dental 2 Enter amount from Form 1040 or 1040-SR, line 11 **Expenses** 3 **3** Multiply line 2 by 7.5% (0.075) 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 5 State and local taxes. Taxes You **Paid** a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 7,508,570 check this box 5b **b** State and local real estate taxes (see instructions) . 1,001,981 c State and local personal property taxes . . 5c 5d 8,510,551 d Add lines 5a through 5c e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) 5e 10,000 6 Other taxes. List type and amount 6 7 10,000 Home mortgage interest and points. If you didn't use all of your home **Interest** mortgage loan(s) to buy, build, or improve your home, see You Paid instructions and check this box Caution: Your mortgage a Home mortgage interest and points reported to you on Form 1098. interest See instructions if limited 8a deduction may be limited (see b Home mortgage interest not reported to you on Form 1098. See instructions). instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address 8h c Points not reported to you on Form 1098. See instructions for special rules 80 d Mortgage insurance premiums (see instructions) 8d e Add lines 8a through 8d 8e 896,616 9 Investment interest. Attach Form 4952 if required. See instructions 10 896,616 . . Gifts by cash or check. If you made any gift of \$250 or more, see Gifts to instructions 0 11 Charity Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift see instructions. You must attach Form 8283 if over \$500 12 and got a benefit for it 13 Carryover from prior year 13 see instructions. Add lines 11 through 13 14 0 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster Casualty and 15 losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions **Theft Losses** 15 Other 16 Other — from list in instructions. List type and amount ▶ **Itemized** 16 8,555 **Deductions** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Total Form 1040 or 1040-SR, line 12 Itemized 17 915,171 Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box

DLN: 76221484788052

Amount

OMB No. 1545-0074

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleB for instructions and the latest information.
 Attach to Form 1040 or 1040-SR.

Interest and Ordinary Dividends

		The state of the s			Sequence No. US
Name(s) shown on DONALD J & MELAN					-
Part I Interest		List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address	l		Amount
(See instructions		and and appears of the second second from the second secon			
and the			1		
nstructions for			-	-	
Form 1040 or			-		
1040-SR. ine 2b.)			ļ		
1116 20.)					
Note: If you			1		
received a Form 1099-INT, Form					
1099-NN, 101111					
substitute			1		
statement from			1		
a brokerage firm,			1 1	<u> </u>	
ist the firm's name as the			-		
payer and enter			-		
the total interest			1		
shown on that form.			<u> </u>		
		Payer			Amount
		See Additional Data Table			
					1
			1		
			1		
			1		
			4		
			4		<u> </u>
			4		
			1		
			1		
			1		
	2	Add the amounts on line 1	2		10,626,179
		Excludable interest on series EE and I U.S. savings bonds issued after 1989.			10,020,173
	1000	Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		10 626 179

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

Software Version:

SSN:

Spouse SSN:

Software ID: Software Version: SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Form 1040 Schedule B, Part I, Group 2

100	Payer	Amount
1	CAPITAL ONE NA	225,056
2	JP MORGAN CHASE	495
3	BANK UNITED	14,509
4	PROFESSIONAL BANK	67,850
5	IVANKA TRUMP	18,000
6	DONALD J TRUMP JR	8,715
7	ERIC TRUMP	19,605
8	FIRST REPUBLIC BANK	16
9	SIGNATURE BANK	38,131
LO	CAPITAL ONE NA	200,398
l1	FROM K-1 - PARK BRIAR ASSOCIATES LLC	194
.2	FROM K-1 - MAR-A-LAGO CLUB LLC	169
.3	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	125,034
L4	FROM K-1 - HUDSON WATERFRONT ASSOC I LP	1,174
.5	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	3,278,528
.6	FROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,445,384
.7	FROM K-1 - TRUMP CPS LLC	32
18	FROM K-1 - TRUMP PLAZA LLC	1,054
9	FROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	1
0	FROM K-1 - TRUMP 845 UN LIMITED PARTNERSHIP	357
21	FROM K-1 - DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	30,916
22	FROM K-1 - DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	16,240
23	FROM K-1 - TIPPERARY REALTY CORP	5
24	FROM K-1 - THE TRUMP CORPORATION	25,941
25	FROM K-1 - TRUMP PLAZA MEMBER INC	11
6	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	321
27	FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	55
28	FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	84
9	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	380
0	FROM K-1 - DONALD J TRUMP 'FRED' TRUST	13
1	FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD	16
32	FROM K-1 - TRUMP MANAGEMENT INC	17
33	FROM K-1 - HUDSON WATERFRONT ASSOC III LP	5,017,899
34	FROM K-1 - DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	16

	5 List name of payer			
Part II	FROM K-1 - PARK BRIAR ASSOCIATES LLC			501
Ordinary	FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR			626
Dividends	FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR			292
	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR			584
(See instructions and the	FROM K-1 - DONALD J TRUMP ELIZABETH TRUST			3,374
instructions for	FROM K-1 - DONALD J TRUMP 'FRED' TRUST			7,056
Form 1040 or	FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD			9,575
1040-SR,	FROM K-1 - STARRETT CITY ASSOCIATES	5		3,339
line 3b.)	TROP R-1 - STARRETT CITT ASSOCIATES	, , <u> </u>		3,333
Note: If you		-		
received a Form				
1099-DIV or		-		
substitute statement from				
a brokerage firm,		<u> </u>		
list the firm's		-		
name as the				
payer and enter the ordinary				
dividends shown				
on that form.				
	4			Þ
		1		
	6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. ►	6		25,347
	Note: If line 6 is over \$1,500, you must complete Part III.	(1.)		
Part III	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividence foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a f	is; (b) had foreign tru	d a	es No
_	7a At any time during 2020, did you have a financial interest in or signature authority over a			35 110
Foreign	(such as a bank account, securities account, or brokerage account) located in a foreign co	untry? See	2	
Accounts	instructions			es
and	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (F	BAR),	
Turnete	to report that financial interest or signature authority? See FinCen Form 114 and its instru	ctions for	filing	
For Panerwork P	requirements and exceptions to those requirements duction Act Notice, see your tax return instructions. Cat. No. 17146N b If you are required to file FinCEN Form 114, enter the name of the foreign country where	Schedul	e B (Form	1040) 2020
Caution: In the second	b If you are required to file FinCEN Form 114, enter the name of the foreign country where	the financi	al	
required, failure to file FinCEN Form	account is located ►UK			
114 may result in				
substantial				
penalties. See instructions.				
mad ucdons.				
	C. D. J. 2020 J.J J. Listelle, Mar. Grant and Mar. Har. The control of the c	to a force	ion	
	8 During 2020, did you receive a distribution from, or were you the grantor of, or transferor trust? If "Yes." you may have to file Form 3520. See instructions	to, a forei	igi)	No
	diase. In test, you may have to me form 3520 See moductions			INC

112 717	Payer	Amount
35	FROM K-1 - TIHT COMMERCIAL LLC	600
36	FROM K-1 - TRUMP FERRY POINT MEMBER CORP	63
37	FROM K-1 - DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	6,176
38	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	6
39	FROM K-1 - DJT HOLDINGS LLC - LFB ACQUISITION LLC	225
40	FROM K-1 - CHARLOTTESVILLE CATERING & EVENTS LLC	35,595
41	FROM K-1 - DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	3
42	FROM K-1 - TRUMP 845 UN GP LLC	238
43	FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	912
44	FROM K-1 - TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	666
45	FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	664
46	FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	12,064
47	FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	247
48	FROM K-1 - STARRETT CITY ASSOCIATES	70
49	FROM K-1 - DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	2
50	FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	665
51	FROM K-1 - DJT HOLDINGS LLC - DTTM OPERATIONS LLC	927
52	FROM K-1 - DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	9
53	FROM K-1 - TRUMP PALACE PARC LLC	27
54	FROM K-1 - TRUMP EQUITABLE FIFTH AVE CO	5,432
55	FROM K-1 - DJT HOLDINGS LLC	23,692
56	FROM K-1 - DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	4
57	FROM K-1 - 845 UN LIMITED PARTNERSHIP - 845 LP LLC	357
58	FROM K-1 - DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	16
59	FROM K-1 - DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER LLC	778
60	FROM K-1 - DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT ASSOCIATES LLC	125

efile GRAPHIC print - DO NOT PROCESS

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

LATEST DATA - Production

SCHEDULE SE (Form 1040)

Self-Employment Tax

DLN: 76221484788052 OMB No. 1545-0074

Sequence No. 17

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleSE for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

Social security number of person

DONALD J TRUMP with self-employment income Self-Employment Tax Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions. 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. 1a If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), 1b () Skip line 2 if you use the nonfarm optional method in Part II. See instructions. Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order. 2 7,594,666 Combine lines 1a, 1b, and 2 3 7,594,666 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. 4a 7,013,674 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . 4b Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue. 4c 7,013,674 5a Enter your church employee income from Form W-2. See 5a Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- 5b 6 6 7,013,674 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 7 \$137,700 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 8a 138,384 8b Wages subject to social security tax from Form 8919, line 10 80 8d Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . 9 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) 10 10 11 203,397 11 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4. 12 203,397 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14. 101,699 Optional Methods To Figure Net Earnings (see instructions) Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits2 were less than \$6,107. 14 Maximum income for optional methods. 14 \$5,640 Enter the smaller of: two-thirds $(^2/_3)$ of gross farm income¹ (not less than zero) or \$5,640. Also 15 include this amount on line 4b above 15 Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income, 4 and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times. 16 16 Enter the smaller of: two-thirds $(^2/3)$ of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above 1 From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B. ³From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, ²From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A. ⁴From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method. code C.

Schedule	CE	/Form	10401	2020

Attachment Sequence No. 17

Page 2

Par	Maximum Deferral of Self-Employment Tax Payments
If line	e 4c is zero, skip lines 18 through 20, and enter -0- on line 21.
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 18
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020
21	Combine lines 19 and 20.
If line	e 5b is zero, skip line 22 and enter -0- on line 23.
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 22
23	Multiply line 22 by 92.35% (0.9235)
24	Add lines 21 and 23
25	Enter the smaller of line 9 or line 24
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)

Schedule SE (Form 1040) 2020

Additional Data

Software ID: Software Version:

SSN:

Spouse SSN:

DLN: 76221484788052 OMB No. 1545-0074

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to <u>www.irs.gov/ScheduleC</u> for instructions and the latest information.

	ment of the Treasury I Revenue Service (99)	Attach to Fo	rm 1	040, 1040-SR, 1040-NR, or 1041; partnerships generally m 1065.	ust file	Form	Attachment Sequence No. 09
	ional formula control (co)					l secui	rity number (SSN)
DON	ALD J TRUMP			ļ			
			II	oduct or service (see instructions)			
	NAGEMENT SERVIC	B Ente	nter code from instructions 541600				
	siness name. If no s	200000000000000000000000000000000000000	D Employer ID number (EIN)/(see instr.)				
	siness address (incl y, town or post offic						
F Ac	counting method: ((1) Cash	(2)	Accrual (3) Other (specify)			
				ion of this business during 2020? If "No," see instructions for lim	it on los	_ sses	
				g 2020, check here		b	' Yes 🔽 No
				and require you to file Form(s) 1099? (see instructions)			
				ns 1099?			Yes No
Pa	rt I Income					307	C TES C NO
1				for line 1 and check the box if this income was reported employee" box on that form was checked	\cap	1	
2	Returns and allow			imployee box on that form was thetred	Ŭ. F	2	0
3	Subtract line 2 fro	m line 1 .				3	
4	Cost of goods sold	(from line 42)				4	0
5	Gross profit. Sub		line 3			5	
6				e gasoline or fuel tax credit or refund (see instructions)		6	87,442
7	Gross income, A					7	87,442
Pai	t II Expense	s. Enter expen		or business use of your home only on line 30.			07,112
1	Advertising		8	18 Office expense (see instructions)		18	
	Car and truck expen	ises (see		19 Pension and profit-sharing plans	i	19	
	nstructions)		9	20 Rent or lease (see instructions):			
10	Commissions and fe	es	10	a Vehicles, machinery, and equipment	.	20a	
11 (Contract labor (see i	instructions)	11	b Other business property		20b	
12	Depletion		12	21 Repairs and maintenance		21	
	Depreciation and sec			22 Supplies (not included in Part III)	, .	22	
	expense deduction (ncluded in Part III)			23 Taxes and licenses	I	23	87,442
		(500	12	24 Travel and meals:		23	07,442
14 F	Employee benefit pr	ograms	13	a Travel		24a	
	other than on line 1		14	b Deductible meals (see instructio	ns).	24b	
15 I	nsurance (other tha	an health)	15	25 Utilities	200	25	
16 I	nterest (see instruc	ctions):		26 Wages (less employment credits)			
а	Mortgage (paid to b	oanks, etc.)	16a	27a Other expenses (from line 48)	' I	26	
b	Other		16b		.	27a	
17 l	egal and profession	nal services	17	b Reserved for future use		27b	
28	Total expenses b	oefore expenses	for bu	siness use of home. Add lines 8 through 27a	P	28	87,442
29	Tentative profit or	(loss). Subtract	line 2	3 from line 7		29	0
30				Do not report these expenses elsewhere. Attach Form 8829 unle	ess		
	using the simplified			The Control of the Co	(b) the		
	part of your home	[HANDLING STREET STREET STREET STREET		. Use the Simplified Method Worksheet in the instru			
	to figure the amou	unt to enter on li	ne 30			30	
31					n l		
				(Form 1040), line 3 and on Schedule SE, line 2. (If you tions). Estates and trusts, enter on Form 1041, line 3.	}		
	• If a loss, you m			and a decay enter on Form 20-12/ line of			
22	If you have a less	chook the hear	hat d	govile or your investment in this gottote. Association is	HE	31	0
32				scribes your investment in this activity (see instructions). both Schedule 1 (Form 1040), line 3 and on	322	ПДП	investment is at risk.
	Schedule SE,	line 2. (If you c	hecked	the box on line 1, see the line 31 instructions).	, 328	· ~ ~ All	mivestificities at fish.
		ists, enter on Fo		41, line 3. Form 6198 Your loss may be limited	32b	o O So	me investment is not at risk.

Parl	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 - 35
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	Other costs
40	Add lines 35 through 39
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
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 2020, enter the number of miles you used your vehicle for:
а	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? Yes No
47a	Do you have evidence to support your deduction? Yes No
b	If "Yes," is the evidence written?
Par	Other Expenses. List below business expenses not included on lines 8-26 or line 30.
	Total other expenses Enter here and on line 27a
48	Total other expenses. Enter here and on line 27a
	561162116 5 (15111 2515) 2515

Software Version:

SSN:

Spouse SSN:

DLN: 76221484788052

OMB No. 1545-0074

2020

SCHEDULE C (Form 1040)

Profit or Loss From Business

(1 01111 1040)	▶ Go to	14/14/14	<u>v.irs.gov/ScheduleC</u> for instructions and the latest inform	ation.		ZUZU
Department of the Treasury			40, 1040-SR, 1040-NR, or 1041; partnerships generally i			m Attachment
Department of the Treasury Internal Revenue Service (99)	ernal Revenue Service (99) 1065.					Sequence No. 09
Name of proprietor				Soci	al secu	ırity number (SSN)
DONALD J TRUMP						
	profession includ	ing pro	oduct or service (see instructions)	R Ent	er code	from instructions
AVIATION	ororession, includ	ing pro	duct of service (see instructions)	" - "	Ler Code	532289
					_	
C Business name. If no	separate busines	s name	e, leave blank.	100	51 (958)	D number
DJT AEROSPACE LLC				(EI	N)/(see	instr.)
E Business address (inc City, town or post offi	luding suite or ro ce, state, and ZIF	om no code	.) ► <u>E</u> NEW YORK, NY 10022			
F Accounting method:	(1) 🛭 Cash	(2)	☐ Accrual (3) ☐ Other (specify) ►			
G Did you "materially pa			ion of this business during 2020? If "No," see instructions for lin	nit on	osses	· 🔾 Yes 🖾 No
H If you started or acqu	ired this business	durin	g 2020, check here			• 0
I Did you make any pay	yments in 2020 tl	nat wo	uld require you to file Form(s) 1099? (see instructions)			· 🗌 Yes 🔽 No
			ns 1099?			· O Yes O No
Part I Income						
1 Gross receipts or	sales. See instru	ctions	for line 1 and check the box if this income was reported	\Box	1	
		itory e	mployee" box on that form was checked		2	0
2 Returns and allow3 Subtract line 2 from		•			3	
		•			4	0
4 Cost of goods sold 5 Gross profit. Sul	AND A SECOND CONTRACTOR OF SECOND SEC	line 3			5	
			gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. A					7	
			or business use of your home only on line 30.			
		8	18 Office expense (see instructions)	18	
9 Car and truck exper			19 Pension and profit-sharing plans	6	19	
instructions)		9	20 Rent or lease (see instructions)			
10 Commissions and fe	ees	10	a Vehicles, machinery, and equipment		20a	
11 Contract labor (see	instructions)	11	b Other business property .		20b	
12 Depletion .		12	21 Repairs and maintenance		21	
13 Depreciation and se			22 Supplies (not included in Part II	I)	22	
expense deduction included in Part III)			23 Taxes and licenses		23	
instructions)		13	24 Travel and meals:			
14 Employee benefit p	rograms		a Travel		24a	
(other than on line		14	b Deductible meals (see instruct	ons).	24b	
15 Insurance (other th	an health)	15	25 Utilities		25	
16 Interest (see instru	ctions):		26 Wages (less employment credit	s)	26	
a Mortgage (paid to	banks, etc.)	16a	27a Other expenses (from line 48)		27a	
b Other		16b	b Reserved for future use .		27b	
17 Legal and professio	nal services	17			1000000	1
28 Total expenses	before expenses	for bu	siness use of home. Add lines 8 through 27a	. ▶	28	0
29 Tentative profit o					29	0
30 Expenses for bus	iness use of your	home	. Do not report these expenses elsewhere. Attach Form 8829 ur	less		
using the simplifi	ed method (see i	nstruc	ions). he total square footage of: (a) your home: and	(b) th	_ ا	
part of your hom	e used for busine	ss:	. Use the Simplified Method Worksheet in the instr			
to figure the amo	ount to enter on li	ne 30.			30	
31 Net profit or (lo	ss). Subtract lin	e 30 fr	om line 29.	1		
 If a profit, ent 	er on both Sched	inctru	(Form 1040), line 3 and on Schedule SE, line 2. (If you tions). Estates and trusts, enter on Form 1041, line 3.	ļ		
e If a loss, you ∎	must go to line 3	scruc	cuonsy. Locates and diasts, enter on Form 1041, mie 3.20 100	J	31	-5,394
1000 10			escribes your investment in this activity (see instructions).			3,334
 If you checked 	1 32a, enter the lo	oss on	both Schedule 1 (Form 1040), line 3 and on	3	2a □ /	All investment is at risk.
Schedule SE,	line 2. (If you c	hecked	I the box on line 1, see the line 31 instructions).	>		
Estates and tr	usts, enter on Fo d 32b, you must	ım 10 attach	Form 6198. Your loss may be limited.	J 3	2b □ :	Some investment is not at risk.

Par	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
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	Other costs
40	Add lines 35 through 39
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	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 2020, enter the number of miles you used your vehicle for:
а	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	
48	Total other expenses. Enter here and on line 27a
	Schedule C (Form 1040) 2020

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal: PAL
Part II, Line 31 - Passive Activity Loss Amount: 5394

SCHEDULE C

DLN: 76221484788052

OMB No. 1545-0074

Profit or Loss From Business

(Form 1040)	20 8000 1000	-	Proprietorship) for instructions and the latest inform		2020
Department of the Treasury Internal Revenue Service (99)	ation. nust file F	orm Attachment Sequence No. 09			
Name of proprietor	Social se	ecurity number (SSN)			
DONALD J TRUMP					
A Principal business or AVIATION	profession, includ	ling product or service (see in	structions)	B Enter co	ode from instructions 532289
C Business name. If no DJT OPERATIONS I LI	er ID number see instr.) 2458				
E Business address (inc City, town or post off			NY 10022		
H If you started or acqu I Did you make any pa	articipate" in the lired this busines yments in 2020 t	operation of this business dur s during 2020, check here hat would require you to file F	Other (specify) Ting 2020? If "No," see instructions for line Form(s) 1099? (see instructions)		Yes No
	ill you file require	ed Forms 1099?			· · 🛮 Yes 🗆 No
to you on Form W Returns and allow Subtract line 2 fro Cost of goods sol Gross profit. Su Other income, inc Gross income. A Part II Expense Advertising Car and truck experinstructions) Commissions and for Contract labor (see Depletion Depreciation and see expense deduction included in Part III)	/-2 and the "State vances com line 1 d (from line 42) btract line 4 from cluding federal and d lines 5 and 6 es. Enter expen chieses (see ces cetion 179 (not (see crograms 19) an health) ctions):	utory employee" box on that f	edit or refund (see instructions) In home only on line 30. 18 Office expense (see instructions) 19 Pension and profit-sharing plans 20 Rent or lease (see instructions): a Vehicles, machinery, and equipment b Other business property 21 Repairs and maintenance 22 Supplies (not included in Part III 23 Taxes and licenses 24 Travel and meals: a Travel b Deductible meals (see instructions): 25 Utilities 26 Wages (less employment credits) 1: 1: 20 20 22 21 22 24 25 27 24 27 27 28 29 29 20 20 20 20 20 20 20 20 20 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
b Other		16b	27a Other expenses (from line 48)	. 27	'a
17 Legal and professio		17 2,00	b Reserved for future use .	27	'b
28 Total expenses	before expenses	for business use of home. Add		. ▶ 28	B 3,239
29 Tentative profit of	(loss). Subtract	line 28 from line 7		2	
using the simplific Simplified meth part of your home to figure the amo 31 Net profit or (lo • If a profit, enter	ed method (see in od filers only: ee used for busines unt to enter on liss). Subtract lineer on both Schedox on line 1, see in	nstructions). enter the total square footage ss: Use the S ne 30. e 30 from line 29. lule 1 (Form 1040), line 3 a instructions). Estates and trus	of: (a) your home: and Simplified Method Worksheet in the instruend on Schedule SE, line 2. (If you sts, enter on Form 1041, line 3.	ess (b) the	0
32 If you have a loss	, check the box t	hat describes your investment	t in this activity (see instructions).		-2,440
 If you checked Schedule SE, Estates and tree 	32a, enter the lo line 2. (If you ch usts, enter on Fo	oss on both Schedule 1 (Form necked the box on line 1, see rm 1041, line 3.	m 1040), line 3 and on the line 31 instructions).	} _	All investment is at risk. Some investment is not at risk.

Parl	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 • 35	_
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	Other costs	_
40	Add lines 35 through 39	0
41	Inventory at end of year	
42 	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.	0
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 2020, enter the number of miles you used your vehicle for:	
а	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? Yes No	
47a	Do you have evidence to support your deduction? Yes \(\subseteq No	
	If "Yes," is the evidence written?	
Par		
		_
		_
		_
 		_
		_
48	Total other expenses. Enter here and on line 27a	
40	Schedule C (Form 1040) 20	20

Software Version:

SSN:

Spouse SSN

Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal: PAL
Part II, Line 31 - Passive Activity Loss Amount: 2440

DLN: 76221484788052

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

		■ Go to	<u>wwv</u>	v.irs.gov/ScheduleC to	rinstruction	s and the latest infor	nation.			
	nent of the Treasury Revenue Service (99)	Attach to Fo	rm 10	040, 1040-SR, 1040-NR	l, or 1041; p 1065.	artnerships generally	must fil	e Forn	n Attachment Sequence N	o. 09
							Socia	ial security number (SSN)		
50114	LD 3 TOUMD									
	LD J TRUMP	refersion includ	ina nr	oduct or service (see insti	ructions)		D Ente	w codo	from instructions	
	ATION	iolession, includ	ing pi	oddet of service (see mad	uctions)		B Ente	Code	532289	
C Ruc	siness name. If no s	senarate husines	s nam	e leave blank			D Emp	loyer II) number	
DT	ENDEAVOR I LLC	separate busines	3 Hairi	c, icave blanki			(EIN) /(see	instr.)	
							35-2	55571	2	
F Rus	siness address (incl	udina suite or ro	om no	.) ▶		l				247-027-24-0330-2-035
City	, town or post offic	ce, state, and ZIF	code	NEW YORK, NY	10022					
F Acc	counting method: (1) 🖾 Cash	(2)		Other (spe			_		
				ion of this business durin			mit on lo	sses	· 🗆 Yes 🖾	No
				g 2020, check here				•		
				uld require you to file For						No
J If"	Yes," did you or wil	I you file require	d Forn	ns 1099?				• •	· 🛮 Yes 🗌	No
Par	tī Income									
1	Gross receipts or s	sales. See instruction	ctions itory e	for line 1 and check the b employee" box on that for	ox if this inco m was checke	ome was reported	\bigcap	1	1	160,144
2	Returns and allow							2		0
3	Subtract line 2 fro	m line 1						3	1	160,144
4	Cost of goods sold	(from line 42)						4		0
5	Gross profit. Sub	tract line 4 from	line 3					5	1	160,144
6	Other income, incl	luding federal an	d stat	e gasoline or fuel tax cred	lit or refund (see instructions) .		6		
7							. ▶	7	1	160,144
Par	t II Expense	s. Enter expen	ses fo	or business use of you	r home only	on line 30.				
8 A	dvertising		8		18 Office	expense (see instruction	s)	18		
	ar and truck expen	ses (see	9		19 Pension	n and profit-sharing plar	S	19		
	nstructions)		10=10			r lease (see instructions				
	ommissions and fe		10			es, machinery, and equipmer	t .	20a		
11 4	ontract labor (see i	instructions)	11		b Other	business property .		20b		
	epletion		12		21 Repairs	s and maintenance .		21		
	epreciation and sec xpense deduction (es (not included in Part I	II)	22		
	ncluded in Part III)				23 Taxes	and licenses		23		
ir	structions) .		13		24 Travel	and meals:				
14 E	mployee benefit pr	ograms			a Travel			24a		
(other than on line 1	19)	14		b Deduc	ctible meals (see instruct	ions).	24b		
	nsurance (other tha		15		25 Utilitie	s		25		
	nterest (see instruc		000000		26 Wages	(less employment credi	s)	26		
	Mortgage (paid to b	oanks, etc.)	16a		27a Other	r expenses (from line 48		27a	1	.60,144
1000	Other		16b		b Rese	erved for future use .		27b		
17 L	egal and professior	nal services	17							
28	Total expenses	before expenses	for bu	siness use of home. Add	lines 8 throug	jh 27a • • • •	. ▶	28	1	160,144
29	Tentative profit or	. ,						29		0
30	Expenses for busing	ness use of your	home	. Do not report these exp	enses elsewh	ere. Attach Form 8829 u	nless			
	using the simplifie	od filers only: 6	enter t	he total square footage of	f: (a) your ho	me: an	d (b) the			
	part of your home	used for busine	ss:	Use the Si	mplified Meth	od Worksheet in the inst	ructions	20		
	to figure the amou							30		
31	Net profit or (lo	ss). Subtract line er on both Sched	e 30 fr I ule 1	om line 29. (Form 1040), line 3 an	d on Schedu	le SE, line 2. (If you	1			
	checked the bo	ox on line 1, see	instru	ctions). Estates and trusts	s, enter on Fo	orm 1041, line 3. 🎜 🎜	ì			
	If a loss, you n			9857			J	31		-18,923
32	If you have a loss	, check the box t	hat de	escribes your investment	in this activity	(see instructions).	,			
	 If you checked 	32a, enter the lo	oss on	both Schedule 1 (Form I the box on line 1, see the	1040), line	3 and on	32	a ∐A	II investment is at ris	sk.
	Estates and tru	ists, enter on Fo	rm 10	41, line 3.			32	ь Па	ome investment is not a	at rieb
	 If you checked 	32b, you must a	attach	Form 6198. Your loss m	ay be limited	•	, 32	S	ome investment is not a	ii iiok.

Par	till 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 . 35
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	Other costs
40	Add lines 35 through 39
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	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 2020, enter the number of miles you used your vehicle for:
а	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? Yes No
47a	Do you have evidence to support your deduction?
b	If "Yes," is the evidence written?
Par	Other Expenses. List below business expenses not included on lines 8-26 or line 30.
FLIGI	HT EXPENSE 160,144
48	Total other expenses. Fater here and on line 37a
46	Total other expenses. Enter here and on line 27a
	Schedule C (Form 1040) 2020

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal: PAL
Part II, Line 31 - Passive Activity Loss Amount: 18923

DLN: 76221484788052

SCHEDULE C (Form 1040)

Profit or Loss From Business

OMB No. 1545-0074 2000

(1 01111 1040)	b Co. to		(Sole Proprieto				2020
Denotes of the Terrory	and the second that the second		.irs.gov/ScheduleC for instru				
Department of the Treasury Internal Revenue Service (99)	Attach to Fo	1111 10	40, 1040-SR, 1040-NR, or 104 1065.	+1; partnerships generally m	ust me	a Form	Attachment Sequence No. 09
Name of proprietor					Socia	l secu	rity number (SSN)
DONALD J TRUMP							
	rofossion includ	ing pro	duct or service (see instructions)			-	
AVIATION	iroression, includ	ing pro	duct of service (see instructions)	· I	B Ente	r code f	from instructions
							532289
C Business name. If no		s name	, leave blank.		D Empl	oyer ID	number
DJT OPERATIONS II L	LC				(EIN)/ (see ir	nstr.)
					27-3	212492	2
E Business address (incl City, town or post office			NEW YUNN, :N 10022				
F Accounting method: ((1)	(2)	☐ Accrual (3) ☐ Other	(specify)			
			on of this business during 2020?		t on lo	sses	· O Yes No
			2020, check here			. >	► C
I Did you make any pay	ments in 2020 t	nat wo	ıld require you to file Form(s) 10	99? (see instructions) .			· Yes 🗆 No
J If "Yes," did you or wi	ll you file require	d Form	s 1099?				· Yes No
Part I Income							100
			or line 1 and check the box if this			1	
2 Returns and allow		itory e	mployee" box on that form was o	necked		2	0
3 Subtract line 2 fro					: 1	3	0
4 Cost of goods sold					: 1	4	0
5 Gross profit. Sub	10 m	line 3			: 1	5	
200			gasoline or fuel tax credit or refi	und (see instructions)	. 1	6	
7 Gross income. A	dd lines 5 and 6				>	7	
Part II Expense	s. Enter expen	ses fo	r business use of your home		· ·		
8 Advertising		8	180	ffice expense (see instructions)		18	
9 Car and truck expen	ises (see	9	19 Pe	ension and profit-sharing plans		19	
instructions)		-	20 R	ent or lease (see instructions):			
10 Commissions and fe 11 Contract labor (see		10	a \	ehicles, machinery, and equipment		20a	
	instructions)	11	ь (Other business property		20b	
12 Depletion		12	21 R	epairs and maintenance		21	
13 Depreciation and se expense deduction (2000	upplies (not included in Part III)		22	
included in Part III)			23 Ta	axes and licenses		23	82
instructions) .		13		ravel and meals:			
14 Employee benefit pr		14	a ¹	ravel	•	24a	
(other than on line 1	es son at		ь г	Deductible meals (see instruction	ns).	24b	
15 Insurance (other tha		15	25 U	tilities		25	
16 Interest (see instruction a Mortgage (paid to be	350		26 W	ages (less employment credits)		26	
b Other	Janks, etc.)	16a	27a	Other expenses (from line 48)		27a	
17 Legal and profession	nal services	16b 17	3,000 b	Reserved for future use		27b	
28 Total expenses	pefore expenses	for bus	iness use of home. Add lines 8 th	arough 27a	b-	28	3,082
29 Tentative profit or	WAR TO BE SEEN THE SEED OF THE				-	29	-3,082
,			Do not report these expenses els	sewhere. Attach Form 8829 unle	55	29	-3,062
using the simplifie	ed method (see in	nstruct	ons).		-1000001		
			e total square footage of: (a) you . Use the Simplified		b) the		
to figure the amou			Ose the simplined	Method Worksheet in the mstruc	20115	30	
31 Net profit or (lo					3		
			Form 1040), line 3 and on Sch		Į.		
e If a loss, you n			ions). Estates and trusts, enter o	on Form 1041, line 3.			
				11. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	J	31	-2,929
 If you checked 	32a, enter the lo	ss on	scribes your investment in this ac both Schedule 1 (Form 1040), the box on line 1, see the line 3:	line 3 and on	32a	a 🖾 All	I investment is at risk.
Estates and tru	ists, enter on Fo	rm 10	11, line 3.	State Control of the	321	1 0 00	ome investment is not at risk.
 If you checked 	32D, you must a	ittach	orm 6198. Your loss may be lin	nitea.	J21	, 30	THE HIVESUITETIL IS HOLDLINK.

