

Form **1040** U.S. Individual Income Tax Return **2020** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Amended Return Single Married filing jointly Married filing separately (MFS) Head of Household (HOH) Qualifying widow(er) (QW)

Filing Status If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. **Check only one box**

Your first name and middle initial: DONALD J & MELANIA < TRUMP
Last name: _____
If joint return, spouse's first name and middle initial: _____
Last name: _____

Do you have a P.O. box, see instructions. Yes No
Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. PALM BEACH
State: FL ZIP code: 33480
Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>				SON	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	393,229
2a Tax-exempt interest	2a	2,208
3a Qualified dividends	3a	17,694
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
8 Other income from Schedule 1, line 9	8	-15,825,345
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	-4,694,058
10 Adjustments to income:		
a From Schedule 1, line 22	10a	101,699
b Charitable contributions if you take the standard deduction. See instructions	10b	
c Add lines 10a and 10b. These are your total adjustments to income	10c	101,699
11 Subtract line 10c from line 9. This is your adjusted gross income	11	-4,795,757
12 Standard deduction or itemized deductions (from Schedule A)	12	915,171
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	915,171
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

16	Tax (see instructions). Check if any from Form(s) 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	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 less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	271,973
24	Add lines 22 and 23. This is your total tax	24	271,973

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	83,916
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	1,733
d	Add lines 25a through 25c	25d	85,649
26	2020 estimated tax payments and amount applied from 2019 return	26	13,635,520
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, 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 and refundable credits	32	19,397
33	Add lines 25d, 26, and 32. These are your total payments	33	13,740,566

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13,468,593
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,468,593

Direct deposit? See instructions.

b	Routing number		
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	8,000,000

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name: TIMOTHY P HORAN Phone no.: (214) 545-3965 Personal identification number (PIN): *****

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
*****	03-25-2022	PRESIDENT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
*****	03-25-2022	FIRST LADY	

Phone no. (212) 715-7231 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if: <input type="checkbox"/> Self-employed
TIMOTHY P HORAN			
Firm's name		Phone no.	
BKM SOWAN HORAN LLP		(214) 545-3965	
Firm's address		Firm's EIN	
DALLAS, TX, 75254		27-2602152	

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020




Attachment
Sequence No. **01**


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.**

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

curity number

Part I 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	-501,255
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

Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE 	14	101,699
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA Deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	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

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2020

Attachment
Sequence No. **02**

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.**





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

ity number

Part 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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE 	4	203,397
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	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
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959  b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> 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	10	271,973

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

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

Additional Data

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2020

Attachment
Sequence No. **03**

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.**

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

Security number

Part I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1
2	Credit for child and dependent care expenses. Attach Form 2441	2
3	Education credits from Form 8863, line 19	3
4	Retirement savings contributions credit. Attach Form 8880	4
5	Residential energy credits. Attach Form 5695	5
6	Other credits from Form: a <input checked="" type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7 0

Part II Other Payments and Refundable Credits		
8	Net premium tax credit. Attach Form 8962	8
9	Amount paid with request for extension to file (see instructions)	9
10	Excess social security and tier 1 RRTA tax withheld	10 42
11	Credit for federal tax on fuels. Attach Form 4136 e	11 19,355
12	Other payments or refundable credits:	
a	Form 2439	12a
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b
c	Health coverage tax credit from Form 8885	12c
d	Other: _____	12d
e	Deferral for certain Schedule H or SE filers (see instructions)	12e
f	Add lines 12a through 12e	12f
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13 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:
Name: DONALD J & MELANIA<TRUMP

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.

2020

Department of the Treasury Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

Your social security number

DONALD J & MELANIA<TRUMP

Medical and Dental Expenses

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

Table with 4 rows: 1 Medical and dental expenses, 2 Enter amount from Form 1040 or 1040-SR, line 11, 3 Multiply line 2 by 7.5% (0.075), 4 Subtract line 3 from line 1.

Taxes You Paid

Table with 7 rows: 5 State and local taxes (5a-5e), 6 Other taxes, 7 Add lines 5e and 6.

Interest You Paid

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

Table with 10 rows: 8 Home mortgage interest and points (8a-8e), 9 Investment interest, 10 Add lines 8e and 9.

Gifts to Charity

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

Table with 4 rows: 11 Gifts by cash or check, 12 Other than by cash or check, 13 Carryover from prior year, 14 Add lines 11 through 13.

Casualty and Theft Losses

15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form.

Other Itemized Deductions

16 Other — from list in instructions. List type and amount

Total Itemized Deductions

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2020

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.

Attachment
Sequence No. 08

Name(s) shown on return
DONALD J & MELANIA<TRUMP

Part I
Interest

(See instructions
and the
instructions for
Form 1040 or
1040-SR,
line 2b.)

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

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

Amount

1

Payer

See Additional Data Table

Amount

2 Add the amounts on line 1	2	10,626,179
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	4	10,626,179
Note: If line 4 is over \$1,500, you must complete Part III.		Amount

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Additional Data

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

Form 1040 Schedule B, Part I, Group 2

#	Payer	Amount
1	CAPITAL ONE 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
10	CAPITAL ONE NA	200,398
11	FROM K-1 - PARK BRIAR ASSOCIATES LLC	194
12	FROM K-1 - MAR-A-LAGO CLUB LLC	169
13	FROM K-1 - 40 WALL DEVELOPMENT ASSOC LLC	125,034
14	FROM K-1 - HUDSON WATERFRONT ASSOC I LP	1,174
15	FROM K-1 - HUDSON WATERFRONT ASSOC V LP	3,278,528
16	FROM K-1 - HUDSON WATERFRONT ASSOC IV LP	1,445,384
17	FROM K-1 - TRUMP CPS LLC	32
18	FROM K-1 - TRUMP PLAZA LLC	1,054
19	FROM K-1 - DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	1
20	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
26	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 APARTMENTS #1 INC DJT GR TR	84
29	FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	380
30	FROM K-1 - DONALD J TRUMP 'FRED' TRUST	13
31	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

Part II Ordinary Dividends

(See instructions and the instructions for Form 1040 or 1040-SR, line 3b.)

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

5 List name of payer	5
FROM K-1 - PARK BRIAR ASSOCIATES LLC	501
FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	626
FROM K-1 - BEACH HAVEN APARTMENTS #1 INC DJT GR TR	292
FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	584
FROM K-1 - DONALD J TRUMP ELIZABETH TRUST	3,374
FROM K-1 - DONALD J TRUMP 'FRED' TRUST	7,056
FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD	9,575
FROM K-1 - STARRETT CITY ASSOCIATES	3,339

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.

Part III Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a	At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	Yes	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCen Form 114 and its instructions for filing requirements and exceptions to those requirements	Yes	
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located UK		
8	During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		No

Eg Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 17146N Schedule B (Form 1040) 2020

#	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

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2020

Attachment
Sequence No. **17**

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

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

Department of the Treasury
Internal Revenue Service (99)

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

Social security number of person
with self-employment income

Part I 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.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

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**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 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

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). 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**

c 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 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 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

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9**

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10**

11 Multiply line 6 by 2.9% (0.029) **11** 203,397

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 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

Part II 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

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$5,640. Also 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 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above **17**

¹From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

²From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

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

SCHEDULE C
(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074

(Sole Proprietorship)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

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

B Enter code from instructions

541600

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

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

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

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

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . Yes No

H If you started or acquired this business during 2020, check here. . . .

I Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions) . . . Yes No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	0
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	87,442
7 Gross income. Add lines 5 and 6	7	87,442

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	87,442
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶ **28** 87,442

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** 0

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

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

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3** and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

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

Part III Cost of Goods Sold (see instructions)

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

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

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Attachment Sequence No. 09

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Department of the Treasury Internal Revenue Service (99)

Name of proprietor

DONALD J TRUMP

Social security number (SSN)

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

B Enter code from instructions

532289

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

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

E Business address (including suite or room no.)

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

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses

H If you started or acquired this business during 2020, check here.

I Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions)

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

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

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

Table with 28 rows for expenses: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Reserved for future use.

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

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

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

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

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

Part III Cost of Goods Sold (see instructions)

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

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

Table with 3 columns: Description, Line Number, and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:

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 (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J TRUMP

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

B Enter code from instructions

532289

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

D Employer ID number

(EIN)/(see instr.)

27-3212458

E Business address (including suite or room no.)

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

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2020, check here. Yes No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

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

Table with 27 rows for expense items: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Reserved for future use.

28 Total expenses before expenses for business use of home. Add lines 8 through 27a 3,239

29 Tentative profit or (loss). Subtract line 28 from line 7 -3,239

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. If a loss, you must go to line 32. -2,440

32 If you have a loss, check the box that describes your investment in this activity (see instructions). 32a All investment is at risk. 32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

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

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

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:

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

SCHEDULE C
(Form 1040)

Profit or Loss From Business

OMB No. 1545-0074

2020

(Sole Proprietorship)

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

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. 09

Name of proprietor: DONALD J TRUMP

Social security number (SSN):

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

B Enter code from instructions: 532289

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

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

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

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2020, check here.

I Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	160,144
2	Returns and allowances		2	0
3	Subtract line 2 from line 1		3	160,144
4	Cost of goods sold (from line 42)		4	0
5	Gross profit. Subtract line 4 from line 3		5	160,144
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	160,144

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

8	Advertising	8	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12	20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	23	Taxes and licenses	23	
16	Interest (see instructions):		24	Travel and meals:	24	
16a	a Mortgage (paid to banks, etc.)	16a	24a	a Travel	24a	
16b	b Other	16b	24b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	17	25	Utilities	25	
18			26	Wages (less employment credits)	26	
19			27a	Other expenses (from line 48)	27a	160,144
20			27b	b Reserved for future use	27b	
21			28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	160,144
22			29	Tentative profit or (loss). Subtract line 28 from line 7	29	0
23			30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
24			31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	-18,923
25			32a	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
26			32b		32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

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

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

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

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
 - a Business _____
 - b Commuting (see instructions) _____
 - c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

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

FLIGHT EXPENSE		160,144

48 Total other expenses. Enter here and on line 27a	48	160,144
--	----	---------

Additional Data

Software ID:

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

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

Name of proprietor

DONALD J TRUMP

Social security number (SSN)

B Enter code from instructions

532289

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

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

D Employer ID number

(EIN)/(see instr.)

27-3212492

E Business address (including suite or room no.)

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

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2020, check here.

I Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions)

Yes No

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

Yes No

Part I Income

Table with 7 rows for income items: 1 Gross receipts or sales, 2 Returns and allowances, 3 Subtract line 2 from line 1, 4 Cost of goods sold, 5 Gross profit, 6 Other income, 7 Gross income.

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

Table with 27 rows for expense items: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Reserved for future use.

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

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

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

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

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

Part III Cost of Goods Sold (see instructions)

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

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

Table with 2 columns: Description and Amount. Rows 35-42: Inventory at beginning of year, Purchases less cost of items withdrawn for personal use, Cost of labor, Materials and supplies, Other costs, Add lines 35 through 39, Inventory at end of year, Cost of goods sold.

Part IV Information on Your Vehicle.

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

43 When did you place your vehicle in service for business purposes? (month, day, year)
44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? Yes No
46 Do you (or your spouse) have another vehicle available for personal use? Yes No
47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)

MELANIA TRUMP

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

B Enter code from instructions 711510

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

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

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

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2020, check here. Yes No

I Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

Table with 7 rows for income items: Gross receipts or sales, Returns and allowances, Subtract line 2 from line 1, Cost of goods sold, Gross profit, Other income, Gross income.

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

Table with 27 rows for various expenses: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance, Interest, Legal and professional services, Office expense, Pension and profit-sharing plans, Rent or lease, Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals, Utilities, Wages, Other expenses.

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

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

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

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

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

Additional Data

Software ID:

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

Part III Cost of Goods Sold (see instructions)

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

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

Table with 3 columns: Description, Line Number, and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle.

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

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

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other

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

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

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

b If "Yes," is the evidence written? Yes No

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

Table with 2 columns: Description and Amount. Multiple rows for listing expenses.

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN: : ---

Name: DONALD J & MELANIA<TRUMP

**SCHEDULE C
(Form 8995-A)**

Loss Netting and Carryforward

OMB No. 1545-2294

2020

Attachment
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: DONALD J & MELANIA<TRUMP
Your taxpayer identification number: _____

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

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 Additional Data Table		()	
			()	
			()	
2	Qualified business net (loss) carryforward from prior years. See instructions		2	(8,733,155)
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations		3	(58,271,884)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations		4	59,053,889
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5, the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b). See instructions		5	(58,271,884)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If 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
Name: DONALD J & MELANIA<TRUMP