Par	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 . 35
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	Other costs
40	Add lines 35 through 39
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
Dar	
\$ <3 8	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 2020, enter the number of miles you used your vehicle for:
44 a	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours?
46	Do you (or your spouse) have another vehicle available for personal use? Yes No
1000	
	bo you have evidence to support your additional.
b	If "Yes," is the evidence written?
Par	Other Expenses. List below business expenses not included on lines 8-26 or line 30.
	Total other expenses. Enter here and on line 27a
48	Total other expenses. Enter here and on line 27a
	Schedule C (Form 1040) 20.

DLN: 76221484788052 OMB No. 1545-0074

SCHEDULE C m 1040)

Profit or Loss From Business

(Sole Proprietorship)				20 20		
Denoders of the Terrory	Re 0.450	100 miles	<u>w.irs.gov/ScheduleC</u> for instructions and the latest informa		-	
Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file 1065.					Form	Attachment Sequence No. 09
Name of proprietor				Social	secui	rity number (SSN)
MELANIA TRUMP						
	profession, includ	ing pr	oduct or service (see instructions)	B Enter	code f	from instructions
MODEL					>	711510
C Business name. If no	separate busines	s nam	e, leave blank.	D Emplo	oyer ID	number
MELANIA TRUMP				(EIN)	/(see ir	nstr.)
E Business address (inc City, town or post office						
F Accounting method: ((1) a Cash	(2)	☐ Accrual (3) ☐ Other (specify) ►			
G Did you "materially pa	articipate" in the	operat	tion of this business during 2020? If "No," see instructions for lim	it on los	ses	· O Yes No
${f H}$ If you started or acqu	ired this business	durir	ng 2020, check here		. >	res a No
			ould require you to file Form(s) 1099? (see instructions)			· OYes V No
J If "Yes," did you or wi	ll you file require	d Forr	ns 1099?			· O Yes O No
Part I Income						Therefore 100 Special
1 Gross receipts or	sales. See instruc	ctions	for line 1 and check the box if this income was reported employee" box on that form was checked		1	
2 Returns and allow		LOTY	employee box on that form was checked		2	0
3 Subtract line 2 fro	om line 1			: h	3	0
4 Cost of goods sold	d (from line 42)				4	0
5 Gross profit. Sub	. A	line 3		: F	5	0
6 Other income, inc	luding federal and	d state	e gasoline or fuel tax credit or refund (see instructions)	.	6	3,848
7 Gross income. A	dd lines 5 and 6		<u> </u>	▶	7	3,848
Part II Expense	s. Enter expens		or business use of your home only on line 30.			•
8 Advertising .		8	18 Office expense (see instructions)		18	
9 Car and truck exper	ises (see	9	19 Pension and profit-sharing plans		19	
instructions)			20 Rent or lease (see instructions):			
10 Commissions and fe 11 Contract labor (see		10	a Vehicles, machinery, and equipment	. [20a	
20 St.	instructions)	11	b Other business property	· [20b	
12 Depletion		12	21 Repairs and maintenance	. [21	
13 Depreciation and se expense deduction (22 Supplies (not included in Part III)		22	
included in Part III)			23 Taxes and licenses	• [23	3,848
instructions) .		13	24 Travel and meals:			
14 Employee benefit pr		14	a Travel	. [24a	
(other than on line 1	AS 2000 to		b Deductible meals (see instruction	ns).	24b	
15 Insurance (other tha	5.	15	25 Utilities	. [25	
16 Interest (see instruction a Mortgage (paid to be	(a) (a) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	16-	26 Wages (less employment credits)		26	
b Other	Dariks, etc.)	16a 16b	27a Other expenses (from line 48)	. [27a	
17 Legal and profession	nal services	17	b Reserved for future use	• [27b	
28 Total expenses	hefore evnences f	for bu	siness use of home. Add lines 8 through 27a		20	3.040
29 Tentative profit or				•	28	3,848
3	, .		Do not report these expenses elsewhere. Attach Form 8829 unle	.	29	0
using the simplifie	ed method (see in	nstruct	tions).	.55		
part of your home			he total square footage of: (a) your home: and (. Use the Simplified Method Worksheet in the instru	b) the		
to figure the amo				cuons	30	
31 Net profit or (lo	ss). Subtract line	30 fr	om line 29.	٠, ١		
			(Form 1040), line 3 and on Schedule SE, line 2. (If you			
 If a loss, you n 			tions). Estates and trusts, enter on Form 1041, line 3.			
				J	31	0
32 If you have a lossIf you checked	, cneck the box tl 32a, enter the lo	nat de	scribes your investment in this activity (see instructions). both Schedule 1 (Form 1040), line 3 and on	22	() 	
Schedule SE,	line 2. (If you ch	necked	I the box on line 1, see the line 31 instructions).	32a		investment is at risk.
Estates and tru	ists, enter on For	rm 10	41, line 3. Form 6198. Your loss may be limited.	32b	Sor	me investment is not at risk.
- 11 Jou Circuncu	, , ouust a					

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part II, Line 31 - Passive Activity Loss Literal: PAL
Part II, Line 31 - Passive Activity Loss Amount: 2929

Pari	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 • 35
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	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42 Par	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4
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 2020, enter the number of miles you used your vehicle for:
а	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?
472	Do you have evidence to support your deduction?
Par	
2 68.5	Series Expenses. List below business expenses not included on lines 6-20 of line 50.
48	Total other expanses. Enter here and en line 37s
40	Total other expenses. Enter here and on line 27a

Software Version:

SSN:

Spouse SSN:

SCHEDULE C (Form 8995-A)

Loss Netting and Carryforward

OMB No. 1545-2294

DLN: 76221484788052

Sequence No. 55D

Department of the Treasury Internal Revenue Service

► Attach to Form 8995-A. ▶Go to www.irs.gov/Form8995-A for instructions and the latest information.

Name(s) shown on return

Your taxpaver identification number

f you	have more than three trades, businesses, or aggregations, complete an	d attach as many Schedul	es C as need	ed. See i	nstructions.
1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)		(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
See A	ee Additional Data Table (()
			()
			()
2	Qualified business net (loss) carryforward from prior years. See instruct	ions		2	(8,733,155)
3	Total of the trades, businesses, or aggregations losses. Combine the ne and 2 for all trades, businesses, or aggregations	gative amounts on lines 1,		3	(58,271,884)
4	Total of the trades, businesses, or aggregations income. Add the positivall trades, businesses, or aggregations	e amounts on line 1, colur	nn (a), for	4	59,053,889
5	Losses netted with income of other trades, businesses, or aggregations the smaller of the absolute value of line 3 or line 4. Allocate this amoun aggregations on line 1, column (b). See instructions	t to each of the trades, bu	sinesses, or	5	(58,271,884)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. I	f zero or more, enter -0-		6 ()

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 71661B

Schedule C (Form 8995-A) 2020

Additional Data

Software ID:

Software Version:

SSN

Spouse SSN

Line 1 - Loss Netting and Carryfoward Group Information

youl	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
DJT HOLDING	S MM LLC - TRUMP PRODUCTIONS MANAG	2,145	(2,117)	28
DJT HOLDING	S MM LLCLLC - TRUMP PRODUCTIONS L	2,123	(2,095)	28
DJT HOLDING	S MM LLC - TRUM MARKS MENSWEAR LLC	141	(139)	2
DJT HOLDING	S MM LLC - TRUMP LAS VEGAS MANAGIN	7,932	(7,827)	105
TIHH MEMBER	R CORP	1,555	(1,534)	21
TRUMP INTER	NATIONAL HOTEL HAWAII LLC	153,914	(151,876)	2,038
MAR-A-LAGO	CLUB LLC	8,024,049	(7,917,793)	106,256
40 WALL DEVE	ELOPMENT ASSOC LLC	3,622,030	(3,574,066)	47,964
HUDSON WAT	ERFRONT ASSOC V LP	4,366,825	(4,308,999)	57,826
HUDSON WAT	ERFRONT ASSOC III LP	564,993	(557,511)	7,482
HUDSON WAT	ERFRONT ASSOC IV LP	593,978	(586,112)	7,866
TRUMP CPS LL	_C	383,190	(378,116)	5,074
TRUMP PLAZA	LLC	783,049	(772,680)	10,369
TRUMP INTER	NATIONAL GOLF CLUB LLC	2,124,230	(2,096,100)	28,130
DJT HOLDING	S LLC - TRUMP PRODUCTIONS LLC	210,213	(207,429)	2,784
TIHT COMMER	RCIAL LLC	22,217	(21,923)	294
TRUMP INTER	NATIONAL HOTEL HAWAII LLC	392,242	(387,048)	5,194
DJT HOLDING	S LLC - TRUMP CHICAGO HOTEL MANAGE	448,924	(442,979)	5,945
DJT HOLDING	S LLC - TRUMP CHICAGO RESIDENTIAL	402,392	(397,063)	5,329

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0)
DJT HOLDINGS LLC - LFB ACQUISITION LLC	1,458,530	(1,439,216)	19,314
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB W	2,612,627	(2,578,030)	34,597
DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	63,059	(62,224)	835
DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	2,135,538	(2,107,259)	28,279
DJT HOLDINGS JUPITER GOLF CLUB	866,141	(854,671)	11,470
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	1,528,020	(1,507,786)	20,234
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING M	25,929	(25,586)	53,827
HUDSON WATERFRONT ASSOCIATES V LP	4,064,771 7,604,344	(4,010,944) (7,503,646)	100,698
HUDSON WATERFRONT ASSOC III LP	190,807	(188,280)	2,527
TRUMP 845 UN GP LLC	275,441	(271,794)	3,647
845 UN LIMITED PARTNERSHIP - 845 LP LLC DJT HOLDINGS LLC - THC BAKU SERVICES LLC	8,196	(8,087)	109
DJT HOLDINGS LLC - THE BAKU SERVICES LLC DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LL	91,460	(90,249)	1,211
DJT HOLDINGS LLC - TNGC JOFTTER MANAGEMENT LL	11,533	(11,380)	153
HUDSON WATERFRONT ASSOCIATES IV LP	374,500	(369,541)	4,959
DJT HOLDINGS LLC - DTTM OPERATIONS LLC	385,799	(380,690)	5,109
TRUMP EQUITABLE FIFTH AVE CO	12,831,681	(12,661,761)	169,920
DJT HOLDINGS LLC - 124 WOODBRIDGE	96,444	(95,167)	1,277
TIPPERARY REALTY CORP	13,149	(12,975)	174
DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC	8,134	(8,026)	108
TRUMP TOWER MANAGING MEMBER INC	126,726	(125,048)	1,678
TRUMP MANAGEMENT INC	9,454	(9,329)	125
TIHH MEMBER CORP	2,949	(2,910)	39
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL	4,535	(4,475)	60
DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTI	4,106	(4,052)	54
DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MA	643	(634)	9
DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER C	14,881	(14,684)	197
DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBE	84	(83)	1
DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	21,789	(21,500)	289
DJT HOLDINGS MM LLC - TNGC JUPITER MANAGEMENT	933	(921)	12
DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAG	8,837	(8,720)	117
DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	1,963	(1,937)	26
DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT	637	(629)	8
DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LL	14,733	(14,538)	195 286
DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	21,571	(21,285) (15,231)	204
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEM	15,435 262	(259)	3
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MAN	116	(114)	
DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	924	(912)	12
DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LL DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	26,390	(26,041)	349
DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES L	83	(82)	
HUDSON WATERFRONT ASSOC I LP	73,826	(72,848)	
DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITION	60,570	(59,768)	802
DJT HOLDINGS MM LLC TRUMP CHICAGO HOTEL MANAG	4,580	(4,519)	61
DJT HOLDINGS MM LLC TRUMP INT'L GOLF CLUB	21	(21)	0
DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLU	26,657	(26,304)	353
DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER	101,781	(100,433)	1,348
DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT AS	3,336	(3,292)	
DJT HOLDINGS MM LLCLLC TRUMP CHICAGO RESIDEN	4,065	(4,011)	
DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT LLC (3,587	(3,540)	
HUDSON WATERFRONT ASSOC II LP	1,460,975		
DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER M	4,290	(4,233)	
TRUMP 845 UN LIMITED PARTNERSHIP	280,905	(277,185)	
DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGIN	-687	()	
TRUMP MARKS WAIKIKI LLC	-2,277	()	
TRUMP MARKS WAIKIKI CORP	-427	()	The state of the s
DJT HOLDINGS LLC - DTTM OPERATIONS LLC	-68,049	()	
DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER	-22	()	
DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CO	-22	()	
	-311	()	THE STATE OF THE PARTY
DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBE TTTT VENTURE MEMBER CORP	-984	()	
THE EAST 61 ST COMPANY	-1,530	()	
THE EAST 61 ST COMPANY	-2	()	
PARK BRIAR ASSOCIATES LLC	-9,059		

1 Trade, business, or aggregation name	(a) Qualified	(b) Reduction for	(¢) Adjusted
	business income/(loss)	loss netting (see instructions)	qualified business Income (Combine
			(a) and (b). If zero or less, enter +0)
DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	-14,977	()	3 17
STARRETT CITY ASSOCIATES	-19,511	()	
DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB C	-2,298,405	()	
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLOB C	-262,534 -1,468	()	
DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	-622,452	()	
DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEM	-1,103,724	()	
DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL M	-3,394	()	
DJT HOLDINGS LLC - TRUMP CAROUSEL LLC DJT HOLDINGS LLC - 401 MEZZ	-8,340	()	
DJT HOLDINGS LLC - 401 MLZZ DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE	-8,766,273 -22,214	()	
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB L	-939,175	()	
DJT HOLDINGS LLC - TNGC PINE HILL LLC	-419,413	()	
DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	-314,577	()	
DIT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LL	-239,074	()	
DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LL DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LL	-353 -190,071	()	
T INTERNATIONAL REALTY LLC	-26,417	()	
DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAG	-285	()	
DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	-8,392,332	()	
DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	-16,770,379	()	
DJT HOLDINGS LLC - THC SALES & MARKETING LLC	-519,309	()	
DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS L DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER	-83,591 -1,184,545	()	
TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	-649,808	()	
TRUMP PARK AVENUE LLC - ACQUISITION	-644,412	()	
DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVIC	-1,493	()	
DT CONNECT II LLC	-285,451	()	
TRUMP PALACE PARC LLC	-258,247	()	
DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEME DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	-96 -35	()	
DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LL	-285	()	
DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS	-465	()	
DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	-257	()	
DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	-231	()	
DJT HOLDINGS LLC - TRUMP LAUPERDALE DEVELOPMEN	-953	()	
DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS	-185	()	
DJT HOLDINGS LLC - CHICAGO ONIT ACQUISITIONS DJT HOLDINGS LLC - DT VENTURE II LLC	-699 -298	()	
DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT	-257	()	
DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	-181	()	
DJT HOLDINGS LLC - TRUMP ICE LLC	-39,969	()	
DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME	-127	()	
DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT DJT HOLDINGS LLC - TRUMP 106 CPS LLC	-353	()	
DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	-40 -391,432	()	
DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LL	-662,599	()	
DJT HOLDINGS LLC	-723,399	()	
DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS L	-47	()	
DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	-24,107	()	
DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEM	-142	()	
TRUMP CPS CORP	-253,746 -126	()	
FIRST MEMBER INC	-126	()	
DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	-309	()	
TRUMP VILLAGE CONST CORP-DJT GR TR	-9,767	()	
TRUMP 845 UN MGR CORP	-1,415	()	
SHORE HAVEN APARTMENTS #1 INC DJT GR TR	-8,487	()	
DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY ME	-487	()	
DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANA	-3,210 -11,262	()	
DJT HOLDINGS MM LLC - TRUMP SALES & LEASING C	-15	()	
DJT HOLDINGS MANAGING MEMBER LLC	-38,515	()	
DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIA	-35	()	
DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUA	-227	()	

	· 1		
1 Trade, business, or aggregation name	(a) Qualified business	(b) Reduction for loss netting (see	(c) Adjusted gualified business
	income/(loss)	instructions)	income (Combine
			(a) and (b). If zero or less, enter -0)
DIT HOLDINGS MALLIS TRUMP ENDEAVOR 12 MANAS	-64,514	()	or raddy written to sy
DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAG	-2,028,241	()	
TAG AIR INC DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES	-1,940	()	
DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS	-4	()	
DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLU	-9,527	()	
DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISIT	-754	()	
DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL ME	-3	()	
DJT HOLDINGS MM LLC - THC CENTRAL RESERVATION	-1,816	()	
DJT HOLDINGS MM LLC - THC SALES & MARKETING L	-5,425	()	
DJT HOLDINGS MANAGING MEMBER LLC	-265,368	()	
DT CONNECT II MEMBER CORP	-2,883	()	
DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SER	-15 -530	()	
TTTT VENTURE MEMBER CORP	-21	()	
DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVI DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVI	-21	()	
DJT HOLDINGS MM LLC - DI BALI TECHNICAL SERVI	-4,279	()	
DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB	-3,001	()	
DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	-3,632	()	
DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERAT	-6,693	()	
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVEL	-4	()	
DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVIC	-1	()	
DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISIT	-3	()	
DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJEC	-1	()	
DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEV	-10	()	
DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEV	-2	()	
DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUIS	-7	()	
DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	-3	()	
DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVEL	-3	()	
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICA DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC	-2	()	
DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	-404	()	
DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE	-224	()	
DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	-9,431	()	
DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	-4,226	()	
DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNT	-3,287	()	
DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 L	-84,771	()	
DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFI	-169,398	()	
DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTA	-1,919		
DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	-88,548		
DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DE	-2		
DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HO	-5 -3		y
DJT HOLDINGS MM LICLLC - THC HOTEL DEVELOPME	-3		
DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCT DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASI	-15		
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML	-35		
DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAI	-3		
DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	-78		
DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL M	-1	()	
DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	-151	()	
DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL	-11,148		
DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL	-15		
DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER M	-1	()	
DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT L	-6,287	()	
DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLU	-1,909		
DJT HOLDINGS MM LICLLC - TRUMP VIRGINIA ACQU	-1,342 -5,246		
DJT HOLDINGS MM LICILC - TRUMP SOHO MEMBER I	-5,246		
DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER L 555 CALIFORNIA SERVICES JV LLC	-79,343		
DJT HOLDINGS LLC - T TOWER RETAIL LLC	-77,058		
TRUMP FERRY POINT MEMBER CORP	-6,351		
MELANIA MARKS ACCESSORIES MEMBER CORP	-16		
DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEME	-1	()	
DJT HOLDINGS MM LLCLLC THC CENTRAL RESERVATI	-844	()	
DJT HOLDINGS LLC - TMG MEMBER LLC	-18		
DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	-40		

1 Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business Income (Combine (a) and (b). If zero or less, enter -0)
DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING	-1,541	()	
DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LL	-92	()	
DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	-40	()	
DJT HOLDINGS LLC - TRUMP BRAZIL LLC	-258	()	
TRUMP MARKS WAIKIKI CORP	-31	()	
DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	-256,417	()	
DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR	-16	()	
DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL	-25,294	()	
DJT OPERATIONS I LLC	-2,440	()	
DJT OPERATIONS II LLC	-2,124	()	

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DLN: 76221484788052

SCHEDULE D (Form 8995-A)

Special Rules for Patrons of Agricultural or Horticultural Cooperatives

OMB No. 1545-2294

Sequence No. 55E

Department of the Treasury Internal Revenue Service

► Attach to Form 8995-A. ▶Go to <u>www.irs.gov/Form8995A</u> for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

omp ggre	olete Schedule D only if you're a patron of an agricultural or horticu Egations, attach as many Schedules D as needed. See instructions.	iiturai	cooperative. If you have mo	ore than three trades,	. Dusinesses, or
			A	В	С
a	Trade, business, or aggregation name	1a	TRUMP PLAZA MEMBER INC		
b	Taxpayer identification number	1b	13-3979038		
	Qualified business income allocable to qualified payments received from cooperative. See instructions	2	7,910		
	Mulitply line 2 by 9% (0.09)	3	712		
	W-2 wages from trade or business allocable to the qualified payments	4	0		
	Mulitply line 4 by 50% (0.50)	5	0		
	Patron reduction. Enter the smaller of line 3 or line 5. Enter this amount on Form 8995-A, line 14, for the corresponding trade, business, or aggregation	6	0		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 72683Z

Schedule D (Form 8995-A) 2020

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA < TRUMP

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production

DLN: 76221484788052

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Attachment

		Go to www.irs.g	jov/Sci	heduleE for instructions and	the lat	test info	rmation.	Sequer	nce No. 13
	e(s) shown on return ALD J & MELANIA <trump< th=""><th></th><th></th><th></th><th></th><th></th><th>Your so</th><th>ocial security nu</th><th>ımber</th></trump<>						Your so	ocial security nu	ımber
Pa	Income or Loss From property, use Schedu 4835 on page 2, line	Ile C (see instruct	state ions).	and Royalties Note: If you are an individua	If you I, rep	are in ort farr	the business on rental income	of renting perso e or loss from F	nal Form
Α	Did you make any payments	in 2020 that would r	equire	you to file Form(s) 1099?	see ir	structio	ons)	Yes No	
В	If "Yes," did you or will you fi							Yes No	
		783.						res UNG)
1-	Physical address of each pro	operty (street sity	ctato	and ZID code)					
1a	Filysical address of each pro	operty (street, city,	State	, and ZIP code)					
A B									
С									
C	Time of Droporty	T							Т
1b	Type of Property (from list below)			eal estate property liste			Fair Rental Days	Personal Use Days	VτΘ
Α	ROYALTIES			number of fair rental and Check the QJV box onl			Duys	osc buys	
				irements to file as a	у п	Α			
В	ROYALTIES			ure. See instructions.		В			
С						С			П
1 5	pe of Property: Single Family Residence Multi-Family Residence	3 Vacation/Short-Te 4 Commercial	erm Re	ntal 5 Land 6 Royalties			Self-Rental Other (describe)		
Inc	ome:	Properties:		Α			В	С	. 1
3	Rents received .		3						
4	Royalties received		4	133,173			67		
Ехр	enses:			•					
5	Advertising · · ·		5						
6	Auto and travel (see instruc	tions) .	6						
7	Cleaning and maintenance		7						
8	Commissions		8						
9	Insurance		9						
10	Legal and other professional		10						
11 12	Management fees Mortgage interest paid to ba etc. (see instructions)	nks,	11						
13	Other interest		13						
14	Repairs		14						
15	Supplies		15						
16	Taxes		16						
17	Utilities		17						
18	Depreciation expense or dep	oletion	18						
19	Other (list) ► BOOK WRITER FEE		19	44,201					
20	Total expenses, Add lines 5	through 19	20	44,201					
21	Subtract line 20 from line 3	3	20	44,201					
	(royalties). If result is a (los	s), see instructions		Sampaily increasions.					
22	to find out if you must file F		21	88,972			67		
22	Deductible rental real estate limitation, if any, on Form 8 instructions)		22	()			()		,
23a	Total of all amounts reported				23a		()		(
b	Total of all amounts reported		Marine Marine	Management total years total total total	23b		133,240		
С	Total of all amounts reported	d on line 12 for all pr	opertie	es	23c				
d	Total of all amounts reported	or topological description approximation			23d				
		3.40	0.8				27.22		
е	Total of all amounts reported	0.00			23e		44,201		
24	Income. Add positive amou			1000	* *	• •		24	89,039
25	Losses. Add royalty losses f	rom line 21 and rent	al real	estate losses from line 22.	Enter	total lo	sses here	25	()

26	Parts	rental real estate and roll, III, IV, and line 40 on potherwise, include this ar	age 2 do not apply to you	, also e	enter this a	4 and 25. mount on	Enter the result he Schedule 1 (Form	ere. If 1040),	26		89,039
						11244		Sc	26 hedu	le E (Forr	n 1040) 2020
		rk Reduction Act Notice, s	ee the separate instructi			o. 11344L			caa		
		form 1040) 2020 wn on return. Do not enter		Attach	ment Sequ	ence No.	15	Vour	ocial	security	Page 2
DON	IALD J &	MELANIA <trump< td=""><td></td><td></td><td></td><td></td><td>II II II II I</td><td></td><td></td><td>uricy</td><td></td></trump<>					II II II II I			uricy	
5000		IRS compares amounts re	eported on your tax return	with a	amounts sh	own on S	chedule(s) K-1.	laga #0	solvo	a distrib	ution
	et II	28 and attach the request at risk, you must	ceive a loan repaymen uired basis computatio check the box in colur	t from n. If y nn (f)	n an S cor ou report on line 2	poration a loss fr 8 and at	, you must chec om an at-risk ac tach Form 6198	k the betivity for a second the s	ox in or wh nstru	column (ich any a	(e) on line
27	loss fro	reporting any loss not allo m a passive activity (if tha wered "Yes," see instruction	owed in a prior year due to t loss was not reported or	the a	t-risk or ba 8582), or u	sis limitat ınreimbur	ions, a prior year u	inallowe penses?	d	☑ Yes	O No
28		(a)Name	(b)Enter P for partnershi for S corporation	p; S	(c)Chec foreign partners	n	(d)Employer identification numb		comp	ck if basis utation is quired	(f)Check if any amount is not at risk
Α	See Additi	onal Data Table							(
В									()	
С					0				(
D									(O
		Passive Income a	and Loss			No	npassive Incon	ne and	Loss		
) Passive loss allowed n Form 8582 if required)	(h) Passive income from Schedule K-1		i) Nonpassiv ed (see Sch e		(j) Section 179 deduction from Fe		2		assive income hedule K-1
Α	See Additi	onal Data Table									tedric Signal
В											
С									_		
D									丄		77.5
29	a Totals		54,242,244								11,746,277
1	b Totals	53,800,275			27,	953,754					
30	Add co	lumns (h) and (k) of line 2	29a						30		65,988,521
31		lumns (g), (i), and (j) of li							31		(81,754,029)
32	Total	partnership and S corpo			oine lines 3	0 and 31.			32		-15,765,508
Pa	ert III	Income or Loss From	n Estates and Trusts	3							
33			(a) Name					(b) Empl	oyer identif	ication number
Α	See Additi	onal Data Table									
В							Nonpassiv	o Inco	mc a	nd Loss	
			ncome and Loss wed (d) Pass	ive inco	me		(e) Deduction or los			f) Other inc	
		Passive deduction or loss allow attach Form 8582 if required					from Schedule K-1			Schedu	

35

36

37

()

26

See Additional Data Table

Add columns (d) and (f) of line 34a

Add columns (c) and (e) of line 34b

Total estate and trust income or (loss). Combine lines 35 and 36...

В

35

36

37

34a Totals **b** Totals

Pa	rt IV Income or Loss From	Real Estate Mortg	jage Investment Co	onduits (REMIC	s)-Residua	al Ho	lder
38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable incon from Schedules			(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only.	Enter the result here :	and include in the total	on line 41 below		39	
- Dp	Summary	Enter the result here t	and include in the total	on line 41 below		33	
40	Net farm rental income or (loss) fro	m Form 4835. Also,	complete line 42 below			40	
41	Total income or (loss). Combine 1040), line 5 ▶	lines 26, 32, 37, 39, a		here and on Schedu		41	-15,676,469
42	Reconciliation of farming and fis and fishing income reported on Forn box 14, code B; Schedule K-1 (Forn K-1 (Form 1041), box 14, code F (s	m 4835, line 7; Sched n 1120-S), box 17, co	ule K-1 (Form 1065), de AC; and Schedule	42			23/070/103
43	Reconciliation for real estate proprofessional (see instructions), enter anywhere on Form 1040, Form 104 estate activities in which you mater loss rules	er the net income or (I 0-SR, or Form 1040-N	oss) you reported IR from all rental real er the passive activity	43			
					Scl	hedu	le E (Form 1040) 2020

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Form 1040 Schedule E, Part II, Line 28 - Income or Loss From Partnership and S Corporations' (e) Check if (f) Check if (c) Check if (b) Enter P Employer (a) Name foreign basis any amount for computation is not at risk partnership; partnership number is required S for S corporation 13-3057745 THE EAST 61 ST COMPANY A P 13-3057745 THE EAST 61 ST COMPANY B P 11-6160410 PARK BRIAR ASSOCIATES LLC C 65-0567671 MAR-A-LAGO CLUB LLC P 0 D P 65-0567671 UNREIMBURSED EXPENSES E Р 13-3845249 40 WALL DEVELOPMENT ASSOC LLC F 13-3796302 P HUDSON WATERFRONT ASSOC I LP G P 13-3796322 HUDSON WATERFRONT ASSOC V LP H 13-3796305 P HUDSON WATERFRONT ASSOC II LP I Ρ 13-3796315 HUDSON WATERFRONT ASSOC III LP J Р 13-3796319 0 HUDSON WATERFRONT ASSOC IV LP K P 13-3917414 TRUMP CPS LLC 27-4162308 P DJT HOLDINGS LLC - MISS UNIVERSE LP LLP M P 13-3972488 TRUMP PLAZA LLC N DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC P 27-4162308 0 0 0 P 27-4162308 DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC P P 13-3958323 TRUMP 845 UN LIMITED PARTNERSHIP Q 27-4162308 P DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC R P 27-4162308 DJT HOLDINGS LLC - OAKDALE INVESTORS LLC S DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT P 13-4040286 0 T LLC (TMG MEMBER LLC) 27-4162308 DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC P U 11-2405629 S 0 TIPPERARY REALTY CORP 0 V 13-3385468 PLAZA CONSULTING CORP S W S 13-3038887 THE TRUMP CORPORATION X S 13-3038887 UNREIMBURSED EXPENSES 0 Y S 13-3775593 TRUMP PROJECT MANAGEMENT CORP Z TRAVEL ENTERPRISES MANAGEMENT INC S 13-3345689 0 AA S 13-3430478 THE TRUMP HOTEL CORP AB S 13-3478858 HELICOPTER AIR SERVICES INC AC THE TRUMP ORGANIZATION INC S 13-3070440 AD S 13-3766196 TRUMP EMPIRE STATE INC AE 13-3860845 FIFTY-SEVEN MANAGEMENT CORP S ΑF 27-4162256 DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC S AG 13-3917416 TRUMP CPS CORP S AΗ

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer Identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
ΑI	FIRST MEMBER INC	S		13-3914818	O	O
AJ	DJT HOLDINGS MM LLC - BRIARCLIFF PROPERTIES INC	S		27-4162256		
AK	DJT HOLDINGS MM LLC - TRUMP PAGEANTS INC	S		27-4162256	О	
AL	TRUMP PAYROLL CORP	S		13-3494471		
вм	FLIGHTS INC	S		13-3929051	O	О
BN	TRUMP PLAZA MEMBER INC	S	С	13-3979038	O	
во	TRUMP VILLAGE CONST CORP-DJT GR TR	S		11-1993421	О	
ВР	TRUMP TOWER MANAGING MEMBER INC	S	О	13-3981225		O
BQ	TRUMP 845 UN MGR CORP	S		13-4026239	O	O
BR	BEACH HAVEN APARMTENTS #1 INC DJT GR TR	S		11-1681481	O	
BS	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	S	О	11-1582802	O	O
вт	TRUMP MANAGEMENT INC	S		11-2196835		
BU	TRUMP PARK AVENUE LLC (DELMONICO)	Р		01-0580204	O	
BV	TRUMP TORONTO DEVELOPMENT INC	S	О	20-0005703	. 🔾	C
BW	STARRETT CITY ASSOCIATES	Р	О	11-6189342		O
вх	TRUMP PARK AVENUE LLC	Р		20-1908009		
BY	DJT HOLDINGS MM LLC - TRUMP MARKS GP CORP	S	0	27-4162256		
BZ	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р	О	27-4162308		
В	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	Р	О	27-4162308		
В	TRUMP INTERNATIONAL GOLF CLUB LLC	Р		65-0750446		
В	UNREIMBURSED EXPENSES	P	О	65-0750446		0
В	DJT HOLDINGS MM LLC - TRUMP SCOTLAND MEMBER INC	S	О	27-4162256	0	О
В	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	Р	C	27-4162308	0	
В	DJT HOLDINGS MM LLC - TRUMP PRODUCTIONS MANAGING MEMBER INC	S	O	27-4162256	О	
В	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	Р	О	27-4162308	О	O
В	DJT HOLDINGS MM LLC - TRUMP LAS OLAS MEMBER CORP	S	O	27-4162256		О
В	DJT HOLDINGS MM LLC - 809 NORTH CANON MEMBER CORP	S	С	27-4162256		
В	TIHM MEMBER CORP	S	О	20-5074158		
В	DJT HOLDINGS LLC - THE TRUMP FOLLIES LLC	Р	О	27-4162308		
В	TRUMP FLORIDA MANAGER CORP	S		27-4162256		
С	TIHT MEMBER LLC	S		20-5315528		
С	TIHT COMMERCIAL LLC	Р		13-4038061		
С	DJT HOLDINGS LLC -TRUMP LAS OLAS LLC	Р		27-4162308		

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer Identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
С	DJT HOLDINGS LLC - TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	Р	О	27-4162308	О	O
С	TRUMP MARKS PHILADELPHIA LLC	Р		20-8882513		O
С	TRUMP MARKS WAIKIKI LLC	Р		20-8882101	O	O
С	TRUMP MARKS WAIKIKI CORP	S	O	20-8858096	O	
С	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER CORP	S	О	27-4162256		О
С	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CORP	S	О	27-4162256		
С	DJT HOLDINGS MM LLC - TRUMP MARKS PUERTO RICO I MEMBER CORP	S	О	27-4162256	O	
С	TRUMP MARKS PHILADELPHIA CORP	S		20-8881726		
С	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH CORP	S	О	27-4162256		О
С	DJT HOLDINGS LLC -TRUMP GOLF COCO BEACH LLC	Р	О	27-4162308		O
С	DJT HOLDINGS MMC LLC - TRUMP GOLF COCO BEACH MEMBER CORP	S		27-4162256	О	О
С	DJT HOLDINGS LLC - 809 NORTH CANON LLC	Р		27-4162308		O
С	TRUMP CANOUAN ESTATE MEMBER CORP	S	О	26-1624146		О
С	DJT HOLDINGS MM LLC - THE TRUMP FOLLIES MEMBER INC	S	O	27-4162256	O	О
С	DJT HOLDINGS MM LLC - TRUMP MARKS ASIA CORP	S		27-4162256	O	О
С	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	Р		27-4162308	O	О
С	DJT HOLDINGS MM LLC - TRUMP MARKS PHILIPPINES CORP	S		27-4162256		О
С	DJT HOLDINGS MM LLC - TRUMP MARKS ISTANBUL II CORP	S		27-4162256		О
С	DJT HOLDINGS MM LLC - UNIT 2502 ENTERPRISES CORP	S		27-4162256		
С	DJT HOLDINGS LLC - UNIT 2502 ENTERPRISES LLC	Р		27-4162308	, 0	
С	TRUMP MARKS PUERTO RICO II MEMBER CORP	S	О	26-2982043	О	O
С	DJT HOLDINGS LLC - TRUMP CANOUAN ESTATE LLC	Р		27-4162308		О
С	DJT HOLDINGS MM LLC - TRUMP CANOUAN ESTATE MEMBER CORP	S		27-4162256	О	
D	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY MEMBER CORP	S		27-4162256		О
D	DJT HOLDINGS LLC - GOLF PRODUCTIONS LLC	Р		27-4162308		
D	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	S		27-4162256		0
D	MELANIA MARKS ACCESSORIES LLC	Р		27-0226891	О	
D	DJT HOLDINGS LLC - TRUMP ACQUISITION LLC	Р		27-4162308		
D	MELANIA MARKS ACCESSORIES MEMBER CORP	S	O	27-0226852		
D	DJT HOLDINGS MM LLC - TRUMP DEVELOPMENT SERVICES MEMBER CORP	S		27-4162256	0	
D	DJT HOLDINS MM LLC - TRUMP MARKS MENSWEAR MEMBER CORP	S		27-4162256	О	

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D	SC LP SHOPPING CENTER LLC	Р	О	27-1551456		O
D	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	Р		27-4162308		O
D	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	Р		27-4162308	О	O
D	TRUMP INTERNATIONAL HOTEL HAWAII LLC	Р		27-0963857		
D	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S		27-4162256		O
D	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S		27-4162256	C	O
D	TRUMP FERRY POINT MEMBER CORP	S		27-8202438	O	O
D	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	S		27-4162256		O
D	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S	O	27-4162256	C	O
D	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS LLC	S		27-4162256	O	O
D	TIHH MEMBER CORP	S		27-0963803	O	O
D	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER CORP	S		27-4162256		O
D	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	Р	0	27-4162308	O	0
D	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	P	О	27-4162308	O	O
D	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	Р		27-4162308	O	O
D	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	Р	О	27-4162308		O
D	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	Р	О	27-4162308		O
D	DJT HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	P		27-4162308		O
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	Р		27-4162308	О	
Е	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	Р		27-4162308	O	
E	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	P	0	27-4162308	О	О
E	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S		27-4162256		C
E	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S		27-4162256	О	
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S		27-4162256	О	
E	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S		27-4162256		
E	TRUMP MARKS MEMBER CORP	S	О	27-1357658		О
E	DJT HOLDINGS MANAGING MEMBER LLC	S		27-4162256	0	
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S		27-4162256	O	
E	DJT HOLDINGS LLC - 401 MEZZ	Р	0	27-4162308	О	
E	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	Р	О	27-4162308		О
E	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	Р		27-4162308	О	O

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E	DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	Р	О	27-4162308		О
E	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	Р	O	27-4162308	О	
E	DJT HOLDINGS LLC - LFB ACQUISITION LLC	Р	O	27-4162308	О	
E	DJT HOLDINGS LLC - TNGC PINE HILL LLC	Р		27-4162308	0	O
E	DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	Р	О	27-4162308	О	О
E	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	Р	О	27-4162308	О	О
E	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р	O	27-4162308	О	О
E	DJT HOLDINGS LLC - TRUMP DRINKS ISRAEL LLC	Р		27-4162308		О
E	DJT HOLDINGS LLC - TRUMP BOOKS LLC	Р	О	27-4162308		О
E	CHARLOTTESVILLE CATERING & EVENTS LLC	Р	O	38-3862571	0	O
E	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LLC	Р		27-4162308		О
E	DJT HOLDINGS MM LLC - TRUMP BOOKS MANAGER CORP	S	O	27-4162256	О	0
E	DJT HOLDINGS MM LLC - TRUMP DRINKS ISRAEL MEMBER CORP	S	О	27-4162256		О
F	DJT HOLDINGS MM LLC - TRUMP WINE MARKS MEMBER CORP	S		27-4162256		О
F	DJT HOLDINGS MM LLC - TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	S		27-4162256		
F	DJT HOLDINGS MM LLC - TRUMP VIRGINIA LOT 5 MANAGER CORP	S		27-4162256		O
F	DJT HOLDINGS MM LLC - TRUMP ENDEAVOR 12 MANAGER CORP	S		27-4162256		О
F	TAG AIR INC	S		95-4464111		O
F	DJT HOLDINGS MM LLC - TRUMP VINEYARD ESTATES MANAGER CORP	S		27-4162256	O	
F	DJT HOLDINGS MM LLC - LFB AQUISITION MEMBER CORP	S		27-4162256		
F	DJT HOLDINGS MM LLC - TRUMP WORLD PRODUCTIONS MANAGER CORP	S		27-4162256	О	
F	DJT HOLDINGS MM LLC - TRUMP NATIONAL GOLF CLUB LLC	S		27-4162256		
F	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LLC	Р		27-4162308		
F	DJT HOLDINGS LLC - TRUMP VIRGINIA LOT 5 LLC	Р		27-4162308	O	
F	DJT HOLDINGS MM LLC - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	S		27-4162256		
F	DJT HOLDINGS MM LLC - DT MARKS BAKU MANAGING MEMBER CORP	S	O	27-4162256		
F	TRUMP MARKS PUNE MANAGING MEMBER CORP	S		27-4162256		
F	DJT HOLDINGS MM LLC - TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	S		27-4162256		
F	DJT HOLDINGS MM LLC - WHITE COURSE MANAGING MEMBER CORP	S		27-4162256		
F	T INTERNATIONAL REALTY LLC	Р	O	90-0883344	C	O
F	DJT HOLDINGS LLC - TRUMP CHICAGO RETAIL MANAGER LCC	Р		27-4162308	О	

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F	DJT HOLDINGS LLC - TNGC CHARLOTTE LLC	Р	О	27-4162308		
F	DJT HOLDINGS LLC - TRUMP ENDEAVOR 12 LLC	Р	О	27-4162308		O
F	DJT HOLDINGS - WHITE COURSE LLC	Р		27-4162308	О	
F	DJT HOLDINGS JUPITER GOLF CLUB	Р		27-4162308		0
F	DJT HOLDINGS - TRUMP OLD POST OFFICE LLC	Р		27-4162308		O
F	DJT HOLDINGS OPO HOTEL MANAGER LLC	Р		27-4162308		
F	DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	Р		27-4162308		
F	DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	Р	О	27-4162308		O
G	DJT HOLDINGS LLC - THC SALES & MARKETING LLC	Р	О	27-4162308		
G	DJT HOLDINGS LLC - EXCEL VENTURE I LLC	Р		27-4162308		
G	DJT HOLDINGS LLC - DT DUBAI GOLF MANAGER LLC	Р		27-4162308		
G	DT MARKS VANCOUVER LP	Р	О	90-0930859		O
G	DJT HOLDINGS LLC - THC DEVELOPMENT BRAZIL LLC	Р	О	27-4162308		
G	DJT HOLDINGS LLC - CARIBUSINESS MRE LLC	Р		27-4162308	O	
G	DJT HOLDINGS LLC - THC RIO MANAGER LLC	Р	0	27-4162308		О
G	DJT HOLDINGS LLC - THC CENTRAL RESERVATIONS LLC	Р	0	27-4162308		O
G	TRUMP HOTEL MANAGEMENT CORP	S		13-3489501	О	О
G	THC MIAMI RESTAURANT HOSPITALITY MEMBER	S		27-4162256	О	O
G	DJT HOLDINGS MM LLC - THC DEVELOPMENT BRAZIL MANAGING MEMBER	S	О	27-4162256		О
G	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER MEMBER CORP	S		27-4162256		
G	DJT HOLDINGS MM LLC - THC RIO MANAGING LLC	S	C	27-4162256		
G	DJT HOLDINGS MM LLC - TRUMP CHICAGO RETAIL MEMBER CORP	S		27-4162256	О	
G	DJT HOLDINGS MM LLC - EXCEL VENTURE I LLC	S	О	27-4162256	О	O
G	OPO HOTEL MANAGER MEMBER CORP	S		46-3066239		O
G	DJT HOLDINGS MM LLC - THC CENTRAL RESERVATIONS MEMBER CORP	S	О	27-4162256		
G	DJT HOLDINGS MM LLC - THC SALES & MARKETING LLC	S	О	27-4162256		O
G	DJT HOLDINGS MM LLC - THE CARIBUSINESS RE CORP	S	0	27-4162256		O
G	TW VENTURE I MANAGING MEMBER CORP	S	C	46-4146150		0
G	HUDSON WATERFRONT ASSOCIATES V LP	Р	О	13-3796322		O
G	HUDSON WATERFRONT ASSOC III LP	Р		13-3796315		О
G	TRUMP 845 UN GP LLC	Р	0	13-3958321		
G	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	Р		27-4162308	О	

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		S for S corporation			is required	
G	DJT HOLDINGS MANAGING MEMBER LLC	S	О	27-4162256		
G	845 UN LIMITED PARTNERSHIP - 845 LP LLC	Р	О	13-3958323		
Н	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	Р	О	01-0580204	C	
Н	TRUMP PARK AVENUE LLC - ACQUISITION	Р	О	01-0580204		
Н	DJT HOLDINGS MM LLCLLC - DB PACE ACQUISITIONS CORP	S		27-4162256	О	O
Н	DT CONNECT II MEMBER CORP	S		47-1519047		
Н	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S		27-4162256	О	
Н	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	C	47-2191989	О	O
Н	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	О	27-4162256		О
Н	THC BAKU HOTEL MANAGER SERVICE MEMBER	S	О	27-4162256		O
Н	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S		27-4162256	О	O
Н	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S		27-4162256		O
Н	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S	О	27-4162256		О
Н	TTTT VENTURE MEMBER CORP	S		47-2297906		
Н	DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	S		27-4162256	O	
Н	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGEMENT LLC	S	О	27-4162256	О	О
Н	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S		27-4162256		О
Н	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	Р		27-4162308		
Н	DJT HOLDINGS-D B PACE ACQUISITION LLC	Р		27-4162308	O	О
Н	DT DUBAI II GOLF MANAGER LLC	Р		47-2265157		O
Н	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	Р		27-4162308		О
Н	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	Р		27-4162308		
Н	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	Р		27-4162308	О	O
Н	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	Р		27-4162308		0
Н	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	Р		27-4162308		О
Н	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	Р		27-4162308	O	О
Н	DJT HOLDINGS LLC TW VENTURE I LLC	Р		27-4162308		
Н	DJT HOLDINGS LLC -TW VENTURE II LLC	Р	О	27-4162308		
I	DT CONNECT II LLC	Р		36-4791039		
I	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	Р		27-4162308		
I	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S	О	27-4162256		

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J	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	Р	О	27-4162308	О	
J	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	Р		27-4162308		O
J	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	Р	О	27-4162308	О	
J	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	Р	O	27-4162308	0	
J	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	Р	C	27-4162308		
J	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	Р	О	27-4162308		O
J	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	Р		27-4162308	О	
J	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	Р	О	27-4162308		
J	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	Р	О	27-4162308		
J	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	Р	О	27-4162308	O	
J	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	Р		27-4162308		
J	DJT HOLDINGS LLC - DT VENTURE II LLC	Р	О	27-4162308		O
J	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	Р	О	27-4162308		O
J	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	Р	O	27-4162308		О
J	DJT HOLDINGS LLC - TRUMP ICE LLC	Р		27-4162308	O	
J	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	Р	О	27-4162308		C
K	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	Р	О	27-4162308		O
K	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	Р		27-4162308		O
K	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р	O	27-4162308		О
K	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	Р	0	27-4162308		О
K	DJT HOLDINGS LLC - DT VENTURE II LLC	Р	O	27-4162308	O	О
K	DJT HOLDINGS LLC - DTW VENTURE LLC	Р		27-4162308		
К	TRUMP EQUITABLE FIFTH AVE CO	Р	O	13-3014138		
K	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	Р		27-4162308		0
K	DJT HOLDINGS LLC	Р		27-4162308		O
К	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S		27-4162256	О	
К	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S	O	27-4162256		
К	DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	S	О	27-4162256		O
K	DJT HOLDINGS MM LLCLLC TRUMP RESTAURANTS LLC	S		27-4162256	О	
K	DJT HOLDINGS MM LLCLLC - WOLLMAN RINK OPERATIONS LLC	S	O	27-4162256	О	О

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I	DT TOWER GURGAON LLC	Р	О	47-3351290		0
I	MOBILE PAYROLL CONSTRUCTION LLC	Р		36-4813676		0
I	DT BALI TECHNICAL SERVICES MANAGER LLC	Р		36-4812795	0	
I	DT LIDO HOTEL MANAGER LLC	Р		61-1769144		0
I	DT LIDO TECHNICAL SERVICES MANAGER LLC	Р	О	30-0881420		0
I	WILLIAM M TRUMP MEDICAL FUND LLC	Р		47-5214076		
I	DJT HOLDINGS MM LLC - THC SHENZHEN HOTEL MANAGER MEMBER CORP	S	О	27-4162256		
I	MOBILE PAYROLL CONSTRUCTION MANAGER CO	S	О	27-4162256	О	0
I	DJT HOLDINGS MM LLC - JUPITER GOLF CLUB MANAGING MEMBER CORP	S	O	27-4162256		
I	DTW VENTURE MANAGING MEMBER CORP	S	O	46-5292006	0	
I	DJT HOLDINGS MM LLC - DT TOWER GURGAON MANAGING MEMBER CORP	S		27-4162256		0
I	DJT HOLDINGS MM LLC - DT MARKS BALI MEMBER CORP	S		27-4162256		O
I	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	S		27-4162256		
I	DJT HOLDINGS MM LLC - DT LIDO HOTEL MANAGER MEMBER CORP	S		27-4162256	О	O
I	DJT HOLDINGS MM LLC - DT LIDO GOLF MANAGER MEMBER CORP	S	О	27-4162256		
I	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	S	О	27-4162256		
I	DJT HOLDINGS MM LLC - DT BALI GOLF MANAGER MEMBER CORP	S		27-4162256		
I	DJT HOLDINGS MM LLC - DT BALI HOTEL MANAGER MEMBER CORP	S		27-4162256	О	
I	EID VENTURE II MEMBER CORP	S		81-1201049	O	
I	DJT HOLDINGS MM LLC - C DEVELOPMENT VENTURES MEMBER CORP	S		27-4162256		
I	DT TOWER II MEMBER CORP	S	О	81-1112510		0
I	DT VENTURE II MEMBER CORP	S		81-1743521	О	
I	DJT HOLDINGS MM LLC DT TOWER I MEMBER CORP	S		27-4162256		О
J	HUDSON WATERFRONT ASSOCIATES IV LP	Р		13-3796319		0
J	EID VENTURE II LLC	P	O	32-0488634		
J	DJT HOLDINGS LLC - DT TOWER I LLC	Р		27-4162308	O	
J	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	Р	O	27-4162308		
J	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGING MEMBER CORP	S		27-4162256		0
J	DJT HOLDINGS LLC -TRUMP MARKS ASIA LLC	Р	27-4162308			
J	DJT HOLDINGS LLC - DT CONNECT II LLC	Р		27-4162308		0
J	DJT HOLDINGS MM LLC - TNGC PINE HILL LLC	S		27-4162256		0
J	TRUMP PALACE PARC LLC	Р		13-3913538		

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K	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	О	27-4162256	О	О
K	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S		27-4162256		
K	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S		27-4162256	О	
К	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC	S		27-4162256	О	
K	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S	O	27-4162256		
K	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S	О	27-4162256		О
K	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S	O	27-4162256		O
K	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	S		27-4162256		
K	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S	O	27-4162256		
K	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT LLC	S	О	27-4162256		О
K	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT LLC	S	О	27-4162256		О
K	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S	О	27-4162256	O	
L	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S	О	27-4162256	O	
L	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S	О	27-4162256		О
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S	O	27-4162256		О
L	DJT HOLDINGS MM LLCLLC - TRUMP CARIBEAN LLC	S	O	27-4162256	O	
L	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S		27-4162256		
L	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S	О	27-4162256	О	O
L	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S	О	27-4162256		
L	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S		27-4162256	O	
L	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S		27-4162256	O	
L	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S	О	27-4162256	О	O
L	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S	О	27-4162256		
L	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S		27-4162256		
L	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S		27-4162256		
L	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S	О	27-4162256		0
L	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S		27-4162256		
L	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S		27-4162256		
L	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S		27-4162256	0	C
L	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S	О	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 basis computation is required	(f) Check if any amount is not at risk
L	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S	O	27-4162256	О	О
L	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	O	27-4162256		O
L	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S		27-4162256	О	О
L	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S	O	27-4162256	О	
L	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S	О	27-4162256	О	О
L	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	О	27-4162256		O
L	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S	O	27-4162256		
L	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S	О	27-4162256	• 0	
М	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S		27-4162256	О	О
М	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S		27-4162256	O	
М	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	О	27-4162256	О	
М	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S	О	27-4162256	О	О
М	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S	О	27-4162256		O
м	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S	О	27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S		27-4162256		О
М	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S		27-4162256		О
М	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S		27-4162256		O
М	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S		27-4162256		О
М	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S		27-4162256		О
М	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S		27-4162256		О
М	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S		27-4162256		О
М	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S		27-4162256		
M	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S		27-4162256	O	
М	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	O	27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S		27-4162256		
М	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S		27-4162256	О	

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer Identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
0	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA ACQUISITIONS LLC	S	О	27-4162256		
0	DJT HOLDINS MM LLCLLC - THC CENTRL RESERVATIONS LLC	S	О	27-4162256	О	
0	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETING LLC	S		27-4162256		
0	DJT HOLDINGS MM LLC - CARIBUSINESS MRE LLC	S		27-4162256		
0	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTEL	S	О	27-4162256		0
0	DJT HOLDINGS MM LLCLLC TRUMP LAS VEGAS MEMBER LLC	S	О	27-4162256		
0	DJT HOLDINGS MM LLCLLC TNGC WASHINGTON DC	S	О	27-4162256		
0	DJT HOLDINGS MM LLC - DB PACE ACQUISITION LLC	S	О	27-4162256	О	
0	DJT HOLDINGS MM LLC - DT MARKS PUNE LLC	S	С	27-4162256		
0	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	S	O	27-4162256		O
0	DJT HOLDINGS MM LLC - DT MARKS GURGAON LLC	S	О	27-4162256	O	O
0	DJT HOLDINGS MM LL - DT DUBAI GOLF MANAGER LLC	S		27-4162256		
0	DJT HOLDINGS MM LLC -THC BAKU HOTEL MANAGER SERVICES LLC	S	О	27-4162256		О
О	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER LLC	S	О	27-4162256		O
0	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	Р	О	27-4162308		О
0	DJT HOLDINGS LLC - DJT ENTREPRENEUR MEMBER LLC	Р		27-4162308	О	
0	DJT HOLDINGS LLC - TRUMP WORLD PUBLICATIONS LLC	Р	О	27-4162308		
0	DJT HOLDINGS LLC - TIHT HOLDING COMPANY LLC	Р	О	27-4162308		O
0	DJT HOLDINGS LLC - TRUMP BRAZIL LLC	Р	О	27-4162308		О
0	DJT HOLDINGS LLC - DJT ENTREPRENEUR MANAGING MEMBER LLC	Р		27-4162308		
0	DJT HOLDINGS LLC - FLORIDA PROPERTIES MANAGEMENT LLC	Р	C	27-4162308		
0	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	Р	O	27-4162308		O
0	DJT HOLDINGS LLC - 124 WOODBRIDGE	Р	O	27-4162308	O	
0	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITIONS LLC	Р	O	27-4162308		
0	555 CALIFORNIA SERVICES JV LLC	Р	0	61-1895796		
0	DJT HOLDINGS LLC - TMG MEMBER LLC	Р	O	27-4162308		О
Р	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	Р	O	27-4162308		О
P	DJT HOLDINGS LLC - T TOWER RETAIL LLC	Р	О	27-4162308		О
Р	DJT HOLDINGS LLC - 1125 SOUTH OCEAN LLC	Р	О	27-4162308		О
Р	DJT HOLDINGS MM LLC TRUMP CHICAGO HOTEL MANAGER LLC	S		27-4162256	O	О
P	DJT HOLDINGS MM LLCLLC THC CENTRAL RESERVATIONS	S	O	27-4162256		O

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer Identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
М	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCTIONS LLC	S	О	27-4162256		О
М	DJT HOLDINGS MM LLCLLC - TRUMP SALES & LEASING CHICAGO LLC	S		27-4162256	О	О
М	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS	S	О	27-4162256	0	
М	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA CONDOMINIUM	S	О	27-4162256	O	
N	DJT HOLDINGS MM LLCLLC - TRUMP LAS OLAS LLC	S	O	27-4162256		0
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L DEVELOPMENT LLC	S	O	27-4162256		О
N	DJT HOLDINGS MM LLCLLC - TRUMP GOLF COCO BEACH LLC	S	О	27-4162256	О	О
N	DJT HOLDINGS MM LLCLLC - TRUMP DRINKS ISRAEL LLC	S	О	27-4162256	О	
N	DJT HOLDINGS MM LLCLLC - TRUMP DEVELOPMENT SERVICE	S	О	27-4162256	О	О
N	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO COMML MANAGER LLC	S	O	27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO RETAIL MGR LLC	S	O	27-4162256		О
N	DJT HOLDINGS MM LLCLLC - THC RIO MANAGER LLC	S		27-4162256		O
N	DJT HOLDINGS MM LLCLLC - TRUMP CAROUSEL LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - WESTMINSTER HOTEL MGT LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - MISS UNIVERSE LLL	S	O	27-4162256		O
N	DJT HOLDINGS MM LLCLLC - TRUMP PANAMA HOTEL MGT LLC	S		27-4162256	О	
N	DJT HOLDINGS MM LLCLLC - CARIBUSINESS MRE LLC	S		27-4162256	O	
N	DJT HOLDINGS MM LLCLLC - THC CHINA TECHNICAL SERVICES LLC	S	О	27-4162256		
N	DJT HOLDINGS MM LLCLLC - THC DEVELOPMENT BRAZIL LLC	S		27-4162256		О
N	DJT HOLDINGS MM LLCLLC - THC SERVICES SHENZHEN LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - DT DUBAI GOLF MANAGER LLC	S		27-4162256	O	
N	DJT HOLDINGS MM LLCLLC - DJT ENTREPRENEUER MANGING MEMBER LLC	S		27-4162256	0	
N	DJT HOLDINGS MM LLCLLC - COUNTRY PROPERTIES LLC	S	O	27-4162256		0
N	DJT HOLDINGS MM LLCLLC - TRUMP INT'L GOLF CLUB SCOT	S		27-4162256		О
N	DJT HOLDINGS MM LLCLLC - THC QATAR HOTEL MANAGER LLC	S		27-4162256		0
N	DJT HOLDINGS MM LLCLLC - GOLF PRODUCTIONS LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP FERRY POINT LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - EXCEL VENTURE I LLC	S		27-4162256	О	
N	DJT HOLDINGS MM LLCLLC - DTTM OPERATIONS LLC	S		27-4162256		
N	DJT HOLDINGS MM LLCLLC - TRUMP NATL GOLF CLUB COLTS NECK	S		27-4162256	О	

	(a) Name	:	(b) Enter P for parinership; S for S corporation	foreign	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
Р	DJT HOLDINGS MM LLCLLC TRU RESIDENTIAL LLC	IMP CHICAGO	S	О	27-4162256		
P	DJT HOLDINGS MM LLC TRUMP	INT'L GOLF CLUB	S		27-4162256		О
Р	DJT HOLDINGS MM LLC - TRUM MANAGING MEMBER LLC	P LAS VEGAS	S	О	27-4162256		
Р	DJT HOLDINGS MM LLC - TRUM MEMBER LLC	P LAS VEGAS	S		27-4162256		
Р	DJT HOLDINGS LLC MM - 40 WA ASSOCIATES LLC	ALL DEVELOPMENT	S	О	27-4162256	О	О
Р	DJT HOLDINGS LLC - D B PACE	ACQUISITION LLC	Р		27-4162308		O
Р	DJT HOLDINGS - THC BAKU HO SERVICES LLC	TEL MANAGER	P	О	27-4162308		С
Р	DJT HOLDINGS LLC - TRUMP FL MANAGEMENT LLC	.ORIDA	Р	О	27-4162308		
Р	DJT HOLDINGS LLC - F&B 40 W	ALL LLC	Р		27-4162308		
Р	DJT HOLDINGS LLC -TRUMP MI MANAGEMENT LLC	AMI RESORT	Р	О	27-4162308		О
Р	THCR- EXPIRED FICA TIP CRED	IT	Р		13-3818407	O	
orr	n 1040 Schedule E, Part II	, Line 28 -Passive	Income and	l Loss/Nonp	assive Income and	l Loss	
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income Schedule K-1		Nonpassive lo m Schedule K		ction from S	assive income chedule K-1
Α	2 12,927						
В	2 41						

211,870 С D 8,125,748 E 466,334 970,894 F G 73,826 4,366,825 н I 1,460,975 J 564,993 K 593,978 L 288,070 **2**17,554 M N 769,711 **2**0 o **%**]0 P Q 228,993 **2**0 R **2**0 s **4**7,446 Т **2**47 U ٧ 23,616 139 w

	(g) Passive loss allowed (attach Form 9582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
х			9,544,653		
Υ			167,239		
z	2 8,096				
АА	% 0				
АВ	% lo				
AC	% Jo				
AD	% Jo			e20	
AE	% 0				
AF		98,040			
AG					8,134
АН		264			
AI	№ 303				
AJ	% lo				
AK	2 362				
AL	% 0				
вм	% Jo				
BN		7,910			
во	213,668				
ВР		126,616			
ВQ	1,628		2		
BR	211,718				
BS	212,884				
вт		8,756			
BU	4,247				
в٧	% lo				
вw	232,234				
вх	4,253				
ву	2 1,122				
BZ	2 92				
В		31			
В					2,124,230
В			281,372	-	
В	2 1,139				
В		210,213			
В		2,145			
В	2 2,665,524				
В	%]5				
В	5 0				104
В	% 0	er o a o a l'elle la la la A			
В	2 49				

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
В	2 3				
С	735				
С		21,394			
С	% 527				
С	2 2,071,839				
С	2 2,649				
С	2 12,277				
С	2 1427				
С	25 €				
С	2 25				
С	2 23				
С	21283				
С	2 5				
С	213,425				
С	2 14				
С	% 0				
С	% 0				
С	2 1				
С	% 0				
С	2 301,344				
С	2√311				
С		4,174			
С	2 120				
С	2 1,890				
С	2 0				
С	2 ,339				
С	2√24				
D	2 4,068				
D	148,914				
D		25,739			
D	2 1,359				
D	9 70				
D	9 57				
D	2 44				
D	% 0				
D	2 √357				
D	% 4,359				
D	2 1,734				
D		546,156			
D	2 102				

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
D	₹ 28				
D	2 11,574				
D	2 12,793				
D	2 18				
D	21,519				
D		4,504			
D		4,535			
D	2 1,134,316				
D	2 1,253,797				
D		448,924			
D	№1,111				
D	2 3,394				
D	292				
E	9,984				
E		402,392			
E	2 ,727				
E	% 3			2	
E	1 2 €				
E		4,106			
E	€ 25				
E	% 0				
E	2 1,908,055		×		
E	2 √35				
E			8,766,273		
E	% lo	20			
E	25,441				ă.
E	2,453				
E	2 1,285,277				
E					1,458,530
E	5 58,643				
E	3 398,676				
E		2,522,710			1
E	291,517		, Pr		
E	2,422				
E	21,611				
E	2 I ₀			2.6	
E	2 407			Poss	1/2
E	2 17				die.
E	25		in the second		
F	26				

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive Income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
F	% 260				
F		639			
F	2 64,514				
F	2,135,350				
F	2,562				
F					14,881
F	%]5				
F	13,055				
F	251,646				
F		62,692			
F	2,458				
F	2 25				
F	% 0				
F	% 2√3				
F	% 3				
F	26,417				
F	332				
F		2,135,538			
F			8,392,332		
F	292				
F		818,957			
F	18,471,078				
F	% 0				
F		1,528,020			
F		25,929			
G	669,153				
G	2 54,360				
G		420,498			
G	2 2,205				
G	2 1,192				
G	4,226				
G	292				
G	2 114,533				
G	2 0				
G	%]0				
G	2 13				
G		4,290			
G	% 3				
G	% 3				
G	2555				100

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
G	2 00				
G	2 1,997				
G	2 6,954				
G	2 0				
G	2 0				
G		4,064,771			
G		7,604,344			
G		190,807			
G	2 1,395,620				
G	2 472,332				
G		286,369			
Н	2 715,065				
Н	726,149				
Н	2 0				
Н	2,883				
Н	20	*		101	
н	2				(4)
Н	2118				
Н	9				
н		81			
н	2 ₁₈				
н	2 √5				
Н	1,502				
Н		21,789			
Н		933			
Н	277,237				
Н	2 1,747	,			
Н	€ 683				
Н	% lo				
Н		7,871			
Н	2513				
Н	21,441				
Н	% lo				
Н	2 11,567		×	59	
Н		91,460	l l	- 1	
Н		11,533	4		
Н	3,289,871		811		
I	285,451				
I	\$57,570,006				
I	2 33,552				

	(g) Passive loss allowed (attach Form 9582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4552	(k) Nanpassive income from Schedule K-1
I	% 10				
I	2 0				
I	2 0				
I	% lo				
I	% lo				
I	2 0				
I	2 2				
I	2 0				
I	æ	8,837			
I	2 0				
I	28				
I	29				
I	21				
I	21				
I	23				
I	2 121				
I	23				
I	23				
I	2 289				
I	2 12				
I	% lo				
I	% lo				
I	92√6				
J		374,500			
J	362				
J	€ 603				
J	560,144				
J	5 ,716				
J	% lo				
J	% lo				
J	% 5,700				
J	278,234				
J	2 652				
J	2 93				
J	285				
J	% 0				
J	2 2,385				
J	% 47				
J	2 576				
J	295				