Line 1 - Loss Netting and Carryforward Group Information

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 MM LLC - TRUMP PRODUCTIONS MANAG	2,145	(2,117)	28
	DJT HOLDINGS MM LLCLLC - TRUMP PRODUCTIONS L	2,123	(2,095)	28
	DJT HOLDINGS MM LLC - TRUM MARKS MENSWEAR LLC	141	(139)	2
	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGIN	7,932	(7,827)	105
	TIHH MEMBER CORP	1,555	(1,534)	21
	TRUMP INTERNATIONAL HOTEL HAWAII LLC	153,914	(151,876)	2,038
	MAR-A-LAGO CLUB LLC	8,024,049	(7,917,793)	106,256
	40 WALL DEVELOPMENT ASSOC LLC	3,622,030	(3,574,066)	47,964
	HUDSON WATERFRONT ASSOC V LP	4,366,825	(4,308,999)	57,826
	HUDSON WATERFRONT ASSOC III LP	564,993	(557,511)	7,482
	HUDSON WATERFRONT ASSOC IV LP	593,978	(586,112)	7,866
	TRUMP CPS LLC	383,190	(378,116)	5,074
	TRUMP PLAZA LLC	783,049	(772,680)	10,369
	TRUMP INTERNATIONAL GOLF CLUB LLC	2,124,230	(2,096,100)	28,130
	DJT HOLDINGS LLC - TRUMP PRODUCTIONS LLC	210,213	(207,429)	2,784
	TIHT COMMERCIAL LLC	22,217	(21,923)	294
	TRUMP INTERNATIONAL HOTEL HAWAII LLC	392,242	(387,048)	5,194
	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGE	448,924	(442,979)	5,945
	DJT HOLDINGS 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)	343
	HUDSON WATERFRONT ASSOCIATES V LP	4,064,771	(4,010,944)	53,827
	HUDSON WATERFRONT ASSOC III LP	7,604,344	(7,503,646)	100,698
	TRUMP 845 UN GP LLC	190,807	(188,280)	2,527
	845 UN LIMITED PARTNERSHIP - 845 LP LLC	275,441	(271,794)	3,647
	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	8,196	(8,087)	109
	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LL	91,460	(90,249)	1,211
	DJT HOLDINGS LLC TW VENTURE I LLC	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
	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	21,571	(21,285)	286
	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEM	15,435	(15,231)	204
	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MAN	262	(259)	3
	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	116	(114)	2
	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LL	924	(912)	12
	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	26,390	(26,041)	349
	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES L	83	(82)	1
	HUDSON WATERFRONT ASSOC I LP	73,826	(72,848)	978
	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)	44
	DJT HOLDINGS MM LLCLLC TRUMP CHICAGO RESIDEN	4,065	(4,011)	54
	DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT LLC (3,587	(3,540)	47
	HUDSON WATERFRONT ASSOC II LP	1,460,975	(1,441,628)	19,347
	DJT HOLDINGS MM LLC - DT DUBAI GOLF MANAGER M	4,290	(4,233)	57
	TRUMP 845 UN LIMITED PARTNERSHIP	280,905	(277,185)	3,720
	DJT HOLDINGS MM LLC - DTTM OPERATIONS MANAGIN	-687	()	
	TRUMP MARKS WAIKIKI LLC	-2,277	()	
	TRUMP MARKS WAIKIKI CORP	-427	()	
	DJT HOLDINGS LLC - DTTM OPERATIONS LLC	-68,049	()	
	DJT HOLDINGS MM LLC - TRUMP MARKS WESTCHESTER	-22	()	
	DJT HOLDINGS MM LLC - TRUMP MARKS PALM BEACH	-22	()	
	DJT HOLDINGS MM LLC - TRUMP MARKS MORTGAGE CO	-22	()	
	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBE	-311	()	
	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 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 - MISS UNIVERSE LP LLP	-14,977	()	
	STARRETT CITY ASSOCIATES	-19,511	()	
	DJT HOLDINGS LLC - TRUMP INTERNATIONAL HOTELS	-2,298,405	()	
	DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB C	-262,534	()	
	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHIC	-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	-8,340	()	
	DJT HOLDINGS LLC - 401 MEZZ	-8,766,273	()	
	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE	-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	()	
	DJT HOLDINGS LLC - TRUMP VIRGINIA ACQUISITION	-239,074	()	
	DJT HOLDINGS LLC - TRUMP WORLD PRODUCTIONS LL	-353	()	
	DJT HOLDINGS LLC - TRUMP VINEYARD ESTATES LL	-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	-83,591	()	
	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER	-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	-96	()	
	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	-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 LAS VEGAS DEVELOPMEN	-953	()	
	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPME	-185	()	
	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS	-699	()	
	DJT HOLDINGS LLC - DT VENTURE II LLC	-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	-353	()	
	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	-40	()	
	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	-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	()	
	DJT HOLDINGS LLC - 1094 S OCEAN AVENUE LLC	-253,746	()	
	TRUMP CPS CORP	-126	()	
	FIRST MEMBER INC	-271	()	
	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	()	
	TIHT MEMBER LLC	-487	()	
	DJT HOLDINGS MM LLC - TNGC DUTCHESS COUNTY ME	-3,210	()	
	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANA	-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	()	

i	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 MM LLC - TRUMP ENDEAVOR 12 MANAG	-64,514	()	
	TAG AIR INC	-2,028,241	()	
	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	()	
	TTTT VENTURE MEMBER CORP	-530	()	
	DJT HOLDINGS MM LLC - DT LIDO TECHNICAL SERVI	-21	()	
	DJT HOLDINGS MM LLC - DT BALI TECHNICAL SERVI	-21	()	
	DJT HOLDINGS MM LLC - TNGC PINE HILL LLC	-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	-1	()	
	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	()	
	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPME	-3	()	
	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PRODUCT	-4	()	
	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 LLCLLC - TRUMP VIRGINIA ACQU	-1,342	()	
	DJT HOLDINGS MM LLCLLC - THC SALES & MARKETI	-5,246	()	
	DJT HOLDINGS MM LLCLLC - TRUMP SOHO MEMBER L	-3	()	
	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	()	

SCHEDULE D (Form 8995-A)

Special Rules for Patrons of Agricultural or Horticultural Cooperatives

OMB No. 1545-2294

2020

Attachment Sequence No. 55E

Department of the Treasury Internal Revenue Service

Attach to Form 8995-A. Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

DONALD J & MELANIA<TRUMP

Complete Schedule D only if you're a patron of an agricultural or horticultural cooperative. If you have more than three trades, businesses, or aggregations, attach as many Schedules D as needed. See instructions.

Table with 4 columns: Line number, Description, A, B, C. Rows include Trade name (TRUMP PLAZA MEMBER INC), Taxpayer ID (13-3979038), and various income calculations.

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

**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.)

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

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

Name(s) shown on return
DONALD J & MELANIA<TRUMP

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instructions) . . . **Yes** **No**
B If "Yes," did you or will you file all required Forms 1099? . . . **Yes** **No**

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

A	
B	
C	

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

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3				
4	Royalties received	4		133,173	67	
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13				
14	Repairs	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶ BOOK WRITER FEE	19		44,201		
20	Total expenses. Add lines 5 through 19	20		44,201		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		88,972	67	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		()	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a				
b	Total of all amounts reported on line 4 for all royalty properties	23b		133,240		
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		44,201		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				89,039
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25				()

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

89,039

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11344L

Schedule E (Form 1040) 2020

Schedule E (Form 1040) 2020

Attachment Sequence No. **13**

Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on other side.
DONALD J & MELANIA<TRUMP

Your social security number

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

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

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

28	(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
A	See Additional Data Table		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss

Nonpassive Income and Loss

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	See Additional Data Table				
B					
C					
D					
29a Totals		54,242,244			11,746,277
b Totals	53,800,275		27,953,754		
30 Add columns (h) and (k) of line 29a					30 65,988,521
31 Add columns (g), (i), and (j) of line 29b					31 (81,754,029)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.. . . .					32 -15,765,508

Part III Income or Loss From Estates and Trusts

33 (a) Name (b) Employer identification number

A See Additional Data Table
B

Passive Income and Loss

Nonpassive Income and Loss

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A	See Additional Data Table			
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				35
36 Add columns (c) and (e) of line 34b				36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36.. . . .				37

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

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

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss) . Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	-15,676,469
42	Reconciliation of farming and fishing income . Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals . If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Schedule 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'