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
J	2 402				
J	985				
J	200				
J	2 860				
J	2/343				
J	295				
J	209				
J	43,631				
J	2 376				
к	2 406				
к	25 149				
к	2 457,591				
к	2 663,265				
К	% Jo				
к	% Jo				
к		23,401,740			
К	% lo				
к	932,600				
К	2420				
К	3,255				
К		1,934			
к	4,594				
κ.	9 6,700				
к	255				
К	\$2				
К	533				
к	% lo				
К	52 ≥				
К	% lo				
К	2 16				
К	2 4				
К	\$ 0				
К	2 10				
к	2 2 2 2 2 2				
К	% J9				
L	€3				
L	2 3			110	d"
L	2 1				
L	2 /2				
L	% 441				

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
L	25,294				
L	2 0				
L	% 257				
L		633			
L	% 3				
L	2 12,924				
L					14,733
L	2 5,632				
L	2 4,136				
L		21,571			
L			84,771		
L	% 0				
L		8,272			
L		15,435			
L		262			
L	2 186,577				
L	% Jo				
L	2 J ₁₂				
L		116			
L	2 1,430				
L		924			
м	2 3,805				
м		25,624			
м	2 0				
м	2 0				
м	2 ,547				
м			88,548		
м	2 25				
м	2 3,037				
м	% lo				
м	2 1				
М	% 16				
М	% 3				
м	20				
м	2 1				
м		80			
м	% lo				
м	% Jo				
м	€14				
м	% lo				

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive Income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
М	2 2				
м	%]₂				
м	€]2				
м	2 5				
м	2 18				
м		2,123			
М	217				
N	% lo				
N	% lo				
N	2 137				
N	© 2				
N	2 44				
N	2 √35				
N	© 3		D 100		
N	% Jo				
N	2101				
N	% 7				
N	2 177				
N	212,664				
N	% 3				
N	2 18				
N	2 2				
N	21				
N	% 0				
N	2 1				
N	2 0		-		
N	1,729				
N	% lo				
N	2√75				
N	211,457				
N	2 549				
N	2 0			1 £	
N	21,909			1 7	
0	2,484				
0	2 0				
0	2 16,760		- A		
0	% 44			1/2	
0	21,606				
0	2 0			1	
0	2 0			18	

	(g) Passive loss allowed (attach Form 8582 If required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
0	₹ 24				
0	2 127				
0		138			
0		420			
0	% 0				
0	2 24				
0	% ∫5				
0	% 761				
0		31,122			
0	2 53				
0	24,142				
0	© 1290				
0	21,541				
0	2 √157				
0	2 59,780				
0		86,064			
0		60,570			
0	2 91,653				
0	2 1 ₂₂				
Р	93 0				
Р	2 77,058				
Р	2 367,936				
Р		4,580			
Р	€1,157				
Р		4,065			
Р					21
Р		1,739			
Р		101,781			
Р		3,597			
Р	21,685				
Р	2,110	2			
Р	2 325				
Р	2 361				
Р	2 356				
Р			162,232		

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

	(a) Name	(b)Employer identification number
Α	DONALD J TRUMP TRUST	11-6261971
В	DONALD J TRUMP ELIZABETH TRUST	13-6023440

	(a) Name	(b)Employer identification number
С	DONALD J TRUMP 'FRED' TRUST	13-6023441
D	ELIZABETH TRUMP GRANDCHILDREN - DONALD	13-6814305

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

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other Income from Schedale K-1
А			0	
В	% lo			
С	% lo			
D	% Io			

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production

DLN: 76221484788052

SCHEDULE H (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.
Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

Sequence No. 44

Name of	f employer	s	ocial secu	rity number
DONALD J TRUMP #				lentification number 13-3440039
Calenda	ır year taxpayers	having no household employees in 2020 don't have to complete this form for 2020.		
A	Did you pay an spouse, your chanswer this que	y one household employee cash wages of \$2,200 or more in 2020? (If any household emild under age 21, your parent, or anyone under age 18, see the line A instructions before estion.)	ployee was you	your
	Yes. Skip No. Go to	lines B and C and go to line 1a. line B.		
В		d federal income tax during 2020 for any household employee? line C and go to line 7. line C.		
С	(Don't count	tal cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all houselest wages paid in 2019 or 2020 to your spouse, your child under age 21, or your parent. Don't file this schedule.	old employ	ees?
		lines 1a-9 and go to line 10.		
Part	Social S	ecurity, Medicare, and Federal Income Taxes		
1a	Total cash wage	es subject to social security tax	280	
b	Qualified sick a	nd family wages included on line 1a 1b		
2a b	12	tax. Multiply line 1a by 12.4% (0.124) of social security tax on qualified sick and family leave wages. Multiply line 1b by 6.2%	. 2a	2,515
с	Total social sec	urity tax. Subtract line 2b from line 2a	. 2c	2,515
3	Total cash wage	es subject to Medicare tax	280	
4	Medicare tax. N	fultiply line 3 by 2.9% (0.029)	. 4	588
5	Total cash wage	es subject to Additional Medicare Tax withholding 5		
6	Additional Medi	care Tax withholding. Multiply line 5 by 0.9% (0.009)	. 6	
7	Federal income	tax withheld, if any	. 7	962
8a	Total social sec	urity, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	8a	4,065
b c		portion of credit for qualified sick and family leave wages from Worksheet 3 • • • • urity, Medicare, and federal income taxes after nonrefundable credit. Subtract line 8b from	8b	
	line 8a		8c	4,065
d		unt of the employer share of social security tax that can be deferred; see instructions.	8d	1,258
е	Refundable por	tion of credit for qualified sick and family leave wages from Worksheet 3	8e	
f	Qualified sick le	PANE WARES	Rf	I

	Qualifica Sick leave riagos								
g	Qualified health plan expenses allocable to qualified sick leave wages	8g							
h	Qualified family leave wages	8h							
i	Qualified health plan expenses allocable to qualified family leave wages	8i							
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees? (Don't count cash wages paid in 2019 or 2020 to your spouse, your child under age 21, or your parent.)								
	No. Stop. Include the amount from line 8c above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line 8e, on Schedule 3 (Form 1040), line 12b. If you're not required to file Form 1040, see the line 9 instructions.								
	Yes. Go to line 10.								

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Cat. No. 12187K

Schedule H (Form 1040) 2020

Part	II Fe	deral Unen	nployment (I	FUTA) Tax										
4.0	D. I.			seel picca.			50 950	70 60	22				Yes	No
10			and check " No .		e state? If y	ou paid contributio	ns to a credit	reduct	ion • •		Г	Particular	✓	
11	Did vou r	av all state u	inemployment c	ontributions fo	or 2020 by A	April 15, 2021? Fisc	al vear filers	see inc	tructio	nc	}	10		
12						our state's unemplo		300 1113	ici uctic	1115		11	V	
				or can also to	industrial ye	our state s'arrempto	yment tax:			• •	L	12	C/3	
			" box on all the											
IT	you chec	ked the "No"	box on any of	the lines abov		ion A and complete	Section B.							
13	Name of	the state whe	ere you paid une	employment co										
14	Contribut	ions paid to y	our state unem	ployment fund	d	14		1	,019					
15			ect to FUTA tax						. [15				16,480
16	FUTA ta	k. Multiply lin	e 15 by 0.6% (0.006). Enter		ere, skip Section B,	and go to line	e 25		16				99
	6 1				A1-10008	ction B								
17 (a)	Complete	(b)	below that apply			, see instructions):								
Name o		le wages (as	State expe	rience rate	(d) State	(e) Multiply col. (b) by	(f) Multiply col. (f) from			paid to
state	define	d in state act)	per	iou	experience rate	0.054	col. (d)			e). If z		state i	unemplo fund	oyment
			From	То										
					-									
										-				
18	Totals							18						
19	Add colur	mns (g) and (h) of line 18			19	K.							
20	Total cash	n wages subje	ect to FUTA tax	(see the line 1	.5 instructio	ns)				20				
21	Multiply I	ine 20 by 6.0	% (0.06)						. [21				
22	1997 83	ine 20 by 5.4				22								
23			ine 19 or line 22						.					
		ons and check		· · · ·	· · · ·	a credit reduction s	state, see	. (23				
24	FUTA tax	k. Subtract lir	ne 23 from line	21. Enter the i	result here a	and go to line 25			. [24				
Part 1			old Employn											
25				checked the "	Yes" box o	n line C of page 1,	enter -0-	• •	.	25				4,065
26 27) and line 25					• •	. [26				4,164
2/	200		e Form 1040?	s !! 2.5		11.575			• ***					
	line	8e, on Sched	dule 3 (Form 10	40), line 12b.	Don't comp	nedule 2 (Form 1040 plete Part IV below.	J), line /a. In	clude t	he am	ount,	if any,	from		
Part 1	20000		e to complete F			or details. y if required. See	the line 27	Inatur	ati a na	14				
AV 500000			or P.O. box if ma			As you	the line 27	IIIStru			n, or su	uite no		
, , , , , , , , , , , , , , , , , , , ,	(A TIOT DOX II IIIG	iii ion e denver		dddicss			Αρι.	, 1001	1, 01 50	ince no	•	
City, tow	vn or post	office, state.	and ZIP code											
		, , , , , , , , , , , , , , , , , , , ,												
Under per	nalties of pe	rjury, I declare	that I have exami	ned this schedul	e, including a	ccompanying statemen	its, and to the b	est of m	y know	ledge	and belie	ef, it is	true,	
correct, a Declaration	ind complete on of prepar	e. No part of an er (other than t	y payment made t :axpayer) is based	to a state unemp on all information	loyment fund on of which pr	claimed as a credit wa eparer has any knowle	is, or is to be, d dge.	educted	from th	ne payı	ments to	emplo	yees.	
Emp	oloyer's sign	ature					Date							
		Print/Type pre	parer's name	Prep	arer's signatu	re	Date	Charle	Π.	PTI	V			
Paid								Check self-en	i لــــا ployedرn					
Prepa		Firm's name	>					Firm's	EIN 🏲					
Use C	niy													
		Firm's address	•					Phone	no					
			25					Luone	110.					

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Employer Name Control: TRUM

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LATEST DATA - Production

DLN: 76221484788052

SCHEDULE SE (Form 1040)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleSE for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

Sequence No. 17

	of person with self-employment income (as shown on Form 1040, 1040-SR, o ALD J TRUMP	r 1040-NR)	Social security number of per with self-employment incom		
	rt I Self-Employment Tax				_
Note defini	If your only income subject to self-employment tax is church em ion of church employee income.				our income and the
Α	If you are a minister, member of a religious order, or Christian Sci had $$400$ or more of other net earnings from self-employment, c	lence practition heck here and	er and you filed Form 4361, but continue with Part I	you • •	
	nes 1a and 1b if you use the farm optional method in Part II. See Net farm profit or (loss) from Schedule F, line 34, and farm partne box 14, code A.	erships, Schedu		1a	
b	If you received social security retirement or disability benefits, en Reserve Program payments included on Schedule F, line 4b, or list box 20, code AH	ter the amount ted on Schedule	of Conservation e K-1 (Form 1065).	1b	()
Skip I	ne 2 if you use the nonfarm optional method in Part II. See instru				· · · · · · · · · · · · · · · · · · ·
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (F farming). See instructions for other income to report or if you are	form 1065), box a minister or n	x 14, code A (other than nember of a religious order.	2	7,594,666
3	Combine lines 1a, 1b, and 2			3	7,594,666
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). O Note: If line 4a is less than \$400 due to Conservation Reserve Program pa		PARTICIPATION PROGRAMMENT AND	4a	7,013,674
b	If you elect one or both of the optional methods, enter the total o	of lines 15 and 1	17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe Exception: If less than \$400 and you had church employee inc	self-employmer come, enter -0-	nt tax. - and continue	4c	7,013,674
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	[5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- $$			5b	
6	Add lines 4c and 5b		******	6	7,013,674
7	Maximum amount of combined wages and self-employment earnitax or the 6.2% portion of the 7.65% railroad retirement (tier 1) $$	ngs subject to s tax for 2020	social security	7	\$137,700
8a	Total social security wages and tips (total of boxes 3 and 7 on For and railroad retirement (tier 1) compensation. If $\$137,700$ or mollines 8b through 10, and go to line 11	re, skip	8a 138,384	-	*
b	Unreported tips subject to social security tax from Form 4137, line	e 10	8b		
С	Wages subject to social security tax from Form 8919, line 10 $$.	[8c		
d	Add lines 8a, 8b, and 8c			8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on	and the first of the state of t	A DESCRIPTION OF A COMMENT AND AND A COMMENT	9	
10	Multiply the $smaller$ of line 6 or line 9 by 12.4% (0.124)		a perconance on the tax and each man and	10	
11	Multiply line 6 by 2.9% (0.029)			11	203,397
12	Self-employment tax. Add lines 10 and 11. Enter here and on 5	Schedule 2 (Fo	orm 1040), line 4	12	203,397
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1				
	(Form 1040), line 14		13 101,699		
	t II Optional Methods To Figure Net Earnings (see				
Farn	n Optional Method. You may use this method only if (a) your gro	oss farm incom	e¹ wasn't more than \$8,460,		
14				14	\$5,640
15	Enter the smaller of: two-thirds $(^2/_3)$ of gross farm income ¹ (not	t less than zero) or \$5,640. Also		φογογο
Nonf	include this amount on line 4b above	r net nonfarm n	profits ³ were less than \$6,107	15	
and a	lso less than 72.189% of your gross nonfarm income,4 and (b) you	ou had net earn	ings from self-employment		
	least \$400 in 2 of the prior 3 years. Caution: You may use this me				
16	Subtract line 15 from line 14			16	
17	Enter the smaller of: two-thirds $(^2/_3)$ of gross nonfarm income amount on line 16. Also include this amount on line 4b above .	(not less than	zero) or the	17	
² Fror	n Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B. n Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, A - minus the amount you would have entered on line	code A.	C, line 31; and Sch. K-1 (Form 1)		
	ad you not used the optional method	and C	o,s , and Sen. K-I (101111 It	ا ۱۱ د د د	,UA 17,

9			
		e in principal.	

Schedule SE (For	m 1040)	2020
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Attachment Sequence No. 17

Page 2

Fai	t III Maximum Deferral of Self-Employment Tax Payments		ruge 2
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20.	21	
If line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235).	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

Schedule SE (Form 1040) 2020

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

These are your supplemental business expenses

2020

10,605.

10

Social security number Business in which expenses were incurred DONALD J. TRUMP THE EAST 61 ST. COMPANY **Business Expenses and Reimbursements** Column A Column B **Enter Your Expenses** STEP 1 Other Than Meals and Entertainment Meals and Entertainment 1 Vehicle expense from line 22 or line 29 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 3 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 1 10,605 Meals expenses Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B. enter the amount from line 5 10,605 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 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 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 10,605 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%) 10,605 Add the amounts on line 9 of both columns and enter the total here.

	rt II Vehicle Expenses			1 N N	ne of payments	the later of the later of
112720	on A General Information	A Park Company	AND THE PROPERTY OF THE PARTY O	2012 2012 (4.16)	(a) Vehicle	(b) Vehicle
200000000000000000000000000000000000000	Enter the date vehicle was placed in service		Parties and the same	11		
	Total miles vehicle was driven during 2020				miles	miles
	Business miles included on line 12				mile:	miles
	Percent of business use. Divide line 13 by line 12				9/	1 1 4 Ald A
	Average daily roundtrip commuting distance				miles	
	Commuting miles included on line 12				mile	1 100 / No. 100
	Other miles. Add lines 13 and 16 and subtract the				mile	
						Yes N
18	Was your vehicle available for personal use during	on-duty nodis:				
40	D(lable for personal	1002			Yes N
19	Do you (or your spouse) have another vehicle ava	liable for personal t	user			
		e and the				
20	Do you have evidence to support your deduction?				13	
28127						Yes N
21	If "Yes," is the evidence written?					
		6 B 101 f		lata thia agati	an ar Castian C \	
Secti	on B Standard Mileage Rate (See the instruction	ns for Part II to find	d out whether to comp	nete tills secti	on or section 6.)	
	and the second s	and the state of a set of the set				00
	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line 1				(b) Vehicle
	on C Actual Expenses	Fel (4.0)	(a) Vehicle		and the second and the second	(n) Acting Color Part Set 1510.
	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals	24a				
b	Inclusion amount	24b			and the Street Street	
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies			and Williams		and a sector structure of the contract of
1	only if 100% of annual lease value was	o hesta)		A graph line		
	included on Form W-2)	25		olds trovid	41/27-1	demisa ream
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		and the Tax		are project a subfaced to 8. £
29	Add lines 27 and 28. Enter total here and on					
	line 1	29		A. W. Lon		
Secti	ion D Depreciation of Vehicles (Use this sectio	n only if you owner	d the vehicle and are	completing S	Section C for the vehicle.)	PROBLEM TODO ATRIBUTO F
			(a) Vehicle	WALKER STREET, THE PARTY		(b) Vehicle
30	Enter cost or other basis	30			The Send of	
	Enter section 179 deduction					
	and special allowance	31			as 1917 Tuelled market there	Assistant diby fr
32	Multiply line 30 by line 14 (see Form 2106				naj 🔡 zarajajya oznatelit.	
0640643	instructions if you claimed the section 179	Control of the Contro				
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
	Add lines 31 and 34	35				
35	Enter the limitation amount	36				
36	Multiply line 36 by the percentage on line 14	37				
37		37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from	00				
	line 35. Also enter this amount on line 28 above	38				PARTICIPATION OF THE PARTICIPA

Supplemental business expenses				
Your name Social security number	E	Business in which expenses to WALL DEVEL	were in	curred ENT ASSOC.
DONALD J. TRUMP		LLC	0111	110000,
Part I Business Expenses and Reimbursements				
STEP 1 Enter Your Expenses		Column A		Column B
- Enter Your Expenses		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	. 1		53,000	Sure of the sent speed of \$15.
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	. 2			eron i de rasteur d'Alia
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	. 3			where continue is the
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 2	. 4	4,420,840.	tink w	endere billande en lige
5 Meals 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	4,420,840.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the ar	nount from	line 6 on line 8.	b:	
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		inter Malain	
STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	. 8	4,420,840.		Y. 17
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	4,420,840.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		>	10	4,420,840.

_	ement SBE (2020) DONALD J. TRU	MP				ye _2
20000000	irt II Vehicle Expenses		· · · · · · · · · · · · · · · · · · ·	1789-113	T. P. Skinning of	Floring and archiver.
Sect	tion A General Information	STACES TO SEE	100 miles (1877)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		*
12	Total miles vehicle was driven during 2020	7J 4		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	6 Commuting miles included on line 12			15	miles	miles
16				16	miles	miles
17			2	17	miles	miles
18	Was your vehicle available for personal use during	g off-duty hours?	?			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?			Yes No
20	Do you have evidence to support your deduction?					Yes No
21	If "Yes," is the evidence written?			3.5	.h.,	Yes 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.)	100 A
	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line	1 <u></u>			22
Sect	ion C Actual Expenses		(a) Vehicle		Sa william a tolk half	b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		4		THE CONTRACTOR OF STREET
24a	Vehicle rentals	24a				
b	Inclusion amount	24b			en envision at acter	ras milimina (1900)
	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies			Section 1.		and his designation of the in-
	only if 100% of annual lease value was		N-W	ntio fauggas		the fileratine yas suits of .
	included on Form W-2)	25		in the distance	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	TANKS PROTE
26	Add lines 23, 24c, and 25	26				
27		27				
28	Depreciation. Enter amount from line 38 below	28				articulational particulation in
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if you ow	ned the vehicle and are co	mpleting Sec	ction C for the vehicle.)	The state of the s
	real property of the second	6.17.64	(a) Vehicle		narty modifications	(b) Vehicle
30	Enter cost or other basis	30			and a conditions	
	Enter section 179 deduction					
	and special allowance	31				The state of the control of
32	Multiply line 30 by line 14 (see Form 2106	de la company			de the exercitancial in	
	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		1.7. 6		
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name So	cial security number	Busines	s in which expenses v	vere ind	curred
DONALD J. TRUMP		TRUN	IP CPS LLC		
Part I Business Expenses and Reimbursement	ts				
STEP 1 Enter Your Expenses		Co	olumn A		Column B
STEP 1 Enter Your Expenses			Than Meals ntertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29					Parametric de la
Parking fees, tolls, and transportation, including train, bus, etc., that converged involve overnight travel	did not				dolong, was son of
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	irplane, car rental.			19/62	MARKER ARRESTS OF THE
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATES	meals		98,470.		TOTAL STATE
5 Meals expenses					
6 Total expenses. In Column A, add lines 1 through 4 and enter the resenter the amount from line 5	sult. In Column B.		98,470.		3 2 2 2 2
NOTE: If you were not reimbursed for any expenses in Step 1, skip l	a contratamental and any finish a series for the contrata of t	rom line 6	on line 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form V	N-2	7		inay.	
STEP 3 Figure Expenses Subject to the Limitation	on				
8 Subtract line 7 from line 6		3	98,470.		- -
				11 401	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject t the Department of Transportation (DOT) hours-of-service limits:	0				
Multiply by 80% (.80) instead of 50%)		9	98,470.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	98 470

Part II Vehicle Expenses	11.0111		A 14 P 1 1 F	e is it consections	e in anthomo wat
Section A General Information		· The same of the same		(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service		- Carlotte Carlotte	11	, ,	
12 Total miles vehicle was driven during 2020			12	miles	miles
13 Business miles included on line 12			13	miles	miles
14 Percent of business use. Divide line 13 by I			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 subtr			17	miles	miles
18 Was your vehicle available for personal use					Yes No
10 Was your verticle available for personal use	during on duty nours.				, es en
19 Do you (or your spouse) have another vehi	cle available for nersonal	Luse?			Yes N
19 Do you (or your spouse) have another veri	cic available for personal				wat garage the
20 Do you have evidence to support your ded	iotion?				Yes N
20 Do you have evidence to support your ded	1000117				s see a sinjeriopeli d
04 16 10 11 11 11 11 11 11 11 11 11 11 11 11					Yes N
21 If "Yes," is the evidence written?				······	100
Section B Standard Mileage Rate (See the ins	structions for Dort II to fir	ad out whather to complete	thic cartir	on or Section C.)	
Section B Standard Mileage Hate (See the ins	structions for Part II to III	id out whether to complete	1113 366110	on or section o.)	13° 3
The second section of the second section is the second section of the second section of the second section of the second section secti	- and the second				22
22 Multiply line 13 by 57.5¢ (0.575). Enter the	result here and on line 1	(a) Vehicle	2		(b) Vehicle
Section C Actual Expenses	Tax leading from	(a) venicie	and the training	BED WEEK TO SURE	(b) volitoro de algundados en el como
23 Gasoline, oil, repairs, vehicle insurance, etc	Of the second se		ne in siddisking		THE STATE OF
24a Vehicle rentals					
b Inclusion amount			Mare P.A.	et de sey francis de la constante de la consta	
c Subtract line 24b from line 24a					
25 Value of employer-provided vehicle (applie	S		(47 mm 13)		
only if 100% of annual lease value was	The second secon	Service of the servic	nei myst		The transfer of the con-
included on Form W-2)			direction.	na de la constanta de la const	Transia duran
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 be	low 28				The religion will be with a first
29 Add lines 27 and 28. Enter total here and o	n				
line 1	29		not de		
Section D Depreciation of Vehicles (Use this	section only if you own	ed the vehicle and are con	npleting S	ection C for the vehicle.)	The state of the s
11-24-1		(a) Vehicle	Steel 9	วงกัด สังเราหลัง (1) ทั้ง หากระเ	(b) Vehicle
30 Enter cost or other basis	30			The Control of the Co	otari ali ili ili ili ili ili ili ili ili il
31 Enter section 179 deduction					
and special allowance	31		on had a		Independent in a state of the ac-
32 Multiply line 30 by line 14 (see Form 2106				terring of strike (iii	
instructions if you claimed the section 179					
deduction or special allowance)					
33 Enter depreciation method and percentage					
34 Multiply line 32 by the percentage on line 3					
35 Add lines 31 and 34					
36 Enter the limitation amount					
37 Multiply line 36 by the percentage on line 1					
	14.65.00.00.00.00.00.00.00.00.00.00.00.00.00				
38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount					
line 35. Also enter this amount on line 28 a	A CONTRACTOR OF THE PARTY OF TH				
iiiie 33. Also ciitei tiiis ailioulit oli liile 20 a	0010 00			TAKE THE CONTRACTOR OF THE PARTY OF THE PART	

These are your supplemental business expenses

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51,337.

Social security number Business in which expenses were incurred DONALD J. TRUMP TRUMP 845 UN GP LLC (MGR) **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 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 4 51,337 5 Meals expenses Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B. enter the amount from line 5 51,337 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 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 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 51,337. 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%) 51,337 Add the amounts on line 9 of both columns and enter the total here.

Pa	irt II Vehicle Expenses			factories.	and consentati	A to appropriate the
Sec	tion A General Information			gita e teori	(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		
12	Total miles vehicle was driven during 2020				mile	s miles
13	Business miles included on line 12				and second research and mile	s miles
14	Percent of business use. Divide line 13 by line 12				0	%
15	Average daily roundtrip commuting distance				mile	miles
16	Commuting miles included on line 12				mile	miles
17	Other miles. Add lines 13 and 16 and subtract the				mile	s miles
18	Was your vehicle available for personal use during					Yes No
10	VVAS your vombio available for percental ace daring	, on day notice			1.0	and the property of
19	Do you (or your spouse) have another vehicle ava	ilable for persona	al use?			Yes No
10	you (or your opouso) have unexher remote and	masic for percent	· · · · · · · · · · · · · · · · · · ·			* - 10 5 J - 10 B 10 1 M 10
20	Do you have evidence to support your deduction?					Yes N
20	Do you have evidence to support your doddonor.				A CONTRACTOR OF THE PROPERTY O	santa i danti e
04	If "Yes," is the evidence written?					Yes No
21	II 165, is the evidence written:					TOTAL METERSON
Sac	ion B Standard Mileage Rate (See the instruction	ns for Part II to f	ind out whether to comple	te this sec	tion or Section C.)	
360	HOILD Standard Willeage Hate (000 the medicule	no for r are in to it	ind out who are to some		,	alt ne de la
00	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line	1			.22
	tion C Actual Expenses	nere and on line	(a) Vehicle			(b) Vehicle automorphisms
	Gasoline, oil, repairs, vehicle insurance, etc.	23				
23		24a				
	Vehicle rentals	24b			a a / Unit ato	verse.
	Inclusion amount	the second second second				
	Subtract line 24b from line 24a	24c				William Sing one set of
25			1.5	en Paire		nggagar ay nang pang panghilibin in
	only if 100% of annual lease value was				To a set	Color of the second statement of the second
	included on Form W-2)	25	A.74	13-20		A STATE OF STREET
26	Add lines 23, 24c, and 25	26				
27	그러지 않아 많아 보다는 아이들이 되었다. 그는 사내를 들어 하는 것이 없는 사람들이 되었다. 그는 사내를 가는 것이 없는 것이 없다.	27				The States Sectionalities 2
28	Depreciation. Enter amount from line 38 below	28		le Lu		27411 v a cavalganistos ata
29	Add lines 27 and 28. Enter total here and on					
	line 1	29		100 miles	0 - 11 - 0 4 - 11	BOTH BOTH STORES SERVINGS IN
Sec	tion D Depreciation of Vehicles (Use this sectio	n only if you own		mpleting	Section C for the venicle.)	
		grass per retain	(a) Vehicle		Spinster aud TON of	(b) Vehicle
30	Enter cost or other basis	30				
31	1000 Marie Control Con					
	and special allowance	31		are to bu	ikselmentisi	Name of the Cell different Lots of
32	Multiply line 30 by line 14 (see Form 2106	and the second				Master and the second
	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		15.5		
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Social security number	В	usiness in which expenses	were incurred	
DONALD J. TRUMP	_	RUMP NATIONA	L GOLF CLUB	
Part I 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		Walley Williams	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		Was repaired or some	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		Mar barran serten	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 16	4	2,451.		71. 48
5 Meals expenses	5		10.00	
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	2,451.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount 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	= X		
STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	8	2,451.		
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	2,451.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental hysiness expenses.				

_	irt II Vehicle Expenses			4 . 3 . 7	revik se se de di	181	Property and a second
The state of the	tion A General Information				(a) Vehicle		(b) Vehicle
	Enter the date vehicle was placed in service			11	(u) voinioio	-	(6) 10
11 12	Total miles vehicle was driven during 2020				mile	110	miles
13	Business miles included on line 12				mile		miles
14	Percent of business use. Divide line 13 by line 12			V 11 11 11 11 11 11 11 11 11 11 11 11 11	9/		%
15					miles	_	miles
16	Commuting miles included on line 12				mile		miles
17	Other miles. Add lines 13 and 16 and subtract the				mile	_	miles
18	Was your vehicle available for personal use during						Yes No
10	Was your verticle available for personal use during	g on duty nours:	***************************************		(**:\text{\text{\$\}\$}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?				Yes No
20	Do you have evidence to support your deduction?						Yes No
							Yes No
21	If "Yes," is the evidence written?						
	ion B Standard Mileage Rate (See the instruction	no for Dart II to	find out whather to comple	to this soction	on or Section C)		The state of the s
Sect	ion B Standard Mileage Hate (See the instruction	ons for Part II to	ind out whether to comple	ite tilla acctic	in or occurr o.,		en a Postilio
00	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line	1		and the second of the second of the	22	The service of the fi
22 Sect	ion C Actual Expenses	nere and on nine	(a) Vehicle				hicle weeks at taking
	Gasoline, oil, repairs, vehicle insurance, etc.	23	(4) (5)				
23	Vehicle rentals	CALL CONTRACTOR OF THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPERTY OF THE					
		24b				deres of	
	Inclusion amount	24c					
	Subtract line 24b from line 24a	246		S-Wintigs	<u>26</u> V. f. x		e self af mana este 1 M
25	Value of employer-provided vehicle (applies						15 6) . (95 o) . (10)
	only if 100% of annual lease value was	25	of experience	itania. Parameter			Twenty Aftern
	included on Form W-2)	26		hanni f			SECTION FOR THE SECTION OF THE SECTI
26	Add lines 23, 24c, and 25	27					ender und de la referencia de la composición del composición de la composición de la composición de la composición de la composición del composición de la c
27	Multiply line 26 by the percentage on line 14						Letter Total Action 1
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on	29					
Cast	line 1		ned the vehicle and are co	ompleting S	ection C for the vehicle)	A1 6 6	a product your substitution of
Seci	non D Depreciation of Venicles (Use this section	li olliy ii you owi	(a) Vehicle		ne se to e mant (TyO) kode	(h) Ve	hicle and attacked and
20	Enter cost or other basis	30	(a) verificio		etc th	(8) 00	
	Enter cost of other basis Enter section 179 deduction	30	1.51.461.5747.511.531				
31	11.00	31					
00	and special allowance Multiply line 30 by line 14 (see Form 2106	31			The state of the sale	Cice i	
32		The second of th	onserva ulimak promine di di di di di		The first of the second decreases		
	instructions if you claimed the section 179	32					
	deduction or special allowance)	33					
33	Enter depreciation method and percentage	34		Santonia (Diangle)			
34	Multiply line 32 by the percentage on line 33	35					W. C.
35	Add lines 31 and 34	36					
36	Enter the limitation amount	37				TAX BEL	
37	Multiply line 36 by the percentage on line 14	31					
38	Enter the smaller of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from	20					
	line 35. Also enter this amount on line 28 above	38				060505	

Pa	rt II Vehicle Expenses				and the second		4	
Sect	ion A General Information				(a) Vehicle		(b) Vehicle	1
11	Enter the date vehicle was placed in service			11			3.1.	
12	Total miles vehicle was driven during 2020			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		%		%
15	Average daily roundtrip commuting distance			15	mile	s		miles
16					mile	s		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from line	: 12	17	mile	s		miles
18	Was your vehicle available for personal use during						Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable for pers	onal use?		n		Yes	☐ No
20	Do you have evidence to support your deduction?							□ No
21	If "Yes," is the evidence written?						Yes	☐ No
0	in B. Ohndad Miller B. D. (On the industry	- (- D III						
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part II t	to find out whether to co	omplete this se	ection or Section C.)			
22	Multiply line 12 by 57 Ed (0 575) Enter the regult	hara and an li	no 1			00		
22 Sect	Multiply line 13 by 57.5¢ (0.575). Enter the result ion C Actual Expenses	nere and on ii	(a) Vehic			(b) Ve	hiolo	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	Status was respected to the design.	16	tion of the second section of	(n) ve	enicie	
		24a	a de deserve data de aperta.		atomic a selection to constru	michael.		F 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	***************************************	24a 24b	491		2.49(34.00.104.0			
D	Inclusion amount	240 24c		Toni bota	The state of the s			10 10 10 71
	Subtract line 24b from line 24a	24C	rigida belia b					
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was				a se de allega de la companya de la			
	included on Form W-2)	25			neo(1860) e a	4166		
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				100.0		
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sec	tion D Depreciation of Vehicles (Use this section	n only if you o			g Section C for the vehicle.)			
			(a) Vehic	ele		(b) V		
30	Enter cost or other basis	30					day tabuta da	
31	Enter section 179 deduction							
1001120	and special allowance	31			the decomplex fluid	HANN		
32	Multiply line 30 by line 14 (see Form 2106	-						Alika ankarawa
	instructions if you claimed the section 179							
	deduction or special allowance)	32	7					
33	Enter depreciation method and percentage	33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s			
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36	1477 1274					
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						*

2020

Social security number Business in which expenses were incurred DONALD J. TRUMP MAR-A-LAGO CLUB LLC **Business Expenses and Reimbursements** Part I Column A Column B STEP 1 Enter Your Expenses Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 1 Parking fees, tolls, and transportation, including train, bus, etc., that did not 2 involve overnight travel Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 3 Business expenses not included on lines 1 through 3. Do not include meals 466,334. and entertainment SEE STATEMENT 15 5 Meals expenses Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, 466,334 enter the amount from line 5 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 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 466,334. 8 Subtract line 7 from line 6 8 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%) 466,334 9 Add the amounts on line 9 of both columns and enter the total here. 466,334. These are your supplemental business expenses

Pa	rt II Vehicle Expenses								
Sect	on A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11				
12	Total miles vehicle was driven during 2020				12	miles	3		miles
13	Business miles included on line 12				13	miles	s		miles
14	Percent of business use. Divide line 13 by line 12				14	9/	0		%
15	Average daily roundtrip commuting distance				15	miles	S		miles
16	Commuting miles included on line 12				16	miles	s		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from line	12		17	miles	S		miles
18	Was your vehicle available for personal use during	off-duty hour	s?					Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable for perso	onal use?					Yes	☐ No
20	Do you have evidence to support your deduction?							Yes	☐ No
21	If "Yes," is the evidence written?							Yes	☐ No
						*			
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part II to	o find out whether to	complete th	nis section	or Section C.)			
22	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on lir	ne 1				22		
	ion C Actual Expenses	TICIO ATTA OTT III	(a) Veh				(b) Ve	hicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				Militar As Street end	(5) (6	111010	
	Vehicle rentals	24a				ARTHURAN PRINCESSOR (1986)	-850 (Fig.	2011	
	Inclusion amount	24b							
c	Subtract line 24b from line 24a	24c							CHIEF EFF
25	Value of employer-provided vehicle (applies					frameral socianism			
	only if 100% of annual lease value was					741. PSDE 15611.00			
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26					YEAR YE		
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							
20	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this sectio		wned the vehicle an	nd are comp	leting Se	ction C for the vehicle.)			-15
			(a) Veh	hicle			(b) Ve	hicle	
30	Enter cost or other basis	30						TO COLUMN	area.
31	Enter section 179 deduction								
	and special allowance	31				Checenness (troto	100		
32	Multiply line 30 by line 14 (see Form 2106							Many a super a second	1001
	instructions if you claimed the section 179								
	deduction or special allowance)	32				Property Comments of the Comme			
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							J. Mari
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							

2020

Social security number Business in which expenses were incurred TRUMP PLAZA LLC DONALD J. TRUMP **Business Expenses and Reimbursements** Part I Column B Column A STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 1 Vehicle expense from line 22 or line 29 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not 2 involve overnight travel Travel expense while away from home overnight, including lodging, airplane, car rental, 3 etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not include meals 13,338 and entertainment SEE STATEMENT 7 4 5 5 Meals expenses Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, 13,338 enter the amount from line 5 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 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 STEP 3 Figure Expenses Subject to the Limitation 13,338. 8 8 Subtract line 7 from line 6 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%) 13,338 9 Add the amounts on line 9 of both columns and enter the total here. 13,338. These are your supplemental business expenses

These are your supplemental business expenses

2020

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189,919.

Social security number Business in which expenses were incurred TRUMP EQUITABLE FIFTH AVENUE DONALD J. TRUMP Part I Business Expenses and Reimbursements Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 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 5 189,919 5 Meals expenses Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B. enter the amount from line 5 189,919 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 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 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 189,919 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%) 189,919 9 Add the amounts on line 9 of both columns and enter the total here.

	IT II Vehicle Expenses	MP		V	and the statement of the	The forest and a stronger of		
CATALOGRAPHICS.	ion A General Information	Acres 11 - 15 - 15 - 15 - 1	er er er grant der eine dan der er		(a) Vehicle	(b) Vehicle		
	Enter the date vehicle was placed in service	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1022 11 11 11 11 11	11	(a) vernore	(2) (5)		
	Total miles vehicle was driven during 2020				miles	miles		
12	Business miles included on line 12				miles	A CONTRACT OF THE SHARE		
13	Percent of business use. Divide line 13 by line 12				%			
14					miles			
15	Average daily roundtrip commuting distance				miles			
16	Commuting miles included on line 12			_	miles			
17	Other miles. Add lines 13 and 16 and subtract the					Yes No		
18	Was your vehicle available for personal use during	j on-auty nours	ſ	•••••				
19	Do you (or your spouse) have another vehicle ava	ilable for persor	nal use?			Yes No		
					9 8 8 9 9 9 9 9 9 9 9	Yes No		
20	Do you have evidence to support your deduction?							
						Yes No		
21	If "Yes," is the evidence written?					Yes Line		
			C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to this see	tion or Continu C)	A decrease comment of the		
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part II to	find out whether to comple	te this sec	ction or Section 6.)	1000 0 0 000 0		
	and the second of the second o	with the same of t				00		
22	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line	9.1		na ila manana di nisa	2. Construction of the con		
	ion C Actual Expenses		(a) Vehicle		Participation Council of Council	(n) veilicle Harris and 18769		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
b	Inclusion amount	24b		Pilipin ke i	Marin processor at has			
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies			7.4% TVN		gradient scharpens in the fil		
	only if 100% of annual lease value was			and the second		File (16) In (5) julio)		
	included on Form W-2)	25		Partition in		September 5 Course		
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		1-1				
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	tion D Depreciation of Vehicles (Use this sectio	n only if you ow	ned the vehicle and are co	mpleting	Section C for the vehicle.)	SCHOOL DESCRIPTION OF A STATE OF THE STATE O		
			(a) Vehicle	alterna	and the second second	(b) Vehicle		
30	Enter cost or other basis	30			180 120			
	Enter section 179 deduction							
-	and special allowance	31		ne radol		and the suppliers of the second		
32	Multiply line 30 by line 14 (see Form 2106				ender example of an expense.	man galaga (Agana)		
	instructions if you claimed the section 179	CONTRACTOR STREET	ALL THE COLUMN TO STATE OF THE COLUMN TWO STATE OF THE COLUMN TO STATE OF THE COLUMN TWO STATE OF THE					
	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						
	Multiply line 36 by the percentage on line 14	37						
37	Enter the smaller of line 35 or line 37. If you			7.				
38	skipped lines 36 and 37, enter the amount from							
		20						
	line 35. Also enter this amount on line 28 above	38	NAMES OF STREET		THE RESERVE OF THE PROPERTY OF	THE PARTY OF THE P		

These are your supplemental business expenses

2020

45,600.

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Social security number Business in which expenses were incurred DONALD J. TRUMP TRUMP PALACE/PARC LLC **Business Expenses and Reimbursements** Column A Column B STEP 1 **Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 3 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 6 45,600. 5 Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 6 45,600. 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 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 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 45,600. 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%) 45,600. Add the amounts on line 9 of both columns and enter the total here.

Part II Vehicle Expenses	MF		1 1 5 V	e e e la la composition de la composition della	The order of the college of the	
Section A General Information	418°-	5 8 4 - 1 4 4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000	(a) Vehicle	(b) Vehicle	
		Attended to the second	11	(u) voincio	(2) (3)	
11 Enter the date vehicle was placed in service 12 Total miles vehicle was driven during 2020				miles	i ica da dinadimiles	
13 Business miles included on line 12			-	miles		
14 Percent of business use. Divide line 13 by line 12			14 (41.50)	9/	%	
15 Average daily roundtrip commuting distance				miles	miles	
16 Commuting miles included on line 12			2000	miles	miles	
17 Other miles. Add lines 13 and 16 and subtract th				miles	miles	
18 Was your vehicle available for personal use during					Yes No	
19 Do you (or your spouse) have another vehicle av					A F 173 E 1 1929 F 2 48 G	
20 Do you have evidence to support your deduction	?	<u> </u>	v 	.8	Yes No	
21 If "Yes," is the evidence written?		-			Yes No	
Section B Standard Mileage Rate (See the instruct	ions for Part II to	find out whether to comple	te this sect	tion or Section C.)		
22 Multiply line 13 by 57.5¢ (0.575). Enter the resu	The state of the state of		.1		22	
Section C Actual Expenses	L HOLD AND ON MILE	(a) Vehicle				
23 Gasoline, oil, repairs, vehicle insurance, etc.	23					
24a Vehicle rentals	- trav					
b Inclusion amount	· I			Land Zana de la companya de la compa		
c Subtract line 24b from line 24a						
25 Value of employer-provided vehicle (applies	. 240		1 France	to orași	and which should be could be	
only if 100% of annual lease value was					galantina ang mga mga mga mga mga mga mga mga mga mg	
included on Form W-2)	25	0.020 (6.400)				
26 Add lines 23, 24c, and 25	2747647000		11111111			
	10,000,000,000					
	- 131, Engles 133, 71, 201, 201				The rest termination 2	
THE A PROPERTY OF ANY AND ANY COMMENTAL OF THE PARTY OF T	. 20					
29 Add lines 27 and 28. Enter total here and on line 1	29					
Section D Depreciation of Vehicles (Use this secti		ned the vehicle and are co	mpleting	Section C for the vehicle.)	and the section of	
Oction B. Depressation of Commission (Cook and Cook		(a) Vehicle	The Various Contraction	en esta anno l'Alban part	(b) Vehicle	
30 Enter cost or other basis	30	(-)		Burger Committee		
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				A THE RESERVE OF A STATE OF A STA		
deduction or special allowance)	32					
33 Enter depreciation method and percentage	00					
34 Multiply line 32 by the percentage on line 33						
35 Add lines 31 and 34	200000000000000000000000000000000000000				NEW MO	
36 Enter the limitation amount						
37 Multiply line 36 by the percentage on line 14						
38 Enter the smaller of line 35 or line 37. If you						
skipped lines 36 and 37, enter the amount from						
line 35. Also enter this amount on line 28 above	38					

These are your supplemental business expenses

2020

167,239.

Social security number Business in which expenses were incurred DONALD J. TRUMP THE TRUMP CORPORATION **Business Expenses and Reimbursements** Column A Column B STEP 1 Enter Your Expenses Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 8 167,239 5 Meals expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B. enter the amount from line 5 167,239. 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 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 STEP 3 Figure Expenses Subject to the Limitation 8 Subtract line 7 from line 6 167,239 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%) 167,239. 10 Add the amounts on line 9 of both columns and enter the total here.

	rt II Vehicle Expenses	A.F		Carrie	e ne di samana e d	The second property of the ST
10000000	on A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	(a) common	
12	Total miles vehicle was driven during 2020				miles	miles
13	Business miles included on line 12			3	miles	miles
14	Percent of business use. Divide line 13 by line 12			100	%	
15	Average daily roundtrip commuting distance				miles	miles
16	Commuting miles included on line 12				miles	
	Other miles. Add lines 13 and 16 and subtract the				miles	
17	Was your vehicle available for personal use during	and the second s				<u> </u>
18	was your verticle available for personal use during	j on-duty nours:				SEP PERCONS
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?			Yes N
20	Do you have evidence to support your deduction?			s 613		Yes N
						a cape situation paragraphs
21	If "Yes," is the evidence written?				A = = =	Yes N
- '	The poor is the evidence whiteher		127, 120			remain of the day
Secti	on B Standard Mileage Rate (See the instruction	ns for Part II to	find out whether to complet	te this section	on or Section C.)	
-		8	-			and the second of the second
22	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line	1	ris.aa.sod		22 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Secti	on C Actual Expenses		(a) Vehicle			(b) Vehicle was as it was a
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				and the second second
	Vehicle rentals	24a				
	Inclusion amount	24b			A come What is a trian	
	Subtract line 24b from line 24a	24c				
	Value of employer-provided vehicle (applies			s-Weston		w kiti dimoras ordij. K
20	only if 100% of annual lease value was		98 W			euge stegerns vas Abukini —
	included on Form W-2)	25			and the	
26	Add lines 23, 24c, and 25	26	1213			
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				Timor Constraint is
	Add lines 27 and 28. Enter total here and on					
20	line 1	29				
Sect	on D Depreciation of Vehicles (Use this sectio		ned the vehicle and are co	mpleting S	ection C for the vehicle.)	and an mile and place of
0000	Single Population of Tomores (Coo mine cooking	(b.Pht.	(a) Vehicle	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the state of the court of the court	(b) Vehicle
30	Enter cost or other basis	30			(EUE to be	AND MEDICAL PROPERTY.
	Enter section 179 deduction					
01	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106				and reapply systematic	
02	instructions if you claimed the section 179	- year or product to the	Carlos Company of the			
	deduction or special allowance)	32				
20	e i (i i i i i i i i i i i i i i i i i i	33				
33	Multiply line 32 by the percentage on line 33	34				
34	Add lines 31 and 34	35				
35	Enter the limitation amount	36				
36	Multiply line 36 by the percentage on line 14	37				
37	Enter the smaller of line 35 or line 37. If you	37		1		
38						
	skipped lines 36 and 37, enter the amount from	20				
	line 35. Also enter this amount on line 28 above	38				Supplement of the supplement o

Your name Social security number		Business in	which expenses	were in	curred
DONALD J. TRUMP		TRUMP	PROJECT	MA	NAGEMENT CORP
Part I Business Expenses and Reimbursements					
STEP 1 Enter Your Expenses		Colun Other Tha and Enterl	n Meals		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1) tok	Carry Michigan (1977)
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel				7469	destroucts (Vince) - ch
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment				(de sa	Musica residurado 1 265
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 9	4		9,692.		Moreout Carto Its
5 Meals expenses	5	r belood	Cathe Physics		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6		9,692.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount fro	m line 6 on l	ine 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		3	i kale	
STEP 3 Figure Expenses Subject to the Limitation					
8 Subtract line 7 from line 6	8		9,692.	ritine Hou	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9		9,692.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			>	10	9,692.

_	rt II Vehicle Expenses	MI.		53 K 1 1 8 7 5 7	CONTRACTOR CARROLLAND FRANCE	The story well in the said		
121111943111	ion A General Information	and alternative state of the	The state of the s	-14 6-4-4	(a) Vehicle	(b) Vehicle		
11	Enter the date vehicle was placed in service		10.100	11	(4)			
12	Total miles vehicle was driven during 2020				miles	miles		
13	Business miles included on line 12				miles	miles		
14	Percent of business use. Divide line 13 by line 12			3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	%	%		
15	Average daily roundtrip commuting distance				miles	miles		
	Commuting miles included on line 12				miles	miles		
16 17	Other miles. Add lines 13 and 16 and subtract the				miles	miles		
17	Was your vehicle available for personal use during							
18	was your venicle available for personal use during	j on-unty nours:				or it is a second of the		
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?		- 7 1 15	Yes No		
20	Do you have evidence to support your deduction?					Yes No		
21	If "Yes," is the evidence written?					Yes No		
				4- 4l-l	n or Cootion C \	in he had		
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part II to 1	ring out whether to comple	te this section	n or Section 6.)	1 12 T		
	M. Mahalina da ha E.Z. F. (0. EZE). Enter the recult	hara and an line	4			22		
22 Sect	Multiply line 13 by 57.5¢ (0.575). Enter the result ion C Actual Expenses	nere and on line	(a) Vehicle			2 Vehicle can add acr		
-	Gasoline, oil, repairs, vehicle insurance, etc.	23	(4)					
23		24a						
	Vehicle rentals	24b						
	Inclusion amount	240 24c						
	Subtract line 24b from line 24a	240		The second		whethermore and T		
25	Value of employer-provided vehicle (applies			EM result		The William Company of the first		
	only if 100% of annual lease value was		monate.	Martin Committee of	2 2 70 2	Expenses to contain the property of the contract of the contra		
	included on Form W-2)	25		subhrest.		Comment of California		
	Add lines 23, 24c, and 25	100.000						
27	Multiply line 26 by the percentage on line 14	27				and Samuel And to a ribia.		
28	Depreciation. Enter amount from line 38 below	28		- 4		Saloni A eriktoar nya - 4.		
29	Add lines 27 and 28. Enter total here and on	00						
Sont	line 1	29 n only if you ow	ned the vehicle and are co	ompleting Se	ection C for the vehicle.)	HEROGRAPHS TO THOUGHT IN		
0000	Total D. Depression of Ventores (200 and cooks)	Jan Jan Jan	(a) Vehicle	(984 9 9 9 9 9 9	and the second s	(b) Vehicle		
30	Enter cost or other basis	30			in the state of th			
	Enter section 179 deduction							
01	and special allowance	31				Mariano Encomentabp€ te		
32	10 M. M				ale mataria especiale			
02	instructions if you claimed the section 179	Land Aragon Carana ang Kabupatèn A	A refer to carrie carrie to the second					
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
33 34	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35						
35		36						
36	Enter the limitation amount	37						
37	Multiply line 36 by the percentage on line 14	31						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from	00						
	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number	В	usiness in which expenses	were inc	curred
DONALD J. TRUMP			' MANAGEMÉNT LC)	ппС	(TMG MEMBER
Part I Business Expenses and Reimbursem	ients	,			
STEP 1 Enter Your Expenses			Column A		Column B
STEP 1 Enter Your Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1		Arsin.	entrasticontrass. 11.
2 Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel		2			more tanding salaring of .
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	ng, airplane, car rental,	3		QSTA.	
4 Business expenses not included on lines 1 through 3. Do not inc and entertainment SEE STA	lude meals ATEMENT 10	4	66,560.	Aller I	
5 Meals expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		6	66,560.		
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	unt from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	d In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W. Include any amount reported under code "L" in box 12 of your Fo	-2. orm W-2	7			
STEP 3 Figure Expenses Subject to the Limit	tation				
8 Subtract line 7 from line 6		8	66,560.	Yelfigi Literat	
				olain	
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits:	ject to	TRA DC			
Multiply by 80% (.80) instead of 50%)		9	66,560.		
10 Add the amounts on line 9 of both columns and enter the total here are your supplemental business expenses			•	10	66,560.

Statement SBE (2020) DONALD J. TRUMP

_	ment SBE (2020) DONALD J. TRU	MP				rugo –
	rt II Vehicle Expenses			A High Hillian	(a) Vahiala	(h) Vahiolo
	ion A General Information	10 To 10	To an in the second	144	(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			25/19/2	miles	s i i i i i i i i i i i i i i i i i i i
12	Total miles vehicle was driven during 2020					- elle
13	Business miles included on line 12				miles	
14	Percent of business use. Divide line 13 by line 12					
15	Average daily roundtrip commuting distance				miles	THE RESERVE OF THE PARTY OF THE
16	Commuting miles included on line 12				miles	
17	Other miles. Add lines 13 and 16 and subtract the	and the same of th			miles	
18	Was your vehicle available for personal use during	g off-duty hours?	?			Yes L No
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?			Yes No
20	Do you have evidence to support your deduction?		<u> </u>			Yes No
21	If "Yes," is the evidence written?					Yes No
						A A CALL STATE
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.)	Selato, a la l
	tien vanger skelani anger i skelani k sekjen fra traktisk kalin a skelani k	To extend the first consequence				25.73 (AC.2827) =
22	Multiply line 13 by 57.5\& (0.575). Enter the result	here and on line	1			(h) M-1-1-1-
Sect	ion C Actual Expenses	210	(a) Vehicle			(b) Vehicle is an entrantial
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
	Vehicle rentals	24a				
b	Inclusion amount	24b			are that area	rints are made of the call
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies			S.Fre with	0.8	and whall shootists of the
	only if 100% of annual lease value was	the state of the s		1973 THE \$14		11 (1 (1) (1) (1) (1) (1) (1) (1) (1) (1
	included on Form W-2)	25		Colored Lyn	trr Hank of Han	The county of the Park Park Park Park Park Park Park Park
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				Programme A
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				TOTAL PROPERTY AND THE PARTY OF
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if you ow		ACCURATION OF THE RESIDENCE	THE PROPERTY OF THE PROPERTY O	/h) \/-hi-l-
			(a) Vehicle	elimi ika	godese i (Westmail)	(b) Vehicle
	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31		and his toy a for		
32	Multiply line 30 by line 14 (see Form 2106	Company Section - A Asset	endere and property and the contract of the co		The second of the second secon	
	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 \dots	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Social security number	В	usiness in which expenses v	vere inc	urred
DONALD J. TRUMP		'RUMP PARK AVI DELMONICO)	⊡1/I ∩ I	r TPC
Part I Business Expenses and Reimbursements				
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		or Vic.	HERMER AND SECTION
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel			Min's	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment			48.30	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 11	4	5,082.		
5 Meals expenses	5	V 61 2007 629 6 14583 62	19.11	
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 am	ount from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In STEP 1		1. II.		
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	8	5,082.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	5,082.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		>	10	5,082.

	art II Vehicle Expenses			2 - 31 - 5	and the second second second	W. W. Sen	STREET,
111227	tion A General Information	X9-1-4	later of the later	-0.5	(a) Vehicle	1	(b) Vehicle
11	Enter the date vehicle was placed in service	5.71		- 11			•
12	Total miles vehicle was driven during 2020				mile	s turn	miles
13	Business miles included on line 12				mile	S Spanner	miles
14	Percent of business use. Divide line 13 by line 12					%	%
15	Average daily roundtrip commuting distance				mile	S	miles
16	Commuting miles included on line 12				mile	S	miles
17	Other miles. Add lines 13 and 16 and subtract the				mile	s	miles
18	Was your vehicle available for personal use during			William Control			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?			uniini d	Yes No
20	Do you have evidence to support your deduction?		·				Yes No
01	If "Yes," is the evidence written?						Yes No
41	II 165, IS the evidence written:		-				e aplantan
Sec	tion B Standard Mileage Rate (See the instruction	ns for Part II to	find out whether to complet	te this section	on or Section C.)		
							and the second
	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line				22	second than them
Sec	tion C Actual Expenses		(a) Vehicle			(b) Vehicle	Control (1971)
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		271			A Approximately and the second
24 a	Vehicle rentals	24a					
b	Inclusion amount	24b			The second second	m1-2-	and continu
	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies			A Armed	9 8 9	10 mg	Catholine said
	only if 100% of annual lease value was		NA STATE			1945 1519	cone (r. sastim
	included on Form W-2)	25					111114 7 7217
26	Add lines 23, 24c, and 25	26					1,20
	Multiply line 26 by the percentage on line 14	27					
28	Depreciation. Enter amount from line 38 below	28				1402	Leadild of land &
29	Add lines 27 and 28. Enter total here and on						
	line 1	29					
Sec	tion D Depreciation of Vehicles (Use this section	n only if you ow	ned the vehicle and are co	mpleting Se	ection C for the vehicle.)	gar hansadirisi Tanàn sa	applications of the second
			(a) Vehicle	Harris or	arst-le renevillation th	(b) Vehicle	-teening elept
30	Enter cost or other basis	30			(4883) to the same	66/20/	with art statement
	Enter section 179 deduction						
	and special allowance	31					appropriate the
32	Multiply line 30 by line 14 (see Form 2106				2000 2000 2000 2000	enci n i	
	instructions if you claimed the section 179	- 5-5-5					
	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	AND THE PARTY OF T				
37	Multiply line 36 by the percentage on line 14	37					20 20 1
38	Enter the smaller of line 35 or line 37. If you						
00	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Busin	ess in which expenses v	vere inci	urred
		יי יי	IC -
	Column A		Column B
	Other Than Meals and Entertainment		Meals and Entertainment
. 1			
		19.2 (Tax	ancontractoric BEI
. 3		40.43	
. 4	5,091.		
. 5	77 CS 201 W 7 AT 1 6625 3		
. 6	5,091.		
nount from line	6 on line 8.		
. 7			
. 8	5,091.		
			- 1- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
15 7 75			
. 9	5,091.		
			5,091.
	Other and 1 2 3 4 5 6 mount from line 7	Column A Other Than Meals and Entertainment 1 2 3 4 5,091. 5 6 5,091. mount from line 6 on line 8.	Column A Other Than Meals and Entertainment 1 2 3 4 5,091. 5 6 5,091. nount from line 6 on line 8.

Dort II Vehicle Expenses)MF		44.20.000.000	\$	A second second description
Part II Vehicle Expenses Section A General Information		31 34 2600		(a) Vehicle	(b) Vehicle
		1 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	11	(a) verillie	(b) vernote
11 Enter the date vehicle was placed in service			12	miles	miles
12 Total miles vehicle was driven during 2020			13	miles	
13 Business miles included on line 1214 Percent of business use. Divide line 13 by line 13			14	9/	
			15	miles	
			16	miles	And the second s
The second secon		 O	17	miles	
The state of the s					
18 Was your vehicle available for personal use duri	ig on-duty nodis:				
19 Do you (or your spouse) have another vehicle av	ailable for person	al use?			Yes N
20 Do you have evidence to support your deduction	1?				Yes N
					and the state of the state of
21 If "Yes," is the evidence written?					Yes N
		\$ 5 A.M. \$1.30	1 11		No. (1.7)
Section B Standard Mileage Rate (See the instruct	ions for Part II to 1	find out whether to complete	e this section (or Section C.)	
and the contract part		6.		3.00	00
Multiply line 13 by 57.5¢ (0.575). Enter the resu	It here and on line				(b) Vehicle
Section C Actual Expenses	Too Substituting	(a) Vehicle			(D) Venicle
23 Gasoline, oil, repairs, vehicle insurance, etc	SCHOOL STORY SERVED	Make The Control of t	emandebroekster		The second secon
24a Vehicle rentals					
b Inclusion amount	Service Annual Control of Control		A-REFESA	and the state	
c Subtract line 24b from line 24a	. 24c				
25 Value of employer-provided vehicle (applies					
only if 100% of annual lease value was		100 mm	Togachac go Zi		The state of the s
included on Form W-2)	THE STREET STREET	Alerka	ATABAT S port		Description was
26 Add lines 23, 24c, and 25	Charles and Charle				
27 Multiply line 26 by the percentage on line 14	. 27				
28 Depreciation. Enter amount from line 38 below	. 28				A company secondarily for
29 Add lines 27 and 28. Enter total here and on					
line 1	. 29				
Section D Depreciation of Vehicles (Use this secti	on only if you ow		npleting Sect	on C for the vehicle.)	
		(a) Vehicle	Hirisan	erdestern (Thirliand)	(b) Vehicle
30 Enter cost or other basis	. 30			(divide	
31 Enter section 179 deduction					
and special allowance	31		se frataria		
32 Multiply line 30 by line 14 (see Form 2106		and the content of the property of the property of			
instructions if you claimed the section 179					
deduction or special allowance)					
33 Enter depreciation method and percentage	10.400.000.000.000				
34 Multiply line 32 by the percentage on line 33	OSCHOOLSE CHARLES				
35 Add lines 31 and 34					
36 Enter the limitation amount				The state of the s	
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		34		

Your name Social security number	Busine	ss in which expenses	were inci	urred		
DONALD J. TRUMP	TIH	T COMMERCI	AL I	LLC		
Part I Business Expenses and Reimbursements						
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel			alge Villa			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	. 3		ang ta	sentimento (m. m. m. m.)		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 13	. 4	823.				
5 Meals 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	823.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the an	nount from line 6	on line 8.				
STEP 2 Reimbursements for Expenses Listed In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	. 7					
STEP 3 Figure Expenses Subject to the Limitation						
8 Subtract line 7 from line 6	. 8	823.				
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	823.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		>	10	823.		

	Makiala Espanasa	MP			raig a	The second second second	ugo
-052-0-10-4	irt II Vehicle Expenses		and the second of the second		(a) Vehicle	(b) Vehicle	
			V 1047	11	(a) vernote	(b) volitoro	
11	Enter the date vehicle was placed in service				miles	K1100 (1.7107)	miles
12	Total miles vehicle was driven during 2020				miles		miles
13	Business miles included on line 12			(A)	9/		%
14					miles		miles
15	Average daily roundtrip commuting distance				miles	A COLUMN TO THE RESERVE OF THE PARTY OF THE	miles
16	Commuting miles included on line 12 Other miles. Add lines 13 and 16 and subtract the				miles		miles
17	Was your vehicle available for personal use during						No
18	was your venicle available for personal use during	y on-unty nours :					- 1
19	Do you (or your spouse) have another vehicle ava	ilable for person	al use?			Yes [No
20	Do you have evidence to support your deduction?					Yes [No
21	If "Yes," is the evidence written?					Yes [. No
	- 4 5 15			1 - 11-1 11-		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Sect	ion B Standard Mileage Rate (See the instruction	ons for Part II to 1	find out whether to comple	te this section	on or Section G.)	5.000	
22	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line	1			22	
	ion C Actual Expenses	noro dila ori into	(a) Vehicle			(b) Vehicle	169
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
	Vehicle rentals	24a					
	Inclusion amount	24b			A Company of the Comp	No. of the last of	
	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies			SAVAGON		ent sametes	ne V
20	only if 100% of annual lease value was		S. V.	(116) 1190-h		ing the the 1916 spill	
	included on Form W-2)	25		and the second			
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				Tends on title	4 8
29	Add lines 27 and 28. Enter total here and on	_20					
29	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this sectio		ned the vehicle and are co	ompleting S	ection C for the vehicle.)	Main Pilisen, Van Gulder	14.3
0000	The second secon	1 119	(a) Vehicle	STATES IN SEC.	The Alexander College Confidence	(b) Vehicle	ale elle
30	Enter cost or other basis	30			The County to		
	Enter section 179 deduction						
01	and special allowance	31				ranger Panal Langer personadi ba	
32	Multiply line 30 by line 14 (see Form 2106				76.195(F2) 2. 90(8149)		
02	instructions if you claimed the section 179	34 1458. St. 1911 1914 191	49 (0.00 at 1.74 (0.00 at 1.74				
	deduction or special allowance)	32					
33	Futural and paragraphs as	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		i Augulius			
37	Multiply line 36 by the percentage on line 14	37					
38	Enter the smaller of line 35 or line 37. If you						
30	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Your name Social security number	Bu	ISINESS IN Which expenses V	vere inci	urred VAL GOLF CLUB	
DONALD J. TRUMP		LC	1101	VAL GOLL CLOD	
Part I Business Expenses and Reimbursements					
STEP 1 Enter Your Expenses		Column A		Column B	
OTEP 1 Litter Four Expenses		Other Than Meals and Entertainment	Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	1		WARE !		
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		14 5 5		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 14	4	281,372.		rantista (1921) i (1921) i (1921)	
5 Meals expenses	5	tytersters in 1965a			
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	281,372.			
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount from I	ine 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		cates.		
STEP 3 Figure Expenses Subject to the Limitation					
8 Subtract line 7 from line 6	8	281,372.			
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	281,372.			
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		>	10	281,372.	