	(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
A	THE EAST 61 ST COMPANY	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>	<input type="checkbox"/>
B	THE EAST 61 ST COMPANY	P	<input type="checkbox"/>	13-3057745	<input type="checkbox"/>	<input type="checkbox"/>
C	PARK BRIAR ASSOCIATES LLC	P	<input type="checkbox"/>	11-6160410	<input type="checkbox"/>	<input type="checkbox"/>
D	MAR-A-LAGO CLUB LLC	P	<input type="checkbox"/>	65-0567671	<input type="checkbox"/>	<input type="checkbox"/>
E	UNREIMBURSED EXPENSES	P	<input type="checkbox"/>	65-0567671	<input type="checkbox"/>	<input type="checkbox"/>
F	40 WALL DEVELOPMENT ASSOC LLC	P	<input type="checkbox"/>	13-3845249	<input type="checkbox"/>	<input type="checkbox"/>
G	HUDSON WATERFRONT ASSOC I LP	P	<input type="checkbox"/>	13-3796302	<input type="checkbox"/>	<input type="checkbox"/>
H	HUDSON WATERFRONT ASSOC V LP	P	<input type="checkbox"/>	13-3796322	<input type="checkbox"/>	<input type="checkbox"/>
I	HUDSON WATERFRONT ASSOC II LP	P	<input type="checkbox"/>	13-3796305	<input type="checkbox"/>	<input type="checkbox"/>
J	HUDSON WATERFRONT ASSOC III LP	P	<input type="checkbox"/>	13-3796315	<input type="checkbox"/>	<input type="checkbox"/>
K	HUDSON WATERFRONT ASSOC IV LP	P	<input type="checkbox"/>	13-3796319	<input type="checkbox"/>	<input type="checkbox"/>
L	TRUMP CPS LLC	P	<input type="checkbox"/>	13-3917414	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS LLC - MISS UNIVERSE LP LLP	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
N	TRUMP PLAZA LLC	P	<input type="checkbox"/>	13-3972488	<input type="checkbox"/>	<input type="checkbox"/>
O	DJT HOLDINGS LLC - COUNTRY APARTMENTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - COUNTRY PROPERTIES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
Q	TRUMP 845 UN LIMITED PARTNERSHIP	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>	<input type="checkbox"/>
R	DJT HOLDINGS LLC - OCEAN AIR INVESTORS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
S	DJT HOLDINGS LLC - OAKDALE INVESTORS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
T	DJT HOLDINGS LLC TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	P	<input type="checkbox"/>	13-4040286	<input type="checkbox"/>	<input type="checkbox"/>
U	DJT HOLDINGS LLC - TRUMP KOREAN PROJECTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
V	TIPPERARY REALTY CORP	S	<input type="checkbox"/>	11-2405629	<input type="checkbox"/>	<input type="checkbox"/>
W	PLAZA CONSULTING CORP	S	<input type="checkbox"/>	13-3385468	<input type="checkbox"/>	<input type="checkbox"/>
X	THE TRUMP CORPORATION	S	<input type="checkbox"/>	13-3038887	<input type="checkbox"/>	<input type="checkbox"/>
Y	UNREIMBURSED EXPENSES	S	<input type="checkbox"/>	13-3038887	<input type="checkbox"/>	<input type="checkbox"/>
Z	TRUMP PROJECT MANAGEMENT CORP	S	<input type="checkbox"/>	13-3775593	<input type="checkbox"/>	<input type="checkbox"/>
AA	TRAVEL ENTERPRISES MANAGEMENT INC	S	<input type="checkbox"/>	13-3345689	<input type="checkbox"/>	<input type="checkbox"/>
AB	THE TRUMP HOTEL CORP	S	<input type="checkbox"/>	13-3430478	<input type="checkbox"/>	<input type="checkbox"/>
AC	HELICOPTER AIR SERVICES INC	S	<input type="checkbox"/>	13-3478858	<input type="checkbox"/>	<input type="checkbox"/>
AD	THE TRUMP ORGANIZATION INC	S	<input type="checkbox"/>	13-3070440	<input type="checkbox"/>	<input type="checkbox"/>
AE	TRUMP EMPIRE STATE INC	S	<input type="checkbox"/>	13-3766196	<input type="checkbox"/>	<input type="checkbox"/>
AF	FIFTY-SEVEN MANAGEMENT CORP	S	<input type="checkbox"/>	13-3860845	<input type="checkbox"/>	<input type="checkbox"/>
AG	DJT HOLDINGS MM LLC - MAR-A-LAGO CLUBLLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
AH	TRUMP CPS CORP	S	<input type="checkbox"/>	13-3917416	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
D	SC LP SHOPPING CENTER LLC	P	<input type="checkbox"/>	27-1551456	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP DEVELOPMENT SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP SALES & LEASING CHICAGO LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	TRUMP INTERNATIONAL HOTEL HAWAII LLC	P	<input type="checkbox"/>	27-0963857	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP CAROUSEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP PANAMA CONDOMINIUM MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	TRUMP FERRY POINT MEMBER CORP	S	<input type="checkbox"/>	27-8202438	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - TRUMP SALES & LEASING CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLC - GOLF PRODUCTIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	TIHH MEMBER CORP	S	<input type="checkbox"/>	27-0963803	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO HOTEL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP FERRY POINT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP PANAMA HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP CHICAGO HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - PANAMA OCEAN CLUB MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC - TRUMP CHICAGO COMMERCIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
D	DJT HOLDINGS LLC -TRUMP INTERNATIONAL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CAROUSEL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP CHICAGO RESIDENTIAL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO RESIDENTIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP MARKS CHICAGO MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	TRUMP MARKS MEMBER CORP	S	<input type="checkbox"/>	27-1357658	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS MM LLC - TRUMP CHICAGO COMMERCIAL MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - 401 MEZZ	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - SEVEN SPRINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
E	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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G	DJT HOLDINGS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
G	845 UN LIMITED PARTNERSHIP - 845 LP LLC	P	<input type="checkbox"/>	13-3958323	<input type="checkbox"/>	<input type="checkbox"/>
H	TRUMP PARK AVENUE LLC - TRUMP DELMONICO LLC)	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>	<input type="checkbox"/>
H	TRUMP PARK AVENUE LLC - ACQUISITION	P	<input type="checkbox"/>	01-0580204	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLCLL - DB PACE ACQUISITIONS CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DT CONNECT II MEMBER CORP	S	<input type="checkbox"/>	47-1519047	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT DUBAI II GOLF MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - DT MARKS GURGAON MANAGING MEMBER CORP	S	<input type="checkbox"/>	47-2191989	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - PINE HILL DEVELOPMENT MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	THC BAKU HOTEL MANAGER SERVICE MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC BAKU SERVICES MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC CHINA-TECHNICAL SERVICES MANAGER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - THC SERVICES SHENZHEN MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	TTTT VENTURE MEMBER CORP	S	<input type="checkbox"/>	47-2297906	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TNGC CHARLOTTE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TNGC JUPITER MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS MM LLC - TURNBERRY SCOTLAND MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC CHINA TECHNICAL SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS-D B PACE ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DT DUBAI II GOLF MANAGER LLC	P	<input type="checkbox"/>	47-2265157	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC BAKU SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC SERVICES SHENZHEN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - THC SHENZHEN HOTEL MANAGER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TRUMP BRIARCLIFF MANOR DEV)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - PINE HILL DEVELOPMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC - TNGC JUPITER MANAGEMENT LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC TW VENTURE I LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
H	DJT HOLDINGS LLC -TW VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
I	DT CONNECT II LLC	P	<input type="checkbox"/>	36-4791039	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS LLC - TURNBERRY SCOTLAND LLC)	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
I	DJT HOLDINGS MM LLC - TW VENTURE II MANAGING MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