_	ement SBE (2020) DONALD J. TRU	MP						Page 2
CONTRACTOR OF STREET	art II Vehicle Expenses			135000		0.111	PHINA	MINIST.
Sec	tion A General Information	117		5	(a) Vehicle	15.1.7.4	(b) Vehicle	State of the state
11	Enter the date vehicle was placed in service					8.0 mm c.		10-10-1 NOT
12	Total miles vehicle was driven during 2020				mile	C. L. L.	F - 12 - 110.	miles
13	Business miles included on line 12			. 13	i i kanima i presentente mile		marie de d	miles
14	Percent of business use. Divide line 13 by line 12				0	%		%
15	Average daily roundtrip commuting distance				mile	S	414	miles
16	Commuting miles included on line 12				mile	S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	miles
17	Other miles. Add lines 13 and 16 and subtract the				mile	202		miles
18	Was your vehicle available for personal use durin	g off-duty hours	ff-duty hours?			•••••	. Yes	∟∟ No
19	Do you (or your spouse) have another vehicle ava	ailable for persor	nal use?				. Yes	No
20	Do you have evidence to support your deduction?	?			Alteria de la Alteria de L		. Yes	☐ No
21	If "Yes," is the evidence written?						. Yes	No
Sect	tion B Standard Mileage Rate (See the instruction	ons for Part II to	find out whether to comple	ete this sec	tion or Section C.)		The Market	-1
		ekin anna i kan anna	1				41.1	that of
22	Multiply line 13 by 57.5¢ (0.575). Enter the result	here and on line			acampairini	22	II DESIGN	Alcis II
Sect	tion C Actual Expenses	1134	(a) Vehicle			(b) Veh	icle anna ma	170180
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					The same of	wysts
24 a	Vehicle rentals	24a						
b	Inclusion amount	24b	14000		Mark heavilland school	irio e		
	Subtract line 24b from line 24a	24c					145	13.27
25	Value of employer-provided vehicle (applies			生活的值	Dona and the second		19 210,000	atel 1
	only if 100% of annual lease value was		38W	有用性制度	15 Ti # 20 10 10 10 10 10 10 10 10 10 10 10 10 10		Philopa \$14.05	
	included on Form W-2)	25		100 411 1	Seed Size		avalerii V	garge
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					Starlin, milliona	tojiš iš
	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	tion D Depreciation of Vehicles (Use this sectio	12 10 10 10 10 10 10 10 10 10 10 10 10 10	ned the vehicle and are c	ompleting	Section C for the vehicle.)		1977 9, 1977 Set 0	
	4 - 4	The French	(a) Vehicle		n mysterioleming (T.177) Alets	(b) Veh	icle	Table 1
30	Enter cost or other basis	30				alaa 🎚		
	Enter section 179 deduction							-
٠.	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106		127,402-7,10		and the property of the proper	1000	STATE WATER BONG	original and
02	instructions if you claimed the section 179	Contain Security	age in the contrary		и результация положения в столения при при при при при при при при при при	SCHOOL SECTION		
	deduction or special allowance)	32						
00		33						
33	Enter depreciation method and percentage	34						
34	Multiply line 32 by the percentage on line 33	35						
35	Add lines 31 and 34	36						
36	Enter the limitation amount							PERIOD NAMED IN
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							370
	line 35. Also enter this amount on line 28 above	38			Study Land Wallette	CONTROL OF		

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA < TRUMP

Top Right Margin - Refund Product Code: NO FINANCIAL PRODUCT

Header - Primary Name Control: TRUM

Header - Spouse Name Control: TRUM

Standard Deduction - Total Exempt Primary And Spouse Cnt: 2

Age/Blindness - Total Boxes Checked Count: 1 Dependents - Children Who Lived With You Count: 1

Dependents - Total Exemptions Count: 3

Dependent 1 Name Control: TRUM Line 25a - Form W-2 Tax Withheld: 83916

Line 25c - Other Tax Withheld: 1733

Form **1116**

Foreign Tax Credit

(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

OMB No. 1545-0121 2020

Department of the Treasury Internal Revenue Service (99)	Go to www.irs.gov/Form	1116 for instructio	ns and the latest in	nformation.	Sequence No.19
Name DONALD J & MELANIA <trump< td=""><td></td><td></td><td>Tdentifying nun</td><td>nher as shown on p</td><td>age 1 of your tax return</td></trump<>			Tdentifying nun	nher as shown on p	age 1 of your tax return
Use a separate Form 1116 for each 1116. Report all amounts in U.S. de			of Income in the ins	tructions. Check onl	y one box on each Form
a Section 951A category incom b Foreign branch category inco	me d 🗆 General catego		ection 901(j) income ertain income re-sou		p-sum distributions
h Resident of (name of country) > Note: If you paid taxes to only one	US foreign country or U.S. pos	ssession, use column	A in Part I and line A	in Part II. If you pa	id taxes to more than
one foreign country or U.S. posses Part I Taxable Income	or Loss From Sources			ategory Checke	d Above)
Total		Foreign C	ountry or U.S. Pos	session	
i Enter the name of the foreig	gn country or U.S.	A	В	C PM	(Add cols. A, B, and C.)
possession		oc	AJ	PIN	
and of the type checked doore	28 28		1		
		7,436			1a
b Check if line 1a is compensatio an employee, your total compe \$250,000 or more, and you us determine its source (see instru	ensation from all sources is ed an alternative basis to				_
Deductions and losses (Caution	: See instructions.):	ı j	1	I	
2 Expenses definitely related to (attach statement)	o the income on line 1a	5 71,507			
3 Pro rata share of other deducti	ons not definitely				
a Certain itemized deductions or instructions)		18,555	18,555	18,555	
b Other deductions (attach state	ment)		ĺ		
c Add lines 3a and 3b		18,555	18,555	18,555	
d Gross foreign source income (s	see instructions)	7,436			
e Gross income from all sources	(see instructions) .	78,427,629	78,427,629	78,427,629	
f Divide line 3d by line 3e (see in	nstructions)	0.00009	0.00000	0.00000	
g Multiply line 3c by line 3f		2			
4 Pro rata share of interest expe	ense (see instructions):	I I	1		
a Home mortgage interest (use t Mortgage Interest in the instru	the Worksheet for Home		1		
b Other interest expense	1		1		
5 Losses from foreign sources .			1		
6 Add lines 2, 3g, 4a, 4b, and 5		71,509			6
		Foreign C	ountry or U.S. Pos	session	
Total i Enter the name of the foreign	gn country or U.S.	D	E	F	(Add cols. A, B, and C.)
possession 🏄	▶	IN	CA	QA	
1a Gross income from sources wit and of the type checked above			1		
			156,984		1a
b Check if line 1a is compensation an employee, your total compe \$250,000 or more, and you us determine its source (see instr	ensation from all sources is ed an alternative basis to				
determine its source (see instr	acciona)				

Deductions and losses (Caution: See instructions.):		Ĩ	Ĩ	
2 Expenses definitely related to the income on line 1a	ĺ	%] _{20,298}	1	
(attach statement)				
		1	1	
3 Pro rata share of other deductions not definitely related:		1	.1	
a Certain itemized deductions or standard deduction (see	l ľ	Ĭ	I	
instructions)	18,555	18,555	18,555	
ļ		1	T	
b Other deductions (attach statement)				
c Add lines 3a and 3b	18,555	18,555	18,555	
1				
d Gross foreign source income (see instructions)		156,984		
e Gross income from all sources (see instructions) .	78,427,629	78,427,629	78,427,629	
f Divide line 3d by line 3e (see instructions)	0,00000	0.00200	0.00000	
g Multiply line 3c by line 3f		37		
4 Pro rata share of interest expense (see instructions):		i		
- The rate share of interest expense (see instructions):	I [Į.	I	
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense		1		
5 Losses from foreign sources		1		
6 Add lines 2, 3g, 4a, 4b, and 5		20,335		6
Total	Foreign C	ountry or U.S. Pos	session	
i Enter the name of the foreign country or U.S.	G	H RN	I DR	(Add cols. A, B, and C.)
	I CH I			
A STATE OF THE STA	СН	KIV	DR I	
Gross income from sources within country shown above and of the type checked above (see instructions):	СН	RN	DR	
1a Gross income from sources within country shown above		KN		D- 7
Gross income from sources within country shown above and of the type checked above (see instructions):	CH	RIV		1a
Gross income from sources within country shown above and of the type checked above (see instructions):		RN		1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as		RN		<u>1a</u>
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to	CH	RN		1a
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	CH	RN		1a
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to	CH	KN		1a
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)		RN	95.7 22	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	CH	KN		1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	CH	KN		1a
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . ▶ □ Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	CH			1a
1a Gross income from sources within country shown above and of the type checked above (see instructions):			95/7.22	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	CH	18,555		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement). 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see instructions).			95/7.22	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions):			95/7.22	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement). 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see instructions).			95/7.22	1a
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . ▶ □ Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	16,555	18,555	% 722	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	16,555	18,555	% 722	1a
a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . ▶ □ Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	16,555	18,555	% 722	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ □ Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement). 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see instructions). b Other deductions (attach statement)	18,555	18,555	18,555 18,555	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement). 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see instructions). b Other deductions (attach statement)	18,555 18,555	18,555 18,555	18,555 18,555 78,427,629	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	18,555 18,555	18,555 18,555	18,555 18,555 78,427,629	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	18,555 18,555	18,555 18,555	18,555 18,555 78,427,629	1a
1a Gross income from sources within country shown above and of the type checked above (see instructions): b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . Deductions and losses (Caution: See instructions.): 2 Expenses definitely related to the income on line 1a (attach statement)	18,555 18,555	18,555 18,555	18,555 18,555 78,427,629	1a

h (Other interest expe	150		. 1		1	1		1					
	osses from foreign			[ı	1		1					
	Add lines 2, 3g, 4a,			. 1		1	1	7	22 6					
	tad iiites E, sg, sa,	TO, UNG 5		-			0000000							
1	Total			1	Foreig	n Country or	U.S. Possess	ion	<u>-88</u>					
	enter the name of cossession 🥖 .			<u> </u>	J OC	К		L	(Add cols.	. A, B, and C.)				
, a	Gross income from and of the type che	ked above (see	instructions):	1										
-				1		ř	7		î.					
1 -					-164,4	20			1a					
a \$	Check if line 1a is co on employee, your to 250,000 or more, determine its source	otal compensat and you used ar	ion from all soi n alternative ba	urces is asis to										
Dedi	uctions and losse	s (Caution: See	e instructions.)	: [[1		1					
2 6	xpenses definitel	related to the	income on line	e 1a		ĺ	ĺ		I					
	attach statement)													
				1		ī	ī		ī					
	Pro rata share of otle related:	ner deductions r	not definitely						I					
				T		r	1		T					
	Certain itemized de nstructions)													
ьс	Other deductions (a	ttach statement)											
				0100					T.					
c A I	Add lines 3a and 3b													
 d (Gross foreign source	income (see in	nstructions) .	.			1		Ī					
		•	•	SS ()										
e G	Gross income from	all sources (see	instructions)	· L										
f [Divide line 3d by lin	e 3e (see instru	ctions)	· L_										
g N	Aultiply line 3c by li	ne 3f	* * * *				I							
4	Pro rata share of in	terest expense	(see instruction	ns):										
	lome mortgage into	erect (use the W	Included for H	ome I		ř	1		1					
1	fortgage Interest in	the instruction	s)											
ьс	Other interest expe	ise												
	osses from foreign				02.1		2 1		_ 6					
	Add lines 2, 3g, 4a,				-92,	500			1 6					
rorr	n 1116, Part II	- roreign Ta	ises raid or	Accided										
_	Subtract line 6 from	line 1a. Enter t						1	7					
	Credit is claimed for taxes					n taxes paid or a	ccrued							
Country	(you must check one)		In foreign cu	ırrency				In U.S. dollars						
Con	(I) Paid (k) Accrued	Taxes	withheld at sourc	e on:	(p) Other foreign	Taxes	withheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add				
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))				
_ A	See Additional Data Table													
B														
10000	add lines A throug Paperwork Reduc					, page 2 . Cat. No. 11440			▶ 8 Form	41,685 n 1116 (2020)	ğ			
1 31 1	aperwork Reduc	Act Houle	-, 20036.46				157.4		, 311	(2020)				

Top Left Margin - Alternative Minimum Tax Code: AMT
Part I, Line i - Foreign Income High Taxed Kickout Code: HTKO

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production

Form 1116

Foreign Tax Credit

DLN: 76221484788052 OMB No. 1545-0121

(Individual, Estate, or Trust)

2020 Attachment

epartment of the Treasury sternal Revenue Service (99)	➤ Attach to Form 1 ➤ Go to www.irs.gov/Form	040, 1040-SR, 1040-1 1116 for instructions			Attachment
ame			Identifyina numbe	r as shown on pag	Sequence No. 19 le 1 of your tax retur
DNALD 3 & MELANIA <trump< td=""><td></td><td></td><td>. Taken 176 (Taken 1967) (1967) (1967) (1967)</td><td>86 - Nadishari diskony ordeni (17. 949) 9</td><td></td></trump<>			. Taken 176 (Taken 1967) (1967) (1967) (1967)	86 - Nadishari diskony ordeni (17. 9 49) 9	
se a separate Form 1116 116. Report all amounts i	for each category of income listed be n U,S, dollars except where specified	elow. See <i>Categories of</i> I in Part II below.	Income in the instruc	ctions. Check only	one box on each Forr
Section 951A catego	ry income c Passive catego	ry income e Sect	tion 901(j) income	g 🗆 Lump-	sum distributions
Foreign branch categ	57 -F-500 90.5-5	ry income f Cert	ain income re-source	d by treaty	
	only one foreign country or U.S. pos			Part II. If you paid	taxes to more than
	i. possession, use a separate column ncome or Loss From Sources			gory Checked	Above)
Total			ntry or U.S. Posses		
Enter the name of th	ne foreign country or U.S.	Α	В		(Add cols. A, B, and C.)
possession 🤌		ос	UK	СН	
	urces within country shown above ed above (see instructions):				
			1	1	
		1,220,974	8,798,494	15 1	a
14,500,097	nonention for novement consists as I		Ē	1	
an employee, your tot	pensation for personal services as al compensation from all sources is d you used an alternative basis to				
determine its source (para,				
advetions and lasses /	Cautian Sas lastructions \	i T	Ĭ	1	
eductions and losses (Caution: See instructions.):	I I	į.	1	
2 Expenses definitely r (attach statement) .	elated to the income on line 1a	2 309,654	21,153,884	813	
	,				
	ded attended to the least	I I	f	1	
3 Pro rata share of other related:	r deductions not definitely	I I	ļ	I	
		1 1	Í	1	
instructions)	ctions or standard deduction (see	8,555	8,555	8,555	
				7.87	
b Other deductions (atta	ach statement)				
c Add lines 3a and 3b .		8,555	8,555	8,555	
		1 1	1	4	
d Gross foreign source i	ncome (see instructions)	1,220,974	8,798,494	16	
e Gross income from all	sources (see instructions) .	78,045,564	78,045,564	78,045,564	
f Divide line 3d by line :	3e (see instructions)	0.01564	0.11274	0.00000	
g Multiply line 3c by line	3f	134	964		
4 Pro rata share of inte	rest expense (see instructions):			1	
		i r	ĭ	Tr.	
Mortgage Interest in t	est (use the Worksheet for Home he instructions)				
b Other interest expens	e		1	, i	
5 Losses from foreign so	ources	LL			
6 Add lines 2, 3g, 4a, 4	b, and 5	309,788	21,154,848	813	6
29,675,102		Foreign Cou	intry or U.S. Posses	ssion	
	he foreign country or U.S.	D	E	F	(Add cols. A, B, and C.)
possession 🍠 .		DR	PM	AE	
	urces within country shown above ed above (see instructions):			Ĩ	
		-		Į.	
,				431,392	La
14,500,097					
b Check if line 1a is con	npensation for personal services as tal compensation from all sources is			[
	d you used an alternative basis to				

De	ductions and losses (Caution: See instructions.):	1	1	I	
2	Expenses definitely related to the income on line 1a (attach statement)	9 5730	9 252	% J _{2,000}	
3	Pro rata share of other deductions not definitely related:		1		
 -	Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555	
		i i	1	1	
 	Other deductions (attach statement)				
۰ 	Add lines 3a and 3b	8,555	8,555	8,555	
ا ا	Gross foreign source income (see instructions)			431,392	
. •	Gross income from all sources (see instructions) .	78,045,564	78,045,564	78,045,564	
f	Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.00553	
. 5	Multiply line 3c by line 3f		1	47	
 4 	Pro rata share of interest expense (see instructions):]		
 	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
l l	Other interest expense			I	
 	Losses from foreign sources			200	
6	Add lines 2, 3g, 4a, 4b, and 5	730	52 Country or U.S. Pos	2,047	6
ļ	Total			1000	(Add cols. A, B, and C.)
1	Enter the name of the foreign country or U.S. possession	G RQ	H CA	I	(Add cols. A, B, and C.)
1		7 1	1		
18	Gross income from sources within country shown above				
1	Gross income from sources within country shown above and of the type checked above (see instructions):	-			
11	Gross income from sources within country shown above and of the type checked above (see instructions):	 - 		7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to			7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is			7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to	 - 		7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to			7,650	1a
De	and of the type checked above (see instructions): 14,500,097 Check if line ta is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	- 		7,650 7,650	1a
De	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	- 			1a
De	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	- 			1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Multiple Compensation Com	- 	8,555		1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	- - - - - - - - - - - - - - - - - - -	8,555	% 2293	1a
De 2 3	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	- - - - - - - - - - - - - - - - - - -	8,555	% 2293	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). **Determine its source (see instructions).** **Determine its source (see instructions): Expenses definitely related to the income on line 1a (attach statement)	- - - - - - - - - - - - - - - - - - -	8,555	% 2293	1a
 De 2 3 It	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)			\$\frac{1}{293}	1a
L L L L L L L L L L L L L L L L L L L	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Line			6,555 8,555	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). **Determine its source (see instructions).** Cautions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a (attach statement)	6,555	8,555	8,555 8,555 7,650	1a
De De le	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation form all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). **Determine its source (see instructions).** Expenses definitely related to the income on line 1a (attach statement)	8,535 78,045,564	8,555 78,045,564	8,555 7,650	1a
De De le	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Other deductions (attach statement). Add lines 3a and 3b	8,535 78,045,564	8,555 78,045,564	8,555 7,650	1a

Losses from foreign sources				
Add lines 2, 3g, 4a, 4b, and 5	52		294	6
29,675,102	Foreign Cou	ntry or U.S. Posse	ssion	
Total Enter the name of the foreign country or U.S.	J	î	L 1	(Add cols. A, B, and C.
possession \$	IS	ID ID	EI	(Add cols. A, b, and c.
a Gross income from sources within country shown above	T.	1		
and of the type checked above (see instructions):	Į.	1		
i	ř.	1	1	
			3,868,785	1a
14,500,097				
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is	1			
\$250,000 or more, and you used an alternative basis to				
determine its source (see instructions)				<u></u> 8
adustions and larges (Caution, See instructions)	ř.	1	1	
eductions and losses (Caution: See instructions.):	Į.	Į.	I	
Expenses definitely related to the income on line 1a		€20	3 8,111,419	
(attach statement)				
90.	p.	9		
Pro rata share of other deductions not definitely				
related:	Ī	1	1	
a Certain itemized deductions or standard deduction (see	F	1	ı	
instructions)	8,555	8,555	8,555	
1		1		
b Other deductions (attach statement)				
T	Ÿ			
c Add lines 3a and 3b	8,555	8,555	8,555	
	Ÿ	T		
d Gross foreign source income (see instructions)			3,868,785	
e Gross income from all sources (see instructions) .	78,045,564	78,045,564	78,045,564	
f Divide line 3d by line 3e (see instructions)	0,00000	0,00000	0.04957	
- Malkada Ran 25 to Ran 26	1	T.		
g Multiply line 3c by line 3f			424	
4 Pro rata share of interest expense (see instructions):		1		
		100		
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		20	8,111,843	6
	Foreign Cou	intry or U.S. Posse	ssion	
Total Enter the name of the foreign country or U.S.	м	N	o	(Add cols. A, B, and C.
possession #	TU	UY	ос	
1a Gross income from sources within country shown above	1	f		I
and of the type checked above (see instructions):	J			
1	1	ř		i
	8,366		164,420	1a
14,500,097				
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is				
\$250,000 or more, and you used an alternative basis to				
determine its source (see instructions) 🕨 🗆				<u> </u>
		v		
Deductions and losses (Caution: See instructions.):	1	I		l
2 Expenses definitely related to the income on line 1a	95] ₅₂	2,017		l
(attach statement)	47507	75499F7.T5		
3. December of other deductions and deficitely		Ĩ		
3 Pro rata share of other deductions not definitely related:		Ļ		I
a Certain itemized deductions or standard deduction (see instructions)	1	1		

ь ьо	ther deductions (a	ttach statemen	t)							
 c Ai	dd lines 3a and 3b				8,	555	8,555			
 d G 	ross foreign source	e income (see i	nstructions) .		8,:	366				
e G	ross income from a	all sources (see	instructions)		78,045,	564 78	3,045,564			
f D	ivide line 3d by line	e 3e (see instru	uctions)		0,000	011	0.00000			
g M	ultiply line 3c by li	ne 3f				1			_	
 4 P 	ro rata share of in	terest expense	(see instruction	ns):		1				
	ome mortgage inte ortgage Interest in			lome						
	ther interest exper			· <u>-</u>		_			_	
	osses from foreign			• -		1			_	
6 A	dd lines 2, 3g, 4a,	4b, and 5 .		•		53	2,017	92,5	45 6	
7 St	29,675,102 ubtract line 6 from	line 1a. Enter I	he result here	and on line 15	, page 2 .				• 7	-15,175,005
Par		Taxes Paid								
	Credit is claimed				100000000000000000000000000000000000000	taxes paid or ac	crued			
≥	for taxes (you must check					•				
ī	one) (j) 🖾 Paid		In foreign cu	irrency				In U.S. dollars		
Country	(k) Accrued	Taxes	s withheld at sourc	e on:	(p) Other foreign	Taxes w	vithheld at source	on;	(t) Other foreign taxes	(u) Total foreign taxes paid or
Ŭ	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	accrued (add cols, (q) through (t))
Α	See Additional Data Table									
В										
С										
8 A	dd lines A throug	h C, column (u). Enter the	total here an	d on line 9	, page 2)	▶ 8	84,895
For P	aperwork Reduct	tion Act Notic	e, see instruc	tions.	(Cat. No. 11440	U		Forn	n 1116 (2020)

Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

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

to www.irs.gov/Form 1116 for instructions and the latest information.

2020 Attachment

Internal Revenue Service (99)	11116 for instruction	ons and the latest	ntormation.	Sequence No.19
Name DONALD J & MELANIA <trump< td=""><td></td><td> Alfalma mu</td><td>mber as shown on p</td><td>page 1 of your tax return</td></trump<>		Alfalma mu	mber as shown on p	page 1 of your tax return
Use a separate Form 1116 for each category of income listed b 1116. Report all amounts in U.S. dollars except where specified	oelow. See <i>Categories</i> d in Part II below.	of Income in the in	structions. Check on	ly one box on each Form
a ☐ Section 951A category income b ☐ Foreign branch category income d ☐ General category	cm)	Section 901(j) incom Certain income re-so		p-sum distributions
h Resident of (name of country) ▶ US				
Note: If you paid taxes to only one foreign country or U.S. pos one foreign country or U.S. possession, use a separate column	ssession, use column n and line for each co	A in Part I and line a	A in Part II. If you pa	id taxes to more than
Part I Taxable Income or Loss From Sources				d Above)
Total	Foreign (Country or U.S. Pos	session	
i Enter the name of the foreign country or U.S.	А	В	с	(Add cols. A, B, and C.)
possession ૐ ▶	OC	AJ	PM	
1a Gross income from sources within country shown above	1 1	1	1	
and of the type checked above (see instructions):		ı	- 1	
I	l I	1	1	
ı	7,436			1a
h Chal What a				
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is				
\$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):	1 1	ï	1	
		d d		
2 Expenses definitely related to the income on line 1a (attach statement)	% 71,507			
1				
1	1 1	1		
3 Pro rata share of other deductions not definitely				
related:	' '			
- Costale literalized deductions on standard deduction (see	l I	ī	T	
 a Certain itemized deductions or standard deduction (see instructions) 	8,555	8,555	8,555	
I	1 1	1	T	
b Other deductions (attach statement)				
c Add lines 3a and 3b	8,555	8,555	8,555	
\boldsymbol{d} Gross foreign source income (see instructions) .	7,436			
e Gross income from all sources (see instructions) .	78,045,564	78,045,564	78,045,564	
f Divide line 3d by line 3e (see instructions)	0.00010	0.00000	0.00000	
1	1			
g Multiply line 3c by line 3f	1			
4 Pro rata share of interest expense (see instructions):		Ī	Ī	
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)			I	
b Other interest expense		1		
5 Losses from foreign sources ,				
6 Add lines 2, 3g, 4a, 4b, and 5	71,508			6
	Foreign (Country or U.S. Pos	session	
Total i Enter the name of the foreign country or U.S.	1			(Add cols. A, B, and C.)
possession 🤌	IN IN	E CA	F QA	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
8				
		156,984	1	1a
		220,204		
b Check if line 1a is compensation for personal services as] 1	1	1	
an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to				
determine its source (see instructions)				

Deductions and losses (Caution: See Instruction	ns.):	1	1.	1	
Expenses definitely related to the income on (attach statement)	line 1a		20,298		
3 Pro rata share of other deductions not definit related:	ely				
a Certain itemized deductions or standard deductions deductions or standard deductions deduct	tion (see	8,555	8,555	8,555	
Commission and Commission Commiss					
b Other deductions (attach statement)	[
c Add lines 3a and 3b	[8,555	8,555	8,555	
d Gross foreign source income (see instructions)	[156,984		
e Gross income from all sources (see instruction	s) . [78,045,564	78,045,564	78,045,564	
f Divide line 3d by line 3e (see instructions) .		0.00000	0,00201	0.00000	
g Multiply line 3c by line 3f		Ĩ	17	ľ	
4 Pro rata share of interest expense (see instruc	tions).	Î	Î	ĺ	
4 Pro rata share of interest expense (see instruc	ctions).	1	I.	1	
a Home mortgage interest (use the Worksheet for Mortgage Interest in the instructions)	or Home				
b Other interest expense	L		<u>_</u>		
5 Losses from foreign sources	L		20.215		•
6 Add lines 2, 3g, 4a, 4b, and 5	•••		20,315		
Total	L		ountry or U.S. Pos	1	(Add cols. A, B, and C.)
i Enter the name of the foreign country or possession 🎜	J.S. ▶	G CH	H RN	I DR	(Add cols. A, b, and c.)
	wn above	1	1	1	
1a Gross income from sources within country sho		1		1	
and of the type checked above (see instruction	ns):	1	1	I	
and of the type checked above (see instruction	ns):		1		1a
and of the type checked above (see instruction	ns):				1a
and of the type checked above (see instruction b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative	ervices as I sources is e basis to				1a_
and of the type checked above (see instruction b Check if line 1a is compensation for personal san employee, your total compensation from all	ervices as I sources is e basis to				1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions)	ervices as I sources is e basis to				1a
and of the type checked above (see instruction b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative	ervices as I sources is e basis to				1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions)	ervices as sources is e basis to			95 7 2 2	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions) Deductions and losses (Caution: See instructions) 2 Expenses definitely related to the income or	ervices as sources is e basis to			% 722	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions) Deductions and losses (Caution: See instructions) 2 Expenses definitely related to the income or	ervices as Isources is e basis to			9 5722	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions) Deductions and losses (Caution: See Instructions) Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definite	ervices as isources is e basis to in line 1a ely ely ettion (see	8,555	8,555	% 722 8,555	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions) Deductions and losses (Caution: See instructions) Expenses definitely related to the income or (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deductions are considered.	ervices as isources is e basis to in line 1a ely ely ettion (see	6,555	8,555		1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions) Deductions and losses (Caution: See instructions) Expenses definitely related to the income or (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deductions are considered.	ervices as isources is e basis to in line 1a	6,555	8,555		1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternativ determine its source (see instructions) Deductions and losses (Caution: See instructions) 2 Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deducinstructions)	ervices as isources is e basis to in line 1a	6,55S 8,55S	8,555		1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions) Deductions and losses (Caution: See instructions) Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definite related: a Certain itemized deductions or standard deductions ructions) b Other deductions (attach statement)	ervices as Isources is e basis to be last to			8,555	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions) Deductions and losses (Caution: See instructions) 2 Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deducinstructions) b Other deductions (attach statement) c Add lines 3a and 3b	ervices as isources is e basis to basis to large is e basis to large is easily to easily to large is eas			8,555	1a
and of the type checked above (see instruction b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions) Deductions and losses (Caution: See instructions) 2 Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definite related: a Certain itemized deductions or standard deductions instructions) b Other deductions (attach statement) c Add lines 3a and 3b d Gross foreign source income (see instructions)	ervices as isources is e basis to Ins.): et a sissurces is e basis to the basis the basis to the basis to the basis the bas	8,555	8,555	8,555 8,555	1a
b Check if line 1a is compensation for personal san employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions). Deductions and losses (Caution: See instructions) Expenses definitely related to the income or (attach statement)	ervices as isources is e basis to Ins.): et a sissurces is e basis to the basis the basis to the basis to the basis the bas	8,555 78,045,564	8,555 78,045,564	8,555 8,555 78,045,564	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions) Deductions and losses (Caution: See instructions) Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definited related: a Certain itemized deductions or standard deductions tructions) b Other deductions (attach statement) c Add lines 3a and 3b d Gross foreign source income (see instructions) e Gross income from all sources (see instructions) g Multiply line 3c by line 3f Multiply line 3c by line 3f	ervices as Isources is e basis to b line 1a claim in see claim in see	8,555 78,045,564	8,555 78,045,564	8,555 8,555 78,045,564	1a
b Check if line 1a is compensation for personal s an employee, your total compensation from al \$250,000 or more, and you used an alternative determine its source (see instructions) Deductions and losses (Caution: See instructions) Expenses definitely related to the income or (attach statement) 3 Pro rata share of other deductions not definited related: a Certain itemized deductions or standard deductions ructions) b Other deductions (attach statement) c Add lines 3a and 3b d Gross foreign source income (see instructions) e Gross income from all sources (see instructions) f Divide line 3d by line 3e (see instructions)	ervices as Isources is e basis to b line 1a claim in see claim in see	8,555 78,045,564	8,555 78,045,564	8,555 8,555 78,045,564	1a

b Other interest expense				
5 Losses from foreign sources				ĺ
6 Add lines 2, 3g, 4a, 4b, and 5	52		295	6
29,676,944	Foreign (Country or U.S. Po	ssession	
Total i Enter the name of the foreign country or U.S.	ا د ا	к	P 97 1	(Add cols. A, B, and C.)
possession 🦸	IS	ID	EI	(Mad tolst N, 5, and C.)
1a Gross income from sources within country shown above	1 1			
and of the type checked above (see instructions):	 -			
I	1 1			
1			3,868,785	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):	I I	1	1	
2 Expenses definitely related to the income on line 1a	1	45 120	5 8,111,419	
(attach statement)		220	23,111,415	
Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	18,555	18,555	18,555	
b Other deductions (attach statement)				
c Add lines 3a and 3b	18,555	18,555	18,555	
d Gross foreign source income (see instructions)			3,868,785	
e Gross income from all sources (see instructions) .	78,427,629	78,427,629	78,427,629	
f Divide line 3d by line 3e (see instructions)	0.00000	0.00000	0.04933	
g Multiply line 3c by line 3f	l 1			
			915	
4 Pro rata share of interest expense (see instructions):	l l			
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense	LI			
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		20	8,112,334	6
Total	Foreign (Country or U.S. Po	ssession	
i Enter the name of the foreign country or U.S.	M TU	N UY	o	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
	8,366		164,420	1a
14,500,097 b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):		1	I	
Expenses definitely related to the income on line 1a (attach statement)	%352	% J _{2,017}		
Pro rata share of other deductions not definitely related:]		
a Certain itemized deductions or standard deduction (see instructions)	18,555	18,555		

De	ductions and losses (Caution: See instructions.):		1	1	
2	Expenses definitely related to the income on line 1a (attach statement)	% 730	% 152	% 2,000	
' З 	Pro rata share of other deductions not definitely related:				
 a 	Certain itemized deductions or standard deduction (see instructions)	18,555	18,555	18,555	
		1	ī	ï	
ь	Other deductions (attach statement)				
' c	Add lines 3a and 3b	18,555	18,555	18,555	
1 d 	Gross foreign source income (see instructions)			431,392	
	Gross income from all sources (see instructions) .	78,427,629	78,427,629	78,427,629	
 f	Divide line 3d by line 3e (see instructions)	0,0000,0	0.00000	0.00550	
9	Multiply line 3c by line 3f		1	102	
1	Pro rata share of interest expense (see instructions):	1	1	1	
	PIO Tata share of interest expense (see instructions).	l t		1	
' a 	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources		52	2,102	
6	Add lines 2, 3g, 4a, 4b, and 5	730	F-04-57-1975	98	
1	Total	Foreign C	country or U.S. Pos	session	
i	Enter the name of the foreign country or U.S. possession	G RQ	H CA	I	(Add cols. A, B, and C.)
1	possession and a second				
12	Gross income from sources within country shown above and of the type checked above (see instructions):		1		
'1: 			1		
'1:				7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to			7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is			7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to			7,650	1a
	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to			7,650	1a
De	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)			7,650 7,650	1a
De	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				1a
De	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	- %J52			1a
 	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . ductions and losses (Caution: See Instructions.): Expenses definitely related to the income on line 1a (attach statement)		18,555		1a
 	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)		18,555	%]293	1a
De 3 3	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)		18,555	%]293	1a
 De 2 3 	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . ductions and losses (Caution: See Instructions.): Expenses definitely related to the income on line 1a (attach statement)		18,555	%]293	1a
 De 2 3 1 1	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	18,555		%]293	1a
L E E E E E E E E E E E E E E E E E E	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	18,555		293 18,555	1a
De le	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	18,555	18,555	18,555 7,650	1a
De D	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Add lines 3a and 3b	18,555 18,555	18,555 78,427,629	18,555 7,650 78,427,629	1a
De D	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	18,555 18,555	18,555 78,427,629	18,555 7,650 78,427,629	1a
De D	and of the type checked above (see instructions): 14,500,097 Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: Certain itemized deductions or standard deduction (see instructions). Add lines 3a and 3b	18,555 18,555	18,555 78,427,629	18,555 7,650 78,427,629	1a

b O	her deductions (a	ttach statement	t)								
c Ac	ld lines 3a and 3b				18,5	55	18,555				
d Gi	oss foreign source	income (see ir	nstructions) .		8,3	66					
e Gi	ross income from a	all sources (see	instructions)		78,427,6	29 78	3,427,629				
Di	vide line 3d by line	e 3e (see instru	ctions)		0.000	11	0.00000		⅃		
M	ultiply line 3c by li	ne 3f				2					
P	ro rata share of in	terest expense	(see instruction	ns):					1		
	ome mortgage inte ortgage Interest in			ome		Ĵ					
01	her interest exper	nse				Ĩ	ı.		J		
Lc	sses from foreign	sources		. L		<u> </u>					
Ad	ld lines 2, 3g, 4a,	4b, and 5 .		.		54	2,017	92,5	66 6		
-	29,676,944	Dan de Catala	L		-				. 1	ı	
	btract line 6 from	Taxes Paid							> 7		-15,176,847
153	Credit is claimed	Taxes Palu	or Accrued	see mstructi		taxes paid or a	crued				
, n	for taxes (you must check one)		In foreign cu	irrency	roleigi	tuxes paid of di	Jorden	In U.S. dollars	i		
country.	(j) Paid (k) Accrued	Taxes	s withheld at sourc	e on;	(p) Other foreign	Taxes v	vithheld at source	on:	(t) C	ther taxes	(u) Total foreign taxes paid or
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	pai	d or rued	accrued (add cols, (q) through (t))
C.	See Additional Data Table										
3											
0											
_				total here an						_	

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	
(If your income was section 951A category income (box a above Part I), leave line 10 blank.) 11 Add lines 9 and 10	
blank.) 11 Add lines 9 and 10	
12 Reduction in foreign taxes (see instructions)	
13 Taxes reclassified under high tax kickout (see instructions)	
Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 16 4djustments to line 15 (see instructions) 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable	
outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 15	89,898
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable	
income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	
18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16 and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.	
21 Multiply line 20 by line 19 (maximum amount of credit)	
22 Increase in Limitation (section 960(c))	
23 Add lines 21 and 22	
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and	
enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions) 24	0
Part IV Summary of Credits From Separate Parts III (see Instructions)	
25 Credit for taxes on section 951A category income	
26 Credit for taxes on foreign branch category income	
27 Credit for taxes on passive category income	
28 Credit for taxes on general category income	
29 Credit for taxes on section 901(j) income	
30 Credit for taxes on certain income re-sourced by treaty	
31 Credit for taxes on lump-sum distributions	
32 Add lines 25 through 31	
33 Enter the smaller of line 20 or line 32	
34 Reduction of credit for international boycott operations. See instructions for line 12	
35 Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	

Form **1116** (2020)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Part I, Line i - Foreign Income High Taxed Kickout Code: HTKO Form 1116, Part II - Foreign Taxes Paid or Accrued

_	Credit is claimed Foreign taxes paid or accrued for taxes (you must check										
£	(you must check one) (J) Paid (k) Accrued	one) In foreign currency			In U.S. dollars						
Country		Taxes	s withheld at sourc	e on:	(p) Other foreign	Taxes w	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add	
	•	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))
Α	12-31-2020								83,473	83,47	
В	12-31-2020										
С	12-31-2020										
D	12-31-2020								17	1	
Е	12-31-2020										
F	12-31-2020										
G	12-31-2020							- water			
Н	12-31-2020										
- 1	12-31-2020								1,405	1,40	
J	12-31-2020										
K	12-31-2020										
L	12-31-2020										
M	12-31-2020										
N	12-31-2020										
0	12-31-2020										

efile GRAPHIC print - DO NOT PROCESS LATEST DATA - Production DLN: 76221484788052 Foreign Tax Credit OMB No. 1545-0121 Form 1116 (Individual, Estate, or Trust) 2020 ► Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

Go to www.irs.gov/Form1116 for instructions and the latest information. Department of the Treasury Internal Revenue Service (99) Sequence No.19 Identifying number as shown on page 1 of your tax return DONALD J & MELANIA<TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. a

Section 951A category income $\mathbf{c} \ \square$ Passive category income e Section 901(j) income **b** \square Foreign branch category income d 🖾 General category income f
Certain income re-sourced by treaty h Resident of (name of country) ▶ US Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Enter the name of the foreign country or U.S. (Add cols. A, B, and C.) possession 🦸 CH 1a Gross income from sources within country shown above and of the type checked above (see instructions): -----1,220,97 -----14,500,097 b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . Deductions and losses (Caution: See instructions.): 21,153,884 309,654 9 81: 2 Expenses definitely related to the income on line 1a (attach statement) . Pro rata share of other deductions not definitely a Certain itemized deductions or standard deduction (see instructions) b Other deductions (attach statement) c Add lines 3a and 3b 18,555 18,555 d Gross foreign source income (see instructions) . . 1,220,974 8,798,494 e Gross income from all sources (see instructions) . 78,427,629 78,427,629 78,427,629 f Divide line 3d by line 3e (see instructions) . . . 0.11219 0.00000 g Multiply line 3c by line 3f 289 2,082 4 Pro rata share of interest expense (see instructions): a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) 5 Losses from foreign sources Add lines 2, 3g, 4a, 4b, and 5 . 309,943 21,155,966 813 6 Foreign Country or U.S. Possession Total Enter the name of the foreign country or U.S. (Add cols. A, B, and C.) possession 🦸 DR PM AE 1a Gross income from sources within country shown above and of the type checked above (see instructions): 431.392 1a 14,500,097 b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to

determine its source (see instructions) .

	Credit is claimed for taxes				Foreign	taxes paid or a	ccrued				
Ę	(you must check one)		In foreign cu	irrency				In U.S. dollars			
Country	(j) Accrued	Taxes	s withheld at source	e on:	(p) Other foreign	Taxes v	rithheld at source	on:	foreign taxes	(u) Total foreign taxes paid or accrued (add	
J	٥	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))
Α	12-31-2020								2,365	2,365	
В	12-31-2020										
С	12-31-2020										
D	12-31-2020										
Е	12-31-2020								39,303	39,303	
F	12-31-2020										
G	12-31-2020										
Н	12-31-2020										
- 1	12-31-2020								17	17	
J	12-31-2020										

Form	1116 (2020)				Page 2
par	Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	41,685		
10	Carryback or carryover (attach detailed computation)	10	5 16,681		
	(If your income was section 951A category income (box a above Part I), leave line 10				
	blank.)	١	E0 366		
11	Add lines 9 and 10	11	58,366		
12	Reduction in foreign taxes (see instructions)	12	()		
13	Taxes reclassified under high tax kickout (see instructions)	13	-41,685		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for cred	it .		14	16,681
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15			
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filling more than one Form 1116, you must complete line 20.)	17			
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	0		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga	ains, s	ee instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the total of Form 1040 or 1040-SR, line 16 and Schedule 2 (Form 10 nonresident allen, enter the total of Form 1040-NR, lines 16 and Schedule 2 (Form 1040) trusts: Enter the amount from Form 1041, Schedule G, line 14; or the total of Form 990 and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16), line -T, Par	2. Estates and t II, lines 2, 3, 4,	20	
	Caution: If you are completing line 20 for separate category g (lump-sum distributions),	, see ir	nstructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)			21	
22	Increase in Limitation (section 960(c))	. (*)		22	
23	Add lines 21 and 22			23	
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip li enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see ins	ines 2: struction	ons) >	24	0
Pa	Summary of Credits From Separate Parts III (see instructions)	_			
25	Credit for taxes on section 951A category income	25			
26	Credit for taxes on foreign branch category income	26			
27	Credit for taxes on passive category income	27			
28		28			
29	Credit for taxes on section 901(j) income	29			
30	- 프라그램 - 15.1 (15.	30			
31		31	L	32	-
32				33	0
33	Enter the smaller of line 20 or line 32			34	0
34	Reduction of credit for international boycott operations. See instructions for line 12 . Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedu			34	
35	Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35	0

Form **1116** (2020)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:
Name: DONALD J & MELANIA<TRUMP

						w.				
	her interest exper					Y				
1	sses from foreign			٠ ـ		T .				
6 Ac	ld lines 2, 3g, 4a,	4b, and 5 .						722	6	
	T-1-1			L	Foreig	n Country or	U.S. Possess	ion		
i Er	Total nter the name of	the foreign co	ountry or U.S.	1	J	К	1	L	(Add cols.	A, B, and C.)
р	ossession 🍠 .			-	OC					
	ross income from s			bove		I	1		ſ	
ar	nd of the type chec		instructions):			l _c	- 1			
				Ī		Ï	1		ı	
					-164,4	20			1a	
ar \$2	neck if line 1a is co n employee, your t 250,000 or more, a etermine its source	otal compensat and you used ar	ion from all sou n alternative ba	rces is						
Dad	ctions and !	(Cautia - C	instruction.	1		ï	1		ř	
Deau	ctions and losses	s (Caution: See	instructions.):	L		I	1			
	penses definitely		income on line	1a						
(a	ttach statement)			L					J	
				7		ř	9			
	o rata share of oth	ner deductions i	not definitely							
1	elated:					i,			I.	
a C	ertain itemized dec	fuctions or stan	dard deduction	/see		Î	1		ſ	
	structions)]	
							1		ſ	
ь о	ther deductions (a	ttach statement		٠ ـ					J	
				1		1	1		E	
C A	dd lines 3a and 3b								J	
				1		Î	1		î	
d G	ross foreign source	income (see ir	nstructions) .]	
e G	ross income from a	all sources (see	instructions)		- 100 Gr 10 mm]	
f D	ivide line 3d by line	e 3e (see instru	ctions)	. [_					ľ	
n M	ultiply line 3c by li	ne 3f		- 1		Ī	1		r I	
				· L			22.0]	
4 P	ro rata share of in	terest expense	(see instruction	s):						
						*				
a H	ome mortgage inte ortgage Interest ir	erest (use the V the instruction	orksheet for Hos)	ome						
١						T	30			
1	ther interest exper					_			1	
1	sses from foreign			· L					1	
6 A	dd lines 2, 3g, 4a,	40, and 5 .		•	-92,5	545			6	
Form	1116, Part II	- Foreign Ta	xes Paid or	Accrued						
_									1 1	
7 Su	btract line 6 from		he result here a or Accrued (• • • •		*	7	
2.611	Credit is claimed	and raid		_ee mailt	1005 101	n taxes paid or a	ccrued			
Ę	for taxes (you must check one)		In foreign cur	rrency				In U.S. dollars		
Country	(j) 🖾 Paid				(n) O#-				m or	(u) Total foreign
ŏ	(k) Accrued	Taxes	withheld at source	e on;	(p) Other foreign taxes paid	Taxes v	withheld at source	on:	(t) Other foreign taxes paid or	taxes paid or accrued (add
	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interes	st or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	accrued	cols. (q) through (t))
Α	See Additional Data Table									
B										
	dd lines A throug	ıh C, column (u). Enter the t	total here	and on line 9	, page 2		>	8	41,685
For P	aperwork Reduc	tion Act Notice	e, see instruct	ions.	(Cat. No. 11440				n 1116 (2020)

	Credit is claimed for taxes				Foreign	taxes pald or a	ccrued				
Ę	(you must check one)		In foreign cu	irrency				In U.S. dollars			
Country	(j) Paid (k) Accrued	Taxes	s withheld at sourc	e on:	(p) Other foreign	Taxes w	vithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add	
_	٥	(I) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))
Α	12-31-2020								2,365	2,365	
В	12-31-2020										
С	12-31-2020										
D	12-31-2020										
Е	12-31-2020								39,303	39,303	
F	12-31-2020										
G	12-31-2020										
Н	12-31-2020										
I	12-31-2020								17	17	
J	12-31-2020						110000000				

Form	1116 (2020)		Page 2
Par	† III Figuring the Credit		
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I		
10	Carryback or carryover (attach detailed computation)		
	(If your income was section 951A category income (box a above Part I), leave line 10		
11	blank.) Add lines 9 and 10		
12	Reduction in foreign taxes (see instructions)		
13	Taxes reclassified under high tax kickout (see instructions)		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	(
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)		
16	Adjustments to line 15 (see instructions)		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filling more than one Form 1116, you must complete line 20.)		
18	Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption . 18 0		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	
20	Individuals: Enter the total of Form 1040 or 1040-SR, line 16 and Schedule 2 (Form 1040), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 16 and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 900-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	20	
	Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.		
21	Multiply line 20 by line 19 (maximum amount of credit)	21	
22	Increase in Limitation (section 960(c))	22	
23	Add lines 21 and 22	23	
24	Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions)	24	c
Pa	Summary of Credits From Separate Parts III (see instructions)		
25	Credit for taxes on section 951A category income		
26	Credit for taxes on foreign branch category income		
27	Credit for taxes on passive category income		
28	Credit for taxes on general category income		
29	Credit for taxes on section 901(j) income		
30	Credit for taxes on certain income re-sourced by treaty		
	Credit for taxes on lump-sum distributions		
	Add lines 25 through 31	32	-
33		33	
34	Reduction of credit for international boycott operations. See instructions for line 12	34	
35	Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	35	(

Form **1116** (2020)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Form 1116 (2020) Page 2

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . 10 Carryback or carryover (attach detailed computation)	84,895 84,895		
(If your income was section 951A category income (box a above Part I), leave line 10 blank.) 11 Add lines 9 and 10	84,895		
blank.) 11 Add lines 9 and 10	84,895		
12 Reduction in foreign taxes (see instructions)	84,895	- 1	
13 Taxes reclassified under high tax kickout (see instructions) 14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit 15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 16 Adjustments to line 15 (see instructions) 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption			
1.4 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit 1.5 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 1.5 Adjustments to line 15 (see instructions) 1.6 Adjustments to line 15 (see instructions) 1.7 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filling more than one Form 1116, you must complete line 20.) 1.8 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 1.8)		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 16 Adjustments to line 15 (see instructions) 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 18	41,685		
outside the United States (before adjustments) for the category of income checked above Part I (see instructions) 16 Adjustments to line 15 (see instructions) 17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 18	1	14	126,580
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 18	-15.175.005		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) 18 Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 18	9,606,427		
1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption 18	-5,568,578		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see	0		
	instructions.		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	1	19	
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 16 and Schedule 2 (Form 1040), line 2 nonresident alien, enter the total of Form 1040-NR, lines 16 and Schedule 2 (Form 1040), line 2. Extrusts: Enter the amount from Form 1041, Schedule 6, line 1a; or the total of Form 990-T, Part II and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	Estates and I, lines 2, 3, 4,	20	
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instr	ructions.		
21 Multiply line 20 by line 19 (maximum amount of credit)	2	21	
22 Increase in Limitation (section 960(c))		22	
23 Add lines 21 and 22	2	23	
24 Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 th			
enter this amount on line 33. Otherwise, complete the appropriate line in Part IV (see instructions	i) > 2	24	C
Part IV Summary of Credits From Separate Parts III (see instructions)			
25 Credit for taxes on section 951A category income			
26 Credit for taxes on foreign branch category income			
27 Credit for taxes on passive category income			
28 Credit for taxes on general category income			
29 Credit for taxes on section 901(j) income			
30 Credit for taxes on certain income re-sourced by treaty			
31 Credit for taxes on lump-sum distributions			
32 Add lines 25 through 31		32	
33 Enter the smaller of line 20 or line 32		33	
34 Reduction of credit for international boycott operations. See instructions for line 12		34	
35 Subtract line 34 from line 33. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a	m 1040\ line 1.		

Form **1116** (2020)

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DUNALD J & MELANIA<TRUMP

Top Left Margin - Alternative Minimum Tax Code: AMT
Part I, Line i - Foreign Income High Taxed Kickout Code: HTKO

Form 1116, Part II - Foreign Taxes Paid or Accrued

_	Credit is claimed for taxes	Foreign taxes paid or accrued										
Intr.	(you must check one) (j) Paid (k) Accrued (i) Date paid or accrued	one) In foreign currency				In U.S. dollars						
Country		Taxes	s withheld at sourc	e on:	(p) Other foreign	Taxes w	rithheld at source	on:	(t) Other foreign taxes	(u) Total foreign taxes paid or accrued (add		
		(m) Dividends	(n) Rents and royalties	(o) Interest	taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	paid or accrued	cols. (q) through (t))		
Α	12-31-2020								83,473	53.47		
В	12-31-2020											
С	12-31-2020											
D	12-31-2020								17	1		
Е	12-31-2020											
F	12-31-2020											
G	12-31-2020											
Н	12-31-2020											
- 1	12-31-2020								1 405	1,40		
J	12-31-2020											
K	12-31-2020											
L	12-31-2020											
М	12-31-2020											
N	12-31-2020											
0	12-31-2020			A								

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Form 3800

General Business Credit

DLN: 76221484788052 OMB No. 1545-0895

2020 Attachment Sequence No. 22

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

	e(s) shown on return		entifying number
	ALD J & MELANIA <trump< td=""><td>1 14</td><td>entifying number</td></trump<>	1 14	entifying number
	RED TO MECANIAS I ROMP Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)	_	
_	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked Passive activity credits from line 2 of all Parts III with box B checked 2	1	
3	Enter the applicable passive activity credits allowed for 2020. See instructions	3	7
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach 📆	4	1,002,621
20	Check this box if the carryforward was changed or revised from the original reported amount		> 🔘
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	1,002,621
7	t II Allowable Credit Regular tax before credits:		
	Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	0
8	Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 11	8	
9	Add lines 7 and 8	9	
10a	Foreign tax credit		
	Certain allowable credits (see instructions)		
	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions 13		
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9		
	Corporations. Enter 40- Corporations. Enter 40- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52		a" a 1,0
15	Enter the greater of line 13 or line 14	15	
16 17	Subtract line 15 from line 11. If zero or less, enter -0	16	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization. appervent Reduction Act Notice, see separate instructions. Cat. No. 12392F		Form 3800 (2020)
orm	aperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020)		Form 3800 (2020) Page 2
orm Par	aperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F	and er	Page 2
orm Par	aperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) Allowable Credit (Continued)	and er	Page 2
Par Note	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) Allowable Credit (Continued) 2: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and 18 through 25 and 18 through 25 and 18 through 25 and 29 and		Page 2
Par Note 18	Apperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) If I Allowable Credit (Continued) If I You are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 of Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18	18	Page 2
Par Note 18 19	Apperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) III Allowable Credit (Continued) 2: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 of Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0-	18 19 20	Page 2
Par Note 118 119 220	Apperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) If Allowable Credit (Continued) If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 or 24 below, skip lines 18 through 25 or 24 below, skip lines 18 through 25 or 25 below, skip lines 18 through 25 or 26 below, skip lines 18 through 25 or 27 below, skip lines 18 through 25 or 28 below, skip lines 18 through 25 or 29	18 19 20 21	Page 2
Par Note 118 119 220 221	Apperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) III Allowable Credit (Continued) If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 of Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0- Subtract line 17 from line 20. If zero or less, enter -0- Combine the amounts from line 3 of all Parts III with box A, C, or D checked	18 19 20	Page 2
Par Note 118 119 220 221 222	Apperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) If allowable Credit (Continued) If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 of Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0- Subtract line 17 from line 20. If zero or less, enter -0- Combine the amounts from line 3 of all Parts III with box A, C, or D checked Passive activity credit from line 3 of all Parts III with box B checked	18 19 20 21 22	Page 2
Par Note 118 119 220 221 222 23	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) III Allowable Credit (Continued) III Foundative to report any amounts on lines 22 or 24 below, skip lines 18 through 25 in Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0- Subtract line 17 from line 20. If zero or less, enter -0- Combine the amounts from line 3 of all Parts III with box A, C, or D checked Passive activity credit from line 3 of all Parts III with box B checked Enter the applicable passive activity credit allowed for 2020. See instructions	18 19 20 21 22	Page 2
Par Note 18 19 20 21 22 23 24	Reperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) If allowable Credit (Continued) If If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 at Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0- Subtract line 17 from line 20. If zero or less, enter -0- Combine the amounts from line 3 of all Parts III with box A, C, or D checked Passive activity credit from line 3 of all Parts III with box B checked Enter the applicable passive activity credit allowed for 2020. See instructions Add lines 22 and 24	18 19 20 21 22 24 25	Page 2
Par Note 118 119 220 221 222 23	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F 3800 (2020) If Allowable Credit (Continued) If If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 of Multiply line 14 by 75% (0.75). See instructions Enter the greater of line 13 or line 18 Subtract line 19 from line 11. If zero or less, enter -0- Subtract line 17 from line 20. If zero or less, enter -0- Combine the amounts from line 3 of all Parts III with box A, C, or D checked Passive activity credit from line 3 of all Parts III with box B checked Enter the applicable passive activity credit allowed for 2020. See instructions Add lines 22 and 24 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	18 19 20 21 22 24 25 26	Page 2 atter -0- on line 26.
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36	Add lines 30, 33, 34, and 35			12,689,786	
37	Enter the smaller of line 29 or line 36				
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, line	nes 25	and 36, see		
	instructions) as indicated below or on the applicable line of your return: • Individuals, Schedule 3 (Form 1040), line 6		1		
	Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	: :	38		
Form	3800 (2020)		38	Form 3800 (2020)	
	c(s) shown on return		Identifying number	Page 3	
	LD J & MELANIA <trump< td=""><td></td><td></td><td></td><td></td></trump<>				
	General Business Credits or Eligible Small Business Credits (s	see in:	Structions,		
2 3	lete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved				
	General Business Credit From a Passive Activity F Reserved				
C		all Busi	iness Credit Carryforwards		
D (☐ General Business Credit Carrybacks H ☐ Reserved				
	If you are filing more than one Part III with box A or B checked, complete and attach fir Ill Parts III with box A or B checked. Check here if this is the consolidated Part III . .				
	(a) Description of credit		(b)	(c)	
	On the state of the second terms of the second		If claiming the credit	Enter the appropriate	
	2: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.	rt III	from a pass-through entity, enter the EIN	amount	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		7	
ь	Reserved Increasing research activities (Form 6765)	1b 1c			
	Low-income housing (Form 8586, Part I only)	1d			
e	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
9	Indian employment (Form 8845)	1g			
h :	Orphan drug (Form 8820)	1h			
j	New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see	1i			7
-	instructions for limitation)	1j			
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k			
E	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10			
p q	Energy efficient home (Form 8908) Energy efficient appliance (carryforward only)	1p			
r	Alternative motor vehicle (Form 8910)	1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s		***************************************	
t	Enhanced oil recovery credit (carryforward only)	1t			
u	Mine rescue team training (Form 8923)	1u			
v	Agricultural chemicals security (carryforward only)	1v			
×	Carbon dioxide sequestration (Form 8933)	1x			
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	Qualified plug-in electric vehicle (carryforward only)	1z 1aa			
	b General credits from an electing large partnership (carryforward only)	1bb			
	Other, Oil and gas production from marginal wells (Form 8904) and certain other				
_	credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	3			
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
b	Work opportunity (Form 5884)	4b			
c		4c			
d	Low-income housing (Form 8586, Part II)	4d 4e			
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	46			
-	8846)	4f		70,595	
9	Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	4g			
h i	Increasing research activities (Form 6765)	4h 4i		-	
j	Employer credit for paid family and medical leave (Form 8994)	4j			
z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		70,595	
-6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		70,595	
Form	3800 (2020)			Form 3800 (2020) Page 3	
Nam	e(s) shown on return		Identifying number		
_	ALD J & MELANIA <trump (<="" business="" credits="" eligible="" general="" or="" small="" td="" till=""><td>(see in</td><td></td><td></td><td></td></trump>	(see in			
_	€ III General Business Credits or Eligible Small Business Credits (plete a separate Part III for each box checked below (see instructions).	ace II	ion decions,	-	
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В	☐ General Business Credit From a Passive Activity F☐ Reserved				
		nall Bus	siness Credit Carryforward	S	
	General Business Credit Carrybacks H Reserved Throughout the page Part III with how A or B checked, complete and attach fi	irct ac	additional Dart III combi-	ing amounts from	
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	e: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	Enter the appropriate amount	
	eeded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN		
		1	1	I	

ь	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)			
9		1g		
h .	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
-	instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)			
23	The last of the contract that the last of the contract that the co	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		100
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)			
- 107		1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)			
558		1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$. $$.	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		-
ь	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
		-		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
		4f	65-0567671	12,271
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
	Increasing research activities (Form 6765)	4i		
i				
j	Employer credit for paid family and medical leave (Form 8994)	4j		
	Employer credit for paid family and medical leave (Form 8994)	4j 4z		
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j z 5 6 Form Name DONA Part Comp A & B	Other	4z 5 6		12,271 Form 3800 (2020)
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	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		*
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	27-4162256	12
	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12
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b	Reserved	1b		
	Increasing research activities (Form 6765)	1c		
	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	_		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
9	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
1	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
-	instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for			
	limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
Р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
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С	Biofuel producer (Form 6478)	4b 4c		
d	Low-income housing (Form 8586, Part II)	4c 4d		
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-	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form		ı	I
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d e	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
,	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j				
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)					
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k				
m		1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
Р	Energy efficient home (Form 8908)	1p				
9	Energy efficient appliance (carryforward only)	1q 1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Enhanced oil recovery credit (carryforward only)	1t				
и	Mine rescue team training (Form 8923)	1u				
v	Agricultural chemicals security (carryforward only)	1v				
w x	Employer differential wage payments (Form 8932)	1w				
ŷ	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
z	Qualified plug-in electric vehicle (carryforward only)	1z				
a	Employee retention (Form 5884-A)	1aa				
	General credits from an electing large partnership (carryforward only)	1bb				
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$. $$.	2		0		
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b c	Work opportunity (Form 5884)	4b 4c				
d	Low-income housing (Form 8586, Part II)	4d				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		27 4462256	22		
g	Qualified railroad track maintenance (Form 8900)	4f 4g	27-4162256	22		
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	4i				
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d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
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h	Small employer health insurance premiums (Form 8941)	4h		
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C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	77.4167756	76
g	Qualified railroad track maintenance (Form 8900)	4r 4g	27-4162256	76
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		76
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		76
				Form 3800 (2020)
Form	3800 (2020)		**	Page 3
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	lete a separate Part III for each box checked below (see instructions).			
	General Business Credit From a Non-Passive Activity			
- 4			iness Credit Carryforward	
D		all Bus	iness Credit Carrylorward	•
		st an	additional Part III combini	ng amounts from
a	Ill Parts III with box A or B checked. Check here if this is the consolidated Part III			· ▶□
	(a) Description of credit		(b)	(c)
	: On any line where the credit is from more than one source, a separate Par	+ 111	If claiming the credit from a pass-through	Enter the appropriate amount
	eded for each pass-through entity.	t III	entity, enter the EIN	umount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		3/2
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for	-,		
1000	limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
P	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		100
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s 1t		
t u	Enhanced oil recovery credit (carryforward only)	1u		
v	Agricultural chemicals security (carryforward only)	10		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)		1	
_	credits (see instructions)		1	
	Add lines to through the and onter here and on the applicable line of Dest T	1zz		0
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		0
3 4a	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468)	2 3 4a		0
3 4a b	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884)	2 3 4a 4b		0
3 4a b c	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884)	2 3 4a		0
3 4a b	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II)	2 3 4a 4b 4c		0
3 4a b c d	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884)	2 3 4a 4b 4c 4d		0
3 4a b c d	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	2 3 4a 4b 4c 4d 4e 4f	27-4162256	138
3 4a b c d	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900)	2 3 4a 4b 4c 4d 4e 4f 4g	27-4162256	
3 4a b c d e f	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	2 3 4a 4b 4c 4d 4e 4f 4g 4h	27-4162256	
3 4a b c d e f	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765)	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i	27-4162256	
3 4a b c d e f	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8935) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994)	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j	27-4162256	
3 4a b c d e f f j z	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z	27-4162256	138
3 4a b c d e f f g h i j z 5	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5	27-4162256	138
3 4a b c d e f f j z	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z	27-4162256	138 138 138
3 4a b c d e f f j z 5 6	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5	27-4162256	138 138 138 Form 3800 (2020)
3 4a b c d e f 9 h i z 5 6	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5	27-4162256 Identifying number	138 138 138
3 4a b c d e f f y h i j z 5 6	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 3800 (2020) 2(5) shown on return	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5 6	Identifying number	138 138 138 Form 3800 (2020)
3 4a b c d e f g h i j z 5 6	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8866) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5 6	Identifying number	138 138 138 Form 3800 (2020)
3 4a b c d e f g h i j z 5 6 Form Name	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 3800 (2020) 2(S) shown on return ALD J & MELANIA <trump (other="" (see="" a="" below="" box="" business="" checked="" credits="" each="" eligible="" exix="" for="" general="" iii="" instructions).<="" or="" part="" separate="" small="" td=""><td>2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5 6</td><td>Identifying number</td><td>138 138 138 Form 3800 (2020)</td></trump>	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5 6	Identifying number	138 138 138 Form 3800 (2020)
3 4a b c d e f f g h i j z 5 6 Form Name DONN Par Comp	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 3800 (2020) E(S) shown on return ALD J 8 MELANIA <trump (="" (see="" a="" activity="" below="" box="" business="" checked="" credit="" credits="" e="" each="" eligible="" for="" from="" general="" iii="" instructions).="" non-passive="" olete="" or="" part="" reserved<="" separate="" small="" td="" tite=""><td>2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5 6</td><td>Identifying number</td><td>138 138 138 Form 3800 (2020)</td></trump>	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 4z 5 6	Identifying number	138 138 138 Form 3800 (2020)
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3 4a b c d e f g h i j z 5 6 Form Name DONN Par Comp	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8866) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 3800 (2020) B(S) shown on return ALD 1 & MELANIA-TRUMP General Business Credit From a Non-Passive Activity General Business Credit From a Passive Activity General Business Credit From a Passive Activity General Business Credit From a Passive Activity General Business Credit Carryforwards General Business Credit From a Passive Activity F Reserved General Business Credit Carryforwards	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 5 6	Identifying number	138 138 138 138 Form 3800 (2020) Page 3
4a b c d e f f g h i j z 5 6 Form Name DON/Par C DON/PAR D D D C D D D D D D D D D D D D D D D	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8866) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Other Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 3800 (2020) E(S) shown on return ALD J & MELANIA <trump \$\forall="" (}="" \text{="" \text{iii}="" a="" activity="" business="" credit="" credits="" e="" eligible="" f="" from="" general="" non-passive="" or="" passive="" reserved="" reserved<="" small="" td="" =""><td>2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 5 6</td><td>Identifying number IStructions</td><td>138 138 138 Form 3800 (2020) Page 3</td></trump>	2 3 4a 4b 4c 4d 4e 4f 4g 4h 4i 4j 5 6	Identifying number IStructions	138 138 138 Form 3800 (2020) Page 3