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J	DJT HOLDINGS LLC - WESTMINSTER HOTEL MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP REALTY SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP GOLF ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP RIVERSIDE MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - WEST PALM OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP GOLF MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - LAMINGTON FAMILY HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - THC HOTEL DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP SOHO MEMBER LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP LAS VEGAS DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT 2 LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - CHICAGO UNIT ACQUISITIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP PHOENIX DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP CARRIBEAN LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP ICE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
J	DJT HOLDINGS LLC - TRUMP LAUDERDALE DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP CHICAGO DEVELOPMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP 106 CPS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - TRUMP RESTAURANTS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - WOLLMAN RINK OPERATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DT VENTURE II LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC - DTW VENTURE LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	TRUMP EQUITABLE FIFTH AVE CO	P	<input type="checkbox"/>	13-3014138	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LCLLC - TRUMP WORLD PUBLICATIONS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - T EXPRESS MANAGER MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - TRUMP NATIONALGOLF CLUB COLTS NECK MEMBER CORP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLC - T RETAIL MANAGING LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LCLLC TRUMP RESTAURANTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LCLLC - WOLLMAN RINK OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
K	DJT HOLDINGS MM LLCLLC - TRUMP CHICAGO DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP REALTY SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP GOLF ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP RIVERSIDE MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP KOREAN PROJECTS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP ENTREPRENEUR MANAGING MEMBER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - WEST PALM OPERATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC TRUMP SOHO MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC TRUMP LAUDERDALES DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
K	DJT HOLDINGS MM LLCLLC - CHICAGO UNIT ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - DT VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP PHOENIX DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP WORLD PUBLICATIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP CARIBBEAN LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP ICE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP INTERNATIONAL HOTEL MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLC LLC - SEVEN SPRINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - SCOTSBOROUGH SQUARE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP VIRGINIA LOT 5 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP WINE MARKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC BRIARCLIFF	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - LFB ACQUISITIONS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC PINE HILL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC DUTCHESS COUNTY LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC CHARLOTTE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP ENDEAVOR 12 LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - WHITE COURSE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - JUPITER GOLF CLUB LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
L	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP OLD POST OFFICE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TRUMP BRIARCLIFF MANOR DV LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - PINE HILL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TW VENTURE I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TW VENTURE II LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
L	DJT HOLDINGS MM LLCLLC - TNGC JUPITER MGT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TURNBERRY SCOTLAND LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TNGC WASHINGTON DC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP MARKS ASIA LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - 809 NORTH CANON LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP VINEYARD ESTATES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - 401 MEZZ VENTURE	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP LAUDERDALE DEVELOP	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP INT'L HOTEL & TOWER	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - SINGLE FAMILY RESIDENCE 109	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP GOLF MANAGEMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - LAMINGTON FAMILY HOLDINGS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - THC HOTEL DEVELOPMENT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - OCEAN AIR INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - PANAMA OCEAN CLUB MGMT LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - THC BAKU SERVICES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - DT TOWER I LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - OAKDALE INVESTORS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - THC SHENZHEN HOTEL MANAGER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP ACQUISITION LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP BOOKS LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - TRUMP CANOUAN ESTATE LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
M	DJT HOLDINGS MM LLCLLC - UNIT 2502 ENTERPRISES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
P	DJT HOLDINGS MM LLCLL TRUMP CHICAGO RESIDENTIAL LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC TRUMP INT'L GOLF CLUB	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS MM LLC - TRUMP LAS VEGAS MEMBER LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC MM - 40 WALL DEVELOPMENT ASSOCIATES LLC	S	<input type="checkbox"/>	27-4162256	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - D B PACE ACQUISITION LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS - THC BAKU HOTEL MANAGER SERVICES LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - TRUMP FLORIDA MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC - F&B 40 WALL LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	DJT HOLDINGS LLC -TRUMP MIAMI RESORT MANAGEMENT LLC	P	<input type="checkbox"/>	27-4162308	<input type="checkbox"/>	<input type="checkbox"/>
P	THCR- EXPIRED FICA TIP CREDIT	P	<input type="checkbox"/>	13-3818407	<input type="checkbox"/>	<input type="checkbox"/>

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

	(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
A	12,927				
B	41				
C	11,870				
D					8,125,748
E			466,334		
F	970,894				
G		73,826			
H		4,366,825			
I		1,460,975			
J		564,993			
K		593,978			
L		288,070			
M	17,554				
N		769,711			
O	0				
P	0				
Q		228,993			
R	0				
S	0				
T	47,446				
U	47				
V		23,616			
W	139				

	(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
X			9,544,653		
Y			167,239		
Z	\$8,096				
AA	\$0				
AB	\$0				
AC	\$0				
AD	\$0				
AE	\$0				
AF		98,040			
AG					8,134
AH		264			
AI	\$303				
AJ	\$0				
AK	\$362				
AL	\$0				
BM	\$0				
BN		7,910			
BO	\$13,668				
BP		126,616			
BQ	\$1,628				
BR	\$11,718				
BS	\$12,884				
BT		8,756			
BU	\$4,247				
BV	\$0				
BW	\$32,234				
BX	\$4,253				
BY	\$1,122				
BZ	\$92				
B		31			
B					2,124,230
B			281,372		
B	\$21,139				
B		210,213			
B		2,145			
B	\$2,665,524				
B	\$5				
B	\$0				
B	\$0				
B	\$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
B	3				
C	735				
C		21,394			
C	527				
C	2,071,839				
C	2,649				
C	2,277				
C	427				
C	25				
C	25				
C	23				
C	283				
C	25				
C	13,425				
C	14				
C	0				
C	0				
C	1				
C	0				
C	301,344				
C	311				
C		4,174			
C	20				
C	1,890				
C	0				
C	2,339				
C	24				
D	4,068				
D	148,914				
D		25,739			
D	1,359				
D	70				
D	57				
D	44				
D	0				
D	357				
D	4,359				
D	1,734				
D		546,156			
D	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	\$11,574				
D	\$12,793				
D	\$18				
D	\$1,519				
D		4,504			
D		4,535			
D	\$1,134,316				
D	\$1,253,797				
D		448,924			
D	\$1,111				
D	\$3,394				
D	\$292				
E	\$9,984				
E		402,392			
E	\$2,727				
E	\$3				
E	\$12				
E		4,106			
E	\$25				
E	\$0				
E	\$1,908,055				
E	\$35				
E			8,766,273		
E	\$0				
E	\$25,441				
E	\$2,453				
E	\$1,285,277				
E					1,458,530
E	\$558,643				
E	\$398,676				
E		2,522,710			
E	\$291,517				
E	\$2,422				
E	\$1,611				
E	\$0				
E	\$407				
E	\$17				
E	\$25				
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	\$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	\$25				
F	\$0				
F	\$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	\$54,360				
G		420,498			
G	\$2,205				
G	\$1,192				
G	\$4,226				
G	\$292				
G	\$114,533				
G	\$0				
G	\$0				
G	\$13				
G		4,290			
G	\$3				
G	\$3				
G	\$555				

	(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	0				
G	1,997				
G	6,954				
G	0				
G	0				
G		4,064,771			
G		7,604,344			
G		190,807			
G	1,395,620				
G	472,332				
G		286,369			
H	715,065				
H	726,149				
H	0				
H	2,883				
H	20				
H	0				
H	118				
H	0				
H		81			
H	18				
H	5				
H	1,502				
H		21,789			
H		933			
H	77,237				
H	1,747				
H	683				
H	0				
H		7,871			
H	513				
H	1,441				
H	0				
H	11,567				
H		91,460			
H		11,533			
H	3,289,871				
I	285,451				
I	7,570,006				
I	33,552				

	(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
I	0				
I	0				
I	0				
I	0				
I	0				
I	0				
I	0				
I	2				
I	0				
I		8,837			
I	0				
I	28				
I	29				
I	21				
I	21				
I	23				
I	21				
I	23				
I	23				
I	289				
I	12				
I	0				
I	0				
I	6				
J		374,500			
J	362				
J	603				
J	560,144				
J	5,716				
J	0				
J	0				
J	5,700				
J	278,234				
J	652				
J	93				
J	285				
J	0				
J	2,385				
J	47				
J	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	\$402				
J	\$985				
J	\$200				
J	\$860				
J	\$343				
J	\$295				
J	\$209				
J	\$43,631				
J	\$376				
K	\$406				
K	\$49				
K	\$457,591				
K	\$663,265				
K	\$0				
K	\$0				
K		23,401,740			
K	\$0				
K	\$932,600				
K	\$420				
K	\$3,255				
K		1,934			
K	\$4,594				
K	\$6,700				
K	\$5				
K	\$2				
K	\$3				
K	\$0				
K	\$2				
K	\$0				
K	\$16				
K	\$24				
K	\$0				
K	\$10				
K	\$2				
K	\$9				
L	\$3				
L	\$3				
L	\$1				
L	\$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	0				
L	257				
L		633			
L	3				
L	12,924				
L					14,733
L	5,632				
L	4,136				
L		21,571			
L			84,771		
L	0				
L		8,272			
L		15,435			
L		262			
L	186,577				
L	0				
L	12				
L		116			
L	1,430				
L		924			
M	3,805				
M		25,624			
M	0				
M	0				
M	2,547				
M			88,548		
M	5				
M	3,037				
M	0				
M	1				
M	6				
M	3				
M	0				
M	1				
M		80			
M	0				
M	0				
M	14				
M	0				

	(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
M	\$2				
M	\$2				
M	\$2				
M	\$5				
M	\$18				
M		2,123			
M	\$17				
N	\$0				
N	\$0				
N	\$137				
N	\$2				
N	\$44				
N	\$35				
N	\$3				
N	\$0				
N	\$101				
N	\$7				
N	\$177				
N	\$12,664				
N	\$3				
N	\$18				
N	\$2				
N	\$1				
N	\$0				
N	\$1				
N	\$0				
N	\$1,729				
N	\$0				
N	\$75				
N	\$11,457				
N	\$549				
N	\$0				
N	\$1,909				
O	\$2,484				
O	\$0				
O	\$6,760				
O	\$44				
O	\$1,606				
O	\$0				
O	\$0				

	(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
O	\$24				
O	\$27				
O		138			
O		420			
O	\$0				
O	\$24				
O	\$5				
O	\$761				
O		31,122			
O	\$53				
O	\$24,142				
O	\$290				
O	\$1,541				
O	\$157				
O	\$259,780				
O		86,064			
O		60,570			
O	\$91,653				
O	\$22				
P	\$0				
P	\$77,058				
P	\$367,936				
P		4,580			
P	\$1,157				
P		4,065			
P					21
P		1,739			
P		101,781			
P		3,597			
P	\$1,685				
P	\$2,110				
P	\$325				
P	\$361				
P	\$356				
P			162,232		

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

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

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

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

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

**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

2020

Attachment
Sequence No. **44**

Name of employer DONALD J TRUMP	Social security number
	Employer identification number 13-3440039

Calendar year taxpayers having no household employees in 2020 don't have to complete this form for 2020.

- A** Did you pay **any one** household employee cash wages of \$2,200 or more in 2020? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)
 - Yes.** Skip lines B and C and go to line 1a.
 - No.** Go to line B.
- B** Did you withhold federal income tax during 2020 for any household employee?
 - Yes.** Skip line C and go to line 7.
 - No.** Go to line C.
- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 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.** Don't file this schedule.
 - Yes.** Skip lines 1a-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1a Total cash wages subject to social security tax	1a	20,280
b Qualified sick and family wages included on line 1a	1b	
2a Social security tax. Multiply line 1a by 12.4% (0.124)	2a	2,515
b Employer share of social security tax on qualified sick and family leave wages. Multiply line 1b by 6.2% (0.062)	2b	
c Total social security tax. Subtract line 2b from line 2a	2c	2,515
3 Total cash wages subject to Medicare tax	3	20,280
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4	588
5 Total cash wages subject to Additional Medicare Tax withholding	5	
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6	
7 Federal income tax withheld, if any	7	962
8a Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, and 7	8a	4,065
b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 3	8b	
c Total social security, Medicare, and federal income taxes after nonrefundable credit. Subtract line 8b from line 8a	8c	4,065
d Maximum amount of the employer share of social security tax that can be deferred; see instructions.	8d	1,258
e Refundable portion of credit for qualified sick and family leave wages from Worksheet 3	8e	
f Qualified sick leave wages	8f	

f Qualified sick leave wages	8f	
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.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did you pay all state unemployment contributions for 2020 by April 15, 2021? Fiscal year filers, see instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Section A

13 Name of the state where you paid unemployment contributions	NY	
14 Contributions paid to your state unemployment fund	14	1,019
15 Total cash wages subject to FUTA tax	15	16,480
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	99

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals						18		
19 Add columns (g) and (h) of line 18						19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions)							20	
21 Multiply line 20 by 6.0% (0.06)							21	
22 Multiply line 20 by 5.4% (0.054)						22		
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here)							23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25							24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8c. If you checked the "Yes" box on line C of page 1, enter -0-	25	4,065
26 Add line 16 (or line 24) and line 25	26	4,164
27 Are you required to file Form 1040? <input checked="" type="checkbox"/> Yes. Stop. Include the amount from line 26 above on Schedule 2 (Form 1040), line 7a. Include the amount, if any, from line 8e, on Schedule 3 (Form 1040), line 12b. Don't complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See instructions for details.		

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

Address (number and street) or P.O. box if mail isn't delivered to street address _____ Apt., room, or suite no. _____

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

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

Employer's signature _____ Date _____

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

Additional Data

Software ID:

Software Version:

SSN:

Spouse SSN:

Name: DONALD J & MELANIA<TRUMP

Employer Name Control: TRUM

SCHEDULE SE (Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2020

Attachment 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.

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

Social security number of person with self-employment income

Part I 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.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

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.

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 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.

3 Combine lines 1a, 1b, and 2

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. 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

c 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

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

6 Add lines 4c and 5b

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

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

b Unreported tips subject to social security tax from Form 4137, line 10

c Wages subject to social security tax from Form 8919, line 10

d Add lines 8a, 8b, and 8c

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

11 Multiply line 6 by 2.9% (0.029)

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4.

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.

Part II 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

15 Enter the smaller of: two-thirds (2/3) of gross farm income1 (not less than zero) or \$5,640. Also include this amount on line 4b above

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 Subtract line 15 from line 14

17 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

1From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

2From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

3From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

4From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

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

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 1	4	10,605.		
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	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

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,605.		
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%)	9	10,605.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,605.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred 40 WALL DEVELOPMENT ASSOC, LLC
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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			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 2	4	4,420,840.		
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 amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	4,420,840.		
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.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 3	4	98,470.
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	98,470.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	98,470.
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	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

Section A. - General Information

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

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 4	4	51,337.		
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	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

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

8 Subtract line 7 from line 6	8	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%)	9	51,337.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	51,337.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 16	4	2,451.
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	2,451.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	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 business expenses	10	2,451.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

Statement SBE Supplemental Business Expenses

2020

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 15	4	466,334.		
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	466,334.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	466,334.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	466,334.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			466,334.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 7	4	13,338.		
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	13,338.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	13,338.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	13,338.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	13,338.

Statement SBE Supplemental Business Expenses

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 5	4	189,919.		
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	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

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

8 Subtract line 7 from line 6	8	189,919.		
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	189,919.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			189,919.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 6	4	45,600.		
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	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

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

8 Subtract line 7 from line 6	8	45,600.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	45,600.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	45,600.