(a) Description of credit		(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part is The digital Burgast (Brodit Lentity, (attach form 3468)	III 1a	from a pass through	Enter the appropriate amount
is Meeded 40 Feber Pass 4 Rrodgil entity (attach form 3468)	1a 1b	entity, enter the EIN	n .
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874) j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see	1i		
instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m Low sulfur diesel fuel production (Form 8896)	1m		
Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only)	1n 1o		
p Energy efficient home (Form 8908)	1р		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910) s Alternative fuel vehicle refueling property (Form 8911)	1r 1s		×
t Enhanced oil recovery credit (carryforward only)	1t		**************************************
u Mine rescue team training (Form 8923)	1u		
Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932)	1v		
x Carbon dioxide sequestration (Form 8933)	1w		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
	1aa 1bb		
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884) c Biofuel producer (Form 6478)	4b		
d Low-income housing (Form 8586, Part II)	4c 4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		27 0202420	1-1
g Qualified railroad track maintenance (Form 8900)	4f 4g	27-8202438	150
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765) j Employer credit for paid family and medical leave (Form 8994)	4i 4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		150
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		150
Form 3800 (2020)			Form 3800 (2020) Page 3
Name(s) shown on return		Identifying number	
DONALD J & MELANIA <trump (5)<="" business="" credits="" eligible="" general="" in="" or="" print="" small="" td=""><td>ee in</td><td>_</td><td></td></trump>	ee in	_	
Complete a separate Part III for each box checked below (see instructions).			
A General Business Credit From a Non-Passive Activity E Reserved			
B General Business Credit From a Passive Activity F Reserved G Eligible Smal	U D	iness Credit Carryforward:	
D General Business Credit Carryborks H Reserved	II bus	iness Credit Carrytorward	5
I If you are filing more than one Part III with box A or B checked, complete and attach firs all Parts III with box A or B checked. Check here if this is the consolidated Part III	st an	additional Part III combini	ng amounts from
(a) Description of credit	50 (8)	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part	III		Enter the appropriate amount
is needed for each pass-through entity. 1a Investment (Form 3468, Part II only) (attach Form 3468)	200000	entity, enter the EIN	
b Reserved	1a 1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
g Indian employment (Form 8845)	1g		9
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874) j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see	1i		0
instructions for limitation)			
I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1.1000		
	1) 1k 1l		
limitation) I Biodiesel and renewable diesel fuels (attach Form 8864) m Low sulfur diesel fuel production (Form 8896)	1k		
limitation) I Biodiesel and renewable diesel fuels (attach Form 8864) m Low sulfur diesel fuel production (Form 8896) n Distilled spirits (Form 8906)	1k 1l 1m 1n		
limitation) I Biodiesel and renewable diesel fuels (attach Form 8864) m Low sulfur diesel fuel production (Form 8896)	1k 1l 1m		
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limitation) I Biodiesel and renewable diesel fuels (attach Form 8864) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) p Energy efficient home (Form 8908) q Energy efficient appliance (carryforward only) r Alternative motor vehicle (Form 8910)	1k 1l 1m 1n 1o 1p 1q 1r		
Ilmitation) I Biodiesel and renewable diesel fuels (attach Form 8864) m Low sulfur diesel fuel production (Form 8896) n Distilled spirits (Form 8906) o Nonconventional source fuel (carryforward only) p Energy efficient home (Form 8908) q Energy efficient appliance (carryforward only)	1k 1l 1m 1n 1o 1p		

933	The state of the s	2			
	Agricultural chemicals security (carryforward only)	1v			
	r Employer differential wage payments (Form 8932)	1w			
	Carbon dioxide sequestration (Form 8933)	1x			
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
Z	Qualified plug-in electric vehicle (carryforward only)	1z			
a	a Employee retention (Form 5884-A)	1aa			
ь	b General credits from an electing large partnership (carryforward only)	1bb		***************************************	
	z Other, Oil and gas production from marginal wells (Form 8904) and certain other				
	credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0	
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Ь	Work opportunity (Form 5884)	4b			
C	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		, (i	
	Employer social security and Medicare taxes paid on certain employee tips (Form				
	8846)	4f	27-4162308	3,683	
702	Qualified railroad track maintenance (Form 8900)	4g	27-4102300	3,003	
		_			
	Small employer health insurance premiums (Form 8941)	4h			
	Increasing research activities (Form 6765)	4i			
j	Employer credit for paid family and medical leave (Form 8994)	4j			
z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		3,683	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,683	
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	1 3800 (2020) e(s) shown on return		Identifying number	Page 3	
varn	e(s) shown on return		ituentilying number		
	ALD J & MELANIA < TRUMP				
	General Business Credits or Eligible Small Business Credits (s	see in	structions)		
Com	plete a separate Part III for each box checked below (see instructions).			,	
	General Business Credit From a Non-Passive Activity E Reserved				
	General Business Credit From a Passive Activity F ☐ Reserved				
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		all Bus	iness Credit Carryforward	5	
D					
I	If you are filing more than one Part III with box A or B checked, complete and attach fir	st an	additional Part III combini	ng amounts from	
	all Parts III with box A or B checked. Check here if this is the consolidated Part III				
	(a) Description of credit		(b)	(c)	
	O I' the sealth in few ways there are source a separate Day	+ 111		Enter the appropriate amount	
	e: On any line where the credit is from more than one source, a separate Par eeded for each pass-through entity.	LIII	from a pass-through entity, enter the EIN	amount	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	chicky, chief the Liv		
	SOUND STATE OF STATE	1b			
	Reserved	-			
C	Increasing research activities (Form 6765)	1c			
d	Low-income housing (Form 8586, Part I only)	1d			
	Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation)	1d 1e			
е					
e f	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f			
e f g	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845)	1e 1f 1g			
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e f g h i	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874)	1e 1f 1g			
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e f g h i j k l m n o o	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908)	1e 1f 1g 1h 1i 1j 1k 1l 1m 1n			
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e f g h i j k I m o p q r s	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r			
e f g g h i j j k l m n o p q r s t	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t			
e f g g h i j j k l m n o p q r s t	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r			
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e f g h h i j j k l m n o o o o o o o o o o o o o o o o o o	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933)	1e 1f 1g 1h 1i 1j 1k 1l 1m 1o 1p 1q 1r 1s 1t 1u 1v 1u 1v 1v 1v			
e f f g h i j k l m n o p q r s t u v w x y y	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y			
e f f g h i j k l m n o o p q r s t u v v v x y z z	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z			
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e f g h i j k l m n o p q r s t u v v x y z a b	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Distilled spirits (Form 8908) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Description and electing large partnership (carryforward only)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z			
e f g h i j k l m n o p q r s t u v v x y z a b	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Beneral credits from an electing large partnership (carryforward only)	1e 1f 1g 1h 1i 1j 1k 1l 1m 1o 1o 1p 1q 1r 1s 1t 1u 1v 1u 1x 1y 1z 1aa 1bb			
e f g h i j k I m n o p q r s t u v w x y z a a b z	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1e 1f 1g 1h 1i 1i 1k 1l 1m 10 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 1aa 1bb			
e f f g h i j k l m n o p q r s t u v v v x y z a b z 2	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) a Employee retention (Form 5884-A) b General credits from an electing large partnership (carryforward only) z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1e 1f 1g 1h 1i 1i 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1x 1j 1z 1aa 1bb			
e f g h i j k I m n o p q r s t u v w x y z a a b z	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1e 1f 1g 1h 1i 1i 1k 1l 1m 10 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 1aa 1bb			
e f g h i j k I m n o p q r s t u v v x y z a b z 2 3	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) a Employee retention (Form 5884-A) b General credits from an electing large partnership (carryforward only) z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1e 1f 1g 1h 1i 1i 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1x 1j 1z 1aa 1bb			
e f g h i j k I m n o p q r s t u v w x y z a b z 2 3 4 a	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Los sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Fine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Finployer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Employee retention (Form 5884-A) General credits from an electing large partnership (carryforward only) Cother. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Enter the amount from Form 8844 here and on the applicable line of Part II	1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1j 1z 1aa 1bb		0	
e f g h h i j k I m n o p q r s t u v w x y z a b z 2 3 4 a b	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Zother. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 5864, Part III) (attach Form 3468) Work opportunity (Form 5884)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1z 1aa 1bb 1zz 2 3 4a 4b		0	
e f g h h i j k I m n o p q r s t u v w x y z a b z 2 3 4 a a b c	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Coher. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478)	1e 1f 1g 1h 1i 1i 1s 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1z 1aa 1bb 1zz 2 3 4a 4b 4c			
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e f g h i j k l m n o o p q r s t u v v v x y z a b z 2 3 4 a a b c d e e	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Distilled spirits (Form 8906) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8908) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Employer differential wage payments (Form 8932) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 5884-A) Biofuel producer (Form 6478) Low-income housing (Form 8884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 835) Employer social security and Medicare taxes paid on certain employee tips (Form	1e 1f 1g 1h 1i 1i 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1z 2 3 4a 4b 4c 4d 4e		0	
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e f g h i j k I m no o p q r s t u v w x y y z a b z 2 3 4 a b c c d e f f g h	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) 'Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3684, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part III) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4d 4e 4f 4g 4h	27-4162256	0	
effghij k I mooppgrstuv w x y z a b b c d d e e f li	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) 1 Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refuelling property (Form 8911) Enhanced oil recovery credit (carryforward only) Inine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Imployer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Cother. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1z2 and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 6586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Incomplete the author of Form 6765)	1e 1f 1g 1h 1i 1k 1l 1m 1n 1o 1o 1p 1q 1r 1s 1t 1v 1w 1x 1y 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4f 4d 4e 4f 4f 4f 4f 4f 4f	27-4162256	0	
effghij k I mooppgrstuv w x y z a b b c d d e e f li	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) 'Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) z Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3684, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part III) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4d 4e 4f 4g 4h	27-4162256	0	
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e f g h i j k I m n o p q r s t u v w x y z a b z 2 3 4 a b c d d e f f g h i j	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Distilled spirits (Form 8906) In Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8908) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) In Employer differential wage payments (Form 8932) Agricultural chemicals security (carryforward only) In Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric orive motor vehicle (Form 8936) United the supplementation of the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 6856, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8866) Employer reedit for paid family and medical leave (Form 8994)	1e 1f 1g 1h 1i 1i 1k 1l 1m 1n 1o 1e 1t 1v 1x 1v 1x 1y 1z 2 3 4a 4b 4c 4d	27-4162256	0	

Forr	1 3800 (2020)			Form 3800 (2020) Page 3
_	ne(s) shown on return		Identifying number	rage 3
	ALD J & MELANIA < TRUMP			
-	General Business Credits or Eligible Small Business Credits (s	see in	Struction,	
A	plete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved			
В	☐ General Business Credit From a Passive Activity F ☐ Reserved			
C	☐ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	s
D	☐ General Business Credit Carrybacks H☐ Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fir all Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combini	ing amounts from
-	(a) Description of credit		(b)	(c)
	ee: On any line where the credit is from more than one source, a separate Par eeded for each pass-through entity.	t III	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1:		1a		
1		1b 1c		
		1d		
	Disabled access (Form 8826) (see instructions for limitation)	1e		
1	, , , , , , , , , , , , , , , , , , , ,	1f		
9	Indian employment (Form 8845) Orphan drug (Form 8820)	1g 1h		
i		1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
	instructions for limitation)	1j		
,	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
1	n Low sulfur diesel fuel production (Form 8896)	1m		
		1n 1o		
ì	Energy efficient home (Form 8908)	1p		
	Energy efficient appliance (carryforward only)	1q		
	Alternative motor vehicle (Form 8910)	1r		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1s		
1	A ANNEX CONTROLL OF ANNEX ANNEX ANNEX ANNEX CONTROL OF A	1t 1u		2
,	2	1v		
,	w Employer differential wage payments (Form 8932)	1w		
1	Carbon dioxide sequestration (Form 8933)	1x		
1		1y		
	Qualified plug-in electric vehicle (carryforward only)	1z 1aa		
	b General credits from an electing large partnership (carryforward only)	1bb		×
	zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)			**
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4	Investment (Form 3468, Part III) (attach Form 3468)	4a		
1		4b		
	: Biofuel producer (Form 6478) 1 Low-income housing (Form 8586, Part II)	4c 4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
1	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846) Qualified railroad track maintenance (Form 8900)	4f	27-4162308	712
	n Small employer health insurance premiums (Form 8941)	4g 4h		
	Increasing research activities (Form 6765)	4i		
	Employer credit for paid family and medical leave (Form 8994)	4j		
	Other	4z		
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		712
_	And the 27, 37, and 3 and enter here and on the applicable line of fact.			Form 3800 (2020)
_	n 3800 (2020)			Page 3
	ne(s) shown on return		Identifying number	
	NALD J & MELANIA <trump (<="" 113="" 15="" business="" credits="" eligible="" general="" or="" small="" td=""><td>see i</td><td>-</td><td></td></trump>	see i	-	
_	plete a separate Part III for each box checked below (see instructions).			
Α	☐ General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F Reserved			
C		all Bus	iness Credit Carryforward	is
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combir	ning amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III .	• •		
	(a) Description of credit		(b) If claiming the credit	(c) Enter the appropriate
	te: On any line where the credit is from more than one source, a separate Pa	rt III	from a pass-through	amount
	needed for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	b Reserved	1b		
	c Increasing research activities (Form 6765)	1c		
	d Low-income housing (Form 8586, Part I only)	1d		
	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e		
	g Indian employment (Form 8845)	19		
	h Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i	1	

J	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for			
1	limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
	Low sulfur diesel fuel production (Form 8896)	1l 1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	15		
	Mine rescue team training (Form 8923)	1t 1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	4		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	4e		
f	8846)	4f	27-4162308	354
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		25.
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		354 354
	Add lines 2, 3, and 3 and enter here and on the applicable line of Part II	U		
Form	3800 (2020)			Form 3800 (2020) Page 3
Name	(s) shown on return		Identifying number	
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Pari	General Business Credits or Eligible Small Business Credits (s	see in	Structions	
-	General Business Credits or Eligible Small Business Credits (s lete a separate Part III for each box checked below (see instructions).	see in	Structions,	
Comp		see in	Sti uctions,	
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g	Qualified railroad track maintenance (Form 8900)	4g		-7
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		3,393
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е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
9	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
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1000	instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	41.		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
100	Low sulfur diesel fuel production (Form 8896)	1m		-
n	Distilled spirits (Form 8906)	1m		
	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	-		
q	Energy efficient appliance (carryforward only)	1p		
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b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
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h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)			
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j	Employer credit for paid family and medical leave (Form 8994)	4j		
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	☐ General Business Credit From a Non-Passive Activity			
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		all Bus	iness Credit Carryforward	5
	☐ General Business Credit Carrybacks H ☐ Reserved			
II	f you are filing more than one Part III with box A or B checked, complete and attach fir Il Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an	additional Part III combini	
-				Cand
	(a) Description of credit		(b)	(c) Enter the appropriate
Note	: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	amount
				7.1.1.1.7.17.11.1.1
is ne	eded for each pass-through entity.		entity, enter the EIN	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
		1a 1b	entity, enter the EIN	
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1a b c d e f g h i j k l m n o p q r s t u v v x y z a a b b t z 2 3 4 a b b	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8845) Orphan drug (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) General credits from an electing large partnership (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884)	1b 1c 1d 1e 1f 1g 1h 1i 1i 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1v 1v 1z 1aa 1bb 1zz 2 3 4a 4b	entity, enter the EIN	
1a b c d e f g h i j k l m n o p q r s t u v v w x y z a a b b l z z z 2 3 4 a b c c	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 5884) Biofuel producer (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part III)	1b 1c 1d 1e 1f 1g 1h 1i 1i 1m 1n 1n 1o 1p 1q 1r 1s 1t 1w 1v 1w 1z 2 3 4a 4b 4c	entity, enter the EIN	
1a b c d e f g h i j k l m n o o p q r s t u u v w x y z a a a b b c d d d c d d	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478)	1b 1c 1d 1e 1f 1g 1h 1i 1i 1s 1n 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4d	entity, enter the EIN	
1a b c d e f g h i j k l m n o p q r s t u v v w x y z a a a b b z z 2 3 4 a a b c c d e e	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8820) New markets (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3684) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part III) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1b 1c 1d 1e 1f 1g 1h 1i 1i 1s 1n 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4d	entity, enter the EIN	
1a b c d e f g h i j k l m n o p q r s t u v v w x y z a a a b b z z 2 3 4 a a b c c d e e	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8845) Orphan drug (Form 8874) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric form an electing large partnership (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II) Renewable electricity and Medicare taxes paid on certain employee tips (Form	1b 1c 1d 1e 1f 1g 1h 1i 1i 1m 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 2 1aa 1bb 1zz 2 3 4a 4b 4c 4d 4e		
labcdeffghiifghiifghiifghiifghiifghiifghiifgh	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8845) Orphan drug (Form 8840) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric vehicle (carryforward only) Employer differential wage payments (Form 8936) Qualified plug-in electric vehicle (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6878) Low-income housing (Form 8586, Part III) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	1b 1c 1d 1e 1f 1g 1h 1i 1i 1s 1n 1n 1o 1p 1q 1t 1t 1v 1v 1v 1v 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4d 4e 4f 4g		0
1a b c d e f g h i j k l m n o o p q r s t u u v w x y z a a a b b c d d e f f g	Investment (Form 3468, Part II only) (attach Form 3468) Reserved Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845) Orphan drug (Form 8845) Orphan drug (Form 8840) Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) Biodiesel and renewable diesel fuels (attach Form 8864) Low sulfur diesel fuel production (Form 8896) Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative motor vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only) Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric drive motor vehicle (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Low-income housing (Form 8586, Part III) Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900)	1b 1c 1d 1e 1f 1g 1h 1i 1i 1m 1n 1o 1p 1q 1r 1s 1t 1v 1w 1x 1y 1z 1aa 1bb 1zz 2 3 4a 4b 4c 4d 4e 4f		

j	Employer credit for paid family and medical leave (Form 8994)	4j		
z 5	Other Add lines 4a through 4z and enter here and on the applicable line of Part II	4z 5		38
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		38
				Form 3800 (2020)
	3800 (2020)			Page 3
	e(s) shown on return		Identifying number	
_	ALD J & MELANIA <trump (s<="" business="" credits="" eligible="" general="" or="" small="" td="" xxx="" †=""><td>see in</td><td>Structions,</td><td></td></trump>	see in	Structions,	
Com	plete a separate Part III for each box checked below (see instructions).			
	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved			
		all Bus	iness Credit Carryforward	5
		st an i	additional Part III combini	ng amounts from
ACC.	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b) If claiming the credit	(c) Enter the appropriate
	e: On any line where the credit is from more than one source, a separate Par	t III	from a pass-through entity, enter the EIN	amount
	eeded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
b	Reserved	1b		
	Increasing research activities (Form 6765)	1c		
d e	Low-income housing (Form 8586, Part I only)	1d		-
f	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for			
1	limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	1k 1l		
n	Low sulfur diesel fuel production (Form 8896)	1m		0
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		12
p	Energy efficient home (Form 8908)	1p		
9	Energy efficient appliance (carryforward only)	1q 1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	10		
×	Carbon dioxide sequestration (Form 8933)	1w		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (carryforward only) t Other, Oil and gas production from marginal wells (Form 8904) and certain other	1bb		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	3		0
3 4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	4e		
	8846)	4f	27-4162308	3,589
9	NA TO THE PERSON OF THE PERSON	4g		
h	Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765)	4h 4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		3,589
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,589
orm	3800 (2020)			Form 3800 (2020) Page 3
Vam	e(s) shown on return		Identifying number	
	ALD J & MELANIA < TRUMP		-	
	EIII General Business Credits or Eligible Small Business Credits (spelete a separate Part III for each box checked below (see instructions).	oce IN	a	
	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F 🔲 Reserved			
		all Bus	iness Credit Carryforward	S
D T	☐ General Business Credit Carrybacks H☐ Reserved If you are filing more than one Part III with box A or B checked, complete and attach fir	st an	additional Part III combini	ng amounts from
I	If you are filing more than one Part III with box A or B checked, complete and attach fir all Parts III with box A or B checked. Check here if this is the consolidated Part III			· · · · · •
	(a) Description of credit		(b)	(c) Enter the appropriate
Not	e: On any line where the credit is from more than one source, a separate Par	t III	from a pass-through	amount
	eeded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
Ь	Reserved	1b		*
C		1c		
d	1990 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		I .

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f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j				
J	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)			
100	The state of the s	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for			
	limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
		-		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
25.0		_		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)			
		1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
***		_		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	-		
		1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
	Other, Oil and gas production from marginal wells (Form 8904) and certain other			
ZZ	credits (see instructions)	L		
januari.		1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
	Biofuel producer (Form 6478)	4c		
	AND THE RESIDENCE AND			
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
•	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	1000		8 - 0
	50000000000000000000000000000000000000	4f	27-4162308	3,478
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		-
		_		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		3,478
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,478
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	3800 (2020)			Form 3800 (2020) Page 3
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ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		9
c d	Biofuel producer (Form 6478)	4c 4d		
u	Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835)	4u		
f	Employer social security and Medicare taxes paid on certain employee tips (Form	-10		
	8846)	4f	27-4162308	10,188
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z 5	Other	4z		10,188
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		10,188
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i	General Business Credit From a Passive Activity			
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a	Ill Parts III with box A or B checked. Check here if this is the consolidated Part III			· · · · · • []
	(a) Description of credit		(b)	(c)
Note	: On any line where the credit is from more than one source, a separate Pa	rt III	If claiming the credit from a pass-through	Enter the appropriate amount
	eded for each pass-through entity.		entity, enter the EIN	dillodite
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
ь	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
T	Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845)	1f		
h	Orphan drug (Form 8820)	1g 1h		
ï	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
•	instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for			
200	limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m n	Distilled spirits (Form 8906)	1m 1n		
	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		-0
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
×	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1 y		
z		1z		
	Employee retention (Form 5884-A) General credits from an electing large partnership (carryforward only)	1aa 1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other	200		
	credits (see instructions)	1zz		
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3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d e	Low-income housing (Form 8586, Part II)	4d 4e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form	70		· · · · · · · · · · · · · · · · · · ·
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g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,903
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,903
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	(a) Description of credit		(b)	(c)
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s ne	eded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	. 1a	entity, enter the EIN	
ь	Reserved	. 1b		
С	Increasing research activities (Form 6765)	. 10		
d	Low-income housing (Form 8586, Part I only)	. 1d		
	Disabled access (Form 8826) (see instructions for limitation)	. 1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g h	Indian employment (Form 8845)	. 1g		
i	New markets (Form 8874)	. 1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
	Instructions for limitation)			
К	Employer-provided child care facilities and services (Form 8882) (see instructions limitation)	. 1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	. 11		
n	Low sulfur diesel fuel production (Form 8896)	. 1n		
	Distilled spirits (Form 8906)	. 1n		
р	Nonconventional source fuel (carryforward only)	10		
P q	Energy efficient appliance (carryforward only)	. 1p		
r	Alternative motor vehicle (Form 8910)	. 1r		
s	Alternative fuel vehicle refueling property (Form 8911)	. 1s		
t	Enhanced oil recovery credit (carryforward only)	. 1t		
	Mine rescue team training (Form 8923)	. 11		
v	Agricultural chemicals security (carryforward only)	· 1v		
	Carbon dioxide sequestration (Form 8933)	. 12		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	. 1y		
z	Qualified plug-in electric vehicle (carryforward only)	. 12		
	a Employee retention (Form 5884-A)	. 1a		
	b General credits from an electing large partnership (carryforward only)	1b	,	
Z	to Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	. 1z		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$,	. 2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	. 42	_	
b	Work opportunity (Form 5884)	· 4t		
	Low-income housing (Form 8586, Part II)	. 40		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	46		
f	Employer social security and Medicare taxes paid on certain employee tips (Form		2002 (MISSISSEN)	2000
	Qualified railroad track maintenance (Form 8900)	41		39
9 h	Small employer health insurance premiums (Form 8941)	· 49		
	Increasing research activities (Form 6765)	. 4		
j	Employer credit for paid family and medical leave (Form 8994)	. 4		
	Other	. 42		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5	-	39
0	now mice 2, 3, and 3 and enter here and on the applicable line of Part II	. 6		39 5 3800 (3930)
Forn	3800 (2020)			Form 3800 (2020) Page 3
Nam	e(s) shown on return		Identifying number	
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	General Business Credits or Eligible Small Business Credit plete a separate Part III for each box checked below (see instructions).	s (see	ins	
-	General Business Credit From a Non-Passive Activity E Reserve	d		
В	☐ General Business Credit From a Passive Activity F ☐ Reserve			
С		Small B	usiness Credit Carryforward	Is
D				
I	If you are filing more than one Part III with box A or B checked, complete and attac all Parts III with box A or B checked. Check here if this is the consolidated Part III	h first a	n additional Part III combir	ing amounts from
	(a) Description of credit		(b)	(c)
N - *		Doet II	If claiming the credit	Enter the appropriate
	 e: On any line where the credit is from more than one source, a separate seded for each pass-through entity. 	rart II	from a pass-through entity, enter the EIN	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	. 1		
	Reserved	. 11		
	Increasing research activities (Form 6765)	. 10	22.	
	Disabled access (Form 8826) (see instructions for limitation)	. 10		
f		1		
9	Indian employment (Form 8845)	. 19	1	
H	Orphan drug (Form 8820)	. 11		
i	New markets (Form 8874)	. 1		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)			
ı	Employer-provided child care facilities and services (Form 8882) (see instructions	for		
	limitation)	· 1	:	1
		_		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	. 1		

	Distilled spirits (Form 8906)	1n	1	
	Nonconventional source fuel (carryforward only)	10		
	Energy efficient home (Form 8908)	1p		
9	Energy efficient appliance (carryforward only)	1q		
-	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle (10111 0510)	1s		
	Enhanced oil recovery credit (carryforward only)	1t		
	CONTROL OF THE CONTRO	_		
	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
v		1w		
×	Carbon dioxide sequestration (Form 8933)	1x		***************************************
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
Z	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	300		
		1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	27-4162256	146
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		146
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		146
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orm	3800 (2020)			Form 3800 (2020) Page 3
	e(s) shown on return		Identifying number	
יאחר	ALD J & MELANIA <trump< th=""><th></th><th>V.</th><th></th></trump<>		V.	
_	General Business Credits or Eligible Small Business Credits (solete a separate Part III for each box checked below (see instructions).		,	
A	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
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			iness Credit Carryforwards	
		all bus	iness Credit Carryforward	
D	☐ General Business Credit Carrybacks H ☐ Reserved			
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f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		120000000000000000000000000000000000000	
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h	Small employer health insurance premiums (Form 8941)	4g 4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		142
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	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f q	Renewable electricity, refined coal, and Indian coal production (Form 8835) Indian employment (Form 8845)	1f		
h	Orphan drug (Form 8820)	1g 1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
	instructions for limitation)	1j		
к	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s t	Alternative fuel vehicle refueling property (Form 8911)	1s		
u	Mine rescue team training (Form 8923)	1t 1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		-
×	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162256	2.2
g	Qualified railroad track maintenance (Form 8900)	49	27-4102230	14
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
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u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
	Carbon dioxide sequestration (Form 8933)	1x		-
×				
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
	200 CONTROL (190 CONTROL 190 C	1bb		
	General credits from an electing large partnership (carryforward only)	TDD		
ZZ	Other, Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ь	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
		-		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form			
	8846)	4f	27-4162308	3,686
	Qualified railroad track maintenance (Form 8900)	4g		
9		_		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
	Employer credit for paid family and medical leave (Form 8994)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
j z	Other	4z		
j	Other	_		3,686
j z	Other	4z		3,686 3,686
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	7.			
7	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
-	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz	1	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		,
3				
	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d	_	
•				
-	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
	5555-656-656-656-656-656-656-656-656-65	4f	27-4162256	7
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
		_		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		
				Form 3800 (2020
orm	3800 (2020)			Page 3
	e(s) shown on return		Identifying number	rage
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2019	General Business Credits or Eligible Small Business Credits (s	see in	structions)	
omp	plete a separate Part III for each box checked below (see instructions).			
A (General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F ☐ Reserved			
_ 8				
	_	all Bus	iness Credit Carryforwards	5
	General Business Credit Carrybacks H Reserved			
[]	If you are filing more than one Part III with box A or B checked, complete and attach fir	rst an i	additional Part III combini	ng amounts from
ĉ	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
				Enter the appropriate
	e: On any line where the credit is from more than one source, a separate Par	t III	from a pass-through	amount
	eded for each pass-through entity.		entity, enter the EIN	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
Ь	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
		1000000		
g	Indian employment (Form 8845)	19		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
	instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for			
	limitation)	1k		Y.
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	An arrange of Control of the African Street of			
		_		
m	Low sulfur diesel fuel production (Form 8896)	1m		
m	Distilled spirits (Form 8906)	1m 1n		
m	Charles College Management & Control and Control Control of Contro	1m		
m n o	Distilled spirits (Form 8906)	1m 1n		
m n o	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only)	1m 1n 1o		
m n o p	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908)	1m 1n 1o 1p 1q		
m o p q	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910)	1m 1n 1o 1p 1q 1r		
m o p q r	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1m 1n 10 1p 1q 1r 1s		
m o p q r s	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only)	1m 1n 1o 1p 1q 1r 1s		
m o p q r s	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1m 1n 10 1p 1q 1r 1s		
m o p q r s	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only) Energy efficient home (Form 8908) Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) Enhanced oil recovery credit (carryforward only)	1m 1n 1o 1p 1q 1r 1s		
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	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С		all Bus	iness Credit Carryforward	s
D	☐ General Business Credit Carrybacks H ☐ Reserved If you are filing more than one Part III with box A or B checked, complete and attach fire	ret an	additional Part III combini	ng amounts from
•	all Parts III with box A or B checked. Check here if this is the consolidated Part III			▶□
	(a) Description of credit		(b)	(c)
No	e: On any line where the credit is from more than one source, a separate Par	+ 111	If claiming the credit from a pass-through	Enter the appropriate amount
is n	eeded for each pass-through entity.	_	entity, enter the EIN	dilidalic
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		
- 3	: Increasing research activities (Form 6765) I Low-income housing (Form 8586, Part I only)	1c		
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1	Orphan drug (Form 8820)	1h		
- 1	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see			
	instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see instructions for	1j		
	limitation)	1k		
i	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
-	n Low sulfur diesel fuel production (Form 8896)	1m		
- 1		1n		
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	Mine rescue team training (Form 8923)	1u		-
,	Agricultural chemicals security (carryforward only)	1v		
,	v Employer differential wage payments (Form 8932)	1w		
2	Carbon dioxide sequestration (Form 8933)	1x		
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	credits (see instructions)	1zz		
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3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4	Investment (Form 3468, Part III) (attach Form 3468)	4a		
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	8846)	4f	27-4162256	36
	Qualified railroad track maintenance (Form 8900)	4g		
3	Small employer health insurance premiums (Form 8941)	4h		
į	Increasing research activities (Form 6765)	4i		
1		4j 4z		
5	Other Add lines 4a through 4z and enter here and on the applicable line of Part II	5		36
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		36
				Form 3800 (2020)
For	n 3800 (2020)		-7-	Page 3
Nan	ne(s) shown on return		Identifying number	
	IALD J & MELANIA <trump< td=""><td></td><td>The same of the sa</td><td></td></trump<>		The same of the sa	
_	General Business Credits or Eligible Small Business Credits (see in	structions)	
Con	plete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity General Business Credit From a Passive Activity F Reserved			
c		all Bus	iness Credit Carryforward	s
D	☐ General Business Credit Carrybacks H☐ Reserved		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combin	ing amounts from
_	all Parts III with box A or B checked. Check here if this is the consolidated Part III	• •		
	(a) Description of credit		(b) If claiming the credit	(c) Enter the appropriate
No	te: On any line where the credit is from more than one source, a separate Par	rt III	from a pass-through	amount
	eeded for each pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	Reserved	1b		
	Increasing research activities (Form 6765)	1c		
	Low-income housing (Form 8586, Part I only)	1d		
-	Disabled access (Form 8826) (see instructions for limitation)	1e		
-	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
	Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i		
	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	11	I	