Part II Vehicle Expenses

Section A. - General Information

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

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 8	4	167,239.		
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	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

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

8 Subtract line 7 from line 6	8	167,239.		
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	167,239.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	167,239.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24a	Vehicle rentals	24a			
b	Inclusion amount	24b			
c	Subtract line 24b from line 24a	24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25			
26	Add lines 23, 24c, and 25	26			
27	Multiply line 26 by the percentage on line 14	27			
28	Depreciation. Enter amount from line 38 below	28			
29	Add lines 27 and 28. Enter total here and on line 1	29			

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

		(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis	30			
31	Enter section 179 deduction and special allowance	31			
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32			
33	Enter depreciation method and percentage	33			
34	Multiply line 32 by the percentage on line 33	34			
35	Add lines 31 and 34	35			
36	Enter the limitation amount	36			
37	Multiply line 36 by the percentage on line 14	37			
38	Enter the 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			

**Statement SBE
Supplemental Business Expenses**

2020

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PROJECT MANAGEMENT CORP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 9	9,692.	
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	9,692.	

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	9,692.
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.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 10	66,560.	
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	66,560.	

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	66,560.
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	66,560.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	66,560.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24a	Vehicle rentals	24a			
b	Inclusion amount	24b			
c	Subtract line 24b from line 24a	24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25			
26	Add lines 23, 24c, and 25	26			
27	Multiply line 26 by the percentage on line 14	27			
28	Depreciation. Enter amount from line 38 below	28			
29	Add lines 27 and 28. Enter total here and on line 1	29			

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

		(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis	30			
31	Enter section 179 deduction and special allowance	31			
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32			
33	Enter depreciation method and percentage	33			
34	Multiply line 32 by the percentage on line 33	34			
35	Add lines 31 and 34	35			
36	Enter the limitation amount	36			
37	Multiply line 36 by the percentage on line 14	37			
38	Enter the 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			

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 11	4	5,082.		
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	5,082.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

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

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
----	--	----	--

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

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

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 12	4	5,091.		
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	5,091.		

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

8 Subtract line 7 from line 6	8	5,091.		
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	5,091.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			5,091.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TIHT COMMERCIAL LLC
-------------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 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 amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	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.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
----	--	----	--

Section C. - Actual Expenses

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

**Statement SBE
Supplemental Business Expenses**

2020

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP INTERNATIONAL GOLF CLUB LLC
-------------------------------------	------------------------	--

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 14	4	281,372.
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	281,372.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	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.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2020	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

22	Multiply line 13 by 57.5¢ (0.575). Enter the result here and on line 1	22	
----	--	----	--

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

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

		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30	
31	Enter section 179 deduction and special allowance	31	
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage	33	
34	Multiply line 32 by the percentage on line 33	34	
35	Add lines 31 and 34	35	
36	Enter the limitation amount	36	
37	Multiply line 36 by the percentage on line 14	37	
38	Enter the 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	

Additional Data

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

OMB No. 1545-0121

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

2020
Attachment
Sequence No. **19**

Name: DONALD J & MELANIA<TRUMP
Identifying number as shown on page 1 of your tax return

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 c Passive category income e Section 901(j) income g Lump-sum distributions
b 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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

Total i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	A OC	B AJ	C PM	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
	7,436			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	71,507			
3 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)	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 instructions)	0.00009	0.00000	0.00000	
g Multiply line 3c by line 3f	2			
4 Pro rata share of interest expense (see instructions):				
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	71,509			6

Total i Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	D IN	E CA	F QA	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
		156,984		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				

Deductions and losses (Caution: See instructions.):			
2	Expenses definitely related to the income on line 1a (attach statement)		20,298
3	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)		156,904
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):		
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		20,335 6

Total	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	G	H	I	
i Enter the name of the foreign country or U.S. possession	CH	RN	DR	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2	Expenses definitely related to the income on line 1a (attach statement)		57,722
3	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)		
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 0.00000
g	Multiply line 3c by line 3f		
4	Pro rata share of interest expense (see instructions):		
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			722 6

		Foreign Country or U.S. Possession		
Total		J	K	L
i	Enter the name of the foreign country or U.S. possession	OC		
1a	Gross income from sources within country shown above and of the type checked above (see instructions):			

	-----	-164,420		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)			
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)			
g	Multiply line 3c by line 3f			
4	Pro rata share of interest expense (see instructions):			
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	-92,566		6

Form 1116, Part II - Foreign Taxes Paid or Accrued

7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 **7**

Country		Foreign taxes paid or accrued									
Credit is claimed for taxes (you must check one)		In foreign currency				In U.S. dollars					
(j) <input checked="" type="checkbox"/> Paid		Taxes withheld at source on:				Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
(k) <input type="checkbox"/> Accrued		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties			(s) Interest
A	See Additional Data Table										
B											
C											
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2										8	41,655

Form 1116 Department of the Treasury Internal Revenue Service (69)	Foreign Tax Credit (Individual, Estate, or Trust) Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. Go to www.irs.gov/Form1116 for instructions and the latest information.	OMB No. 1545-0121 2020 Attachment Sequence No. 19
Name DONALD J & MELANIA<TRUMP		
Identifying number as shown on page 1 of your tax return		

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
 c Passive category income
 e Section 901(j) income
 g Lump-sum distributions
 b 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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

Total	Foreign Country or U.S. Possession			
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OC	UK	CH	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
14,500,097	1,220,974	8,798,494	16	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	309,654	21,153,884	813	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555	
b Other deductions (attach statement)				
c Add lines 3a and 3b	8,555	8,555	8,555	
d Gross foreign source income (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 interest expense (see instructions):				
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	309,788	21,154,848	813	6

Total	Foreign Country or U.S. Possession			
	D	E	F	
i Enter the name of the foreign country or U.S. possession ▶	DR	PM	AE	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
14,500,097			431,392	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)	730	52	2,000
3 Pro rata share of other deductions not definitely related:			
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555
b Other deductions (attach statement)			
c Add lines 3a and 3b	8,555	8,555	8,555
d Gross foreign source income (see instructions)			431,392
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	0.00553
g Multiply line 3c by line 3f			47
4 Pro rata share of interest expense (see instructions):			
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	730	52	2,047
29,675,102			

Total	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	G	H	I	
Enter the name of the foreign country or U.S. possession	RQ	CA	IN	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
				7,650 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)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)	52		293
3 Pro rata share of other deductions not definitely related:			
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555
b Other deductions (attach statement)			
c Add lines 3a and 3b	8,555	8,555	8,555
d Gross foreign source income (see instructions)			7,650
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	0.00010
g Multiply line 3c by line 3f			1
4 Pro rata share of interest expense (see instructions):			
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	52		294
	29,675,102		

Total Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	J IS	K ID	L EI	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
			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 \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)		20	8,111,419
3 Pro rata share of other deductions not definitely related:			
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555
b Other deductions (attach statement)			
c Add lines 3a and 3b	8,555	8,555	8,555
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
g Multiply line 3c by line 3f			424
4 Pro rata share of interest expense (see instructions):			
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
	29,675,102		

Total Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	M TU	N UY	O OC	
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)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)	52	2,017	
3 Pro rata share of other deductions not definitely related:			
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	

b Other deductions (attach statement)			
c Add lines 3a and 3b	8,555	8,555	
d Gross foreign source income (see instructions)	8,366		
e Gross income from all sources (see instructions)	78,045,564	78,045,564	
f Divide line 3d by line 3e (see instructions)	0.00011	0.00000	
g Multiply line 3c by line 3f	1		
4 Pro rata share of interest expense (see instructions):			
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	53	2,017	92,545
29,675,102			
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2			7 -15,175,005

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		In foreign currency				In U.S. dollars				
		(l) Date paid or accrued				(p) Other foreign taxes paid or accrued	(t) Other foreign taxes paid or accrued			
(m) Dividends	(n) Rents and royalties	(o) Interest	(k) (l) Date paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))		
A	See Additional Data Table									
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 8 84,895

Form **1116**
 Department of the Treasury
 Internal Revenue Service (99)

Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No. 1545-0121

2020
 Attachment
 Sequence No. **19**

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
 ▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name: DONALD J & MELANIA<TRUMP
 Identification number as shown on page 1 of your tax return

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 c Passive category income e Section 901(j) income g Lump-sum distributions
 b 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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

Total	Foreign Country or U.S. Possession			
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OC	AJ	PM	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
	7,436			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	71,507			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555	
b Other deductions (attach statement)				
c Add lines 3a and 3b	8,555	8,555	8,555	
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	
g Multiply line 3c by line 3f	1			
4 Pro rata share of interest expense (see instructions):				
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	71,508			6

Total	Foreign Country or U.S. Possession			
	D	E	F	
i Enter the name of the foreign country or U.S. possession ▶	IN	CA	QA	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
		156,984		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)		20,298	
3 Pro rata share of other deductions not definitely related:			
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555
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 instructions)	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		17	
4 Pro rata share of interest expense (see instructions):			
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		20,315	6

Total Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	G CH	H RN	I DR	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
-----				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/>				

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)		27,222	
3 Pro rata share of other deductions not definitely related:			
a Certain itemized deductions or standard deduction (see instructions)	8,555	8,555	8,555
b Other deductions (attach statement)			
c Add lines 3a and 3b	8,555	8,555	8,555
d Gross foreign source income (see instructions)			
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	0.00000
g Multiply line 3c by line 3f			
4 Pro rata share of interest expense (see instructions):			
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	52		295
29,676,944			6

Total	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	J IS	K ID	L EI	
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
-----			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 \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)		20	111,419
3 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)	76,427,629	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			915
4 Pro rata share of interest expense (see instructions):			
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	6,112,334
29,676,944			6

Total	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	M TU	N UY	O OC	
i Enter the name of the foreign country or U.S. possession				
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
-----			154,420	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)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)	52	2,017	
3 Pro rata share of other deductions not definitely related :			
a Certain itemized deductions or standard deduction (see instructions)	18,555	18,555	

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)	730	52	2,000
3 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)			431,392
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)	0.0000	0.0000	0.0050
g Multiply line 3c by line 3f			102
4 Pro rata share of interest expense (see instructions):			
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	730	52	2,102
29,676,944			

Foreign Country or U.S. Possession

Total	G	H	I	(Add cols. A, B, and C.)
1 Enter the name of the foreign country or U.S. possession	RQ	CA	IN	
1a Gross income from sources within country shown above and of the type checked above (see instructions):				

-----			7,650	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)				<input type="checkbox"/>

Deductions and losses (Caution: See instructions.):			
2 Expenses definitely related to the income on line 1a (attach statement)	52		293
3 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)			7,650
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)	0.0000	0.0000	0.0001
g Multiply line 3c by line 3f			2
4 Pro rata share of interest expense (see instructions):			
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)			

b	Other deductions (attach statement)			
c	Add lines 3a and 3b	18,555	18,555	
d	Gross foreign source income (see instructions) . .	8,366		
e	Gross income from all sources (see instructions) .	78,427,629	78,427,629	
f	Divide line 3d by line 3e (see instructions) . . .	0.00011	0.00000	
g	Multiply line 3c by line 3f	2		
4	Pro rata share of interest expense (see instructions):			
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	54	2,017	92,566
		29,675,944		
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2			7
				-15,176,847

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(q) Dividends	(r) Rents and royalties	(s) Interest		
A	See Additional Data Table									
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 **8** 84,895

For Paperwork Reduction Act Notice, see instructions. Cat. No. 11440U Form **1116** (2020)

Form **1116**
Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121
2020
Attachment
Sequence No. **19**

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.
▶ Go to www.irs.gov/Form1116 for instructions and the latest information.

Name: DONALD J & MELANIA-C TRUMP | Identifying number as shown on page 1 of your tax return

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 c Passive category income e Section 901(j) income g Lump-sum distributions
- b 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.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

Total	Foreign Country or U.S. Possession			
	A	B	C	
i Enter the name of the foreign country or U.S. possession ▶	OC	UK	CH	(Add cols. A, B, and C.)
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
-----	1,220,974	8,798,494	16	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) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	309,654	21,153,864	813	
3 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)	1,220,974	8,798,494	16	
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)	0.01557	0.11219	0.00005	
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)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	309,943	21,155,966	813	6

29,676,944				

Total	Foreign Country or U.S. Possession			
	D	E	F	
i Enter the name of the foreign country or U.S. possession ▶	DR	PM	AE	(Add cols. A, B, and C.)
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) . . . ▶ <input type="checkbox"/>				

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued										
		In foreign currency					In U.S. dollars					
		Taxes withheld at source on:				(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (a) through (t))	
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest			
A	12-31-2020										2,365	2,365
B	12-31-2020											
C	12-31-2020											
D	12-31-2020											
E	12-31-2020										39,303	39,303
F	12-31-2020											
G	12-31-2020											
H	12-31-2020											
I	12-31-2020										17	17
J	12-31-2020											

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	41,685	
10	Carryback or carryover (attach detailed computation) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	0	16,681
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 credit	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 filing 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 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	0	
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 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.	20		
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		0

Part IV 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	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31	32		0
33	Enter the smaller of line 20 or line 32	33		0
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		0

Additional Data

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

b	Other interest expense			
5	Losses from foreign sources			
6	Add lines 2, 3g, 4a, 4b, and 5			722 6

Total	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	J	K	L	
Enter the name of the foreign country or U.S. possession	OC			
1a Gross income from sources within country shown above and of the type checked above (see instructions):				
	-164,420			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)			
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)			
g	Multiply line 3c by line 3f			
4	Pro rata share of interest expense (see instructions):			
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		-92,545	6

Form 1116, Part II - Foreign Taxes Paid or Accrued

7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶ 7

Country	Foreign taxes paid or accrued (see instructions)										
	Credit is claimed for taxes (you must check one)	In foreign currency					In U.S. dollars				
		(j) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(k) <input type="checkbox"/> Accrued	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(q) Dividends	(r) Rents and royalties	(s) Interest			
A	See Additional Data Table										
B											
C											
8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶ 8										41,685	

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued									
		In foreign currency					In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))	
A	12-31-2020							2,365	2,365		
B	12-31-2020										
C	12-31-2020										
D	12-31-2020										
E	12-31-2020							39,303	39,303		
F	12-31-2020										
G	12-31-2020										
H	12-31-2020										
I	12-31-2020							17	17		
J	12-31-2020										

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	41,685	
10	Carryback or carryover (attach detailed computation) (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11	Add lines 9 and 10	11	41,685	
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 credit	14		0
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 filing 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 Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18		0
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 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.	20		
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		0

Part IV 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	Credit for taxes on general category income	28		
29	Credit for taxes on section 901(j) income	29		
30	Credit for taxes on certain income re-sourced by treaty	30		
31	Credit for taxes on lump-sum distributions	31		
32	Add lines 25 through 31	32		0
33	Enter the smaller of line 20 or line 32	33		0
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		0

Additional Data

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

Form **3800**

General Business Credit

OMB No. 1545-0895

2020

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.

Attachment
Sequence No. 22

Name(s) shown on return: DONALD J & MELANIA<TRUMP Identifying number

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II)
Table with 6 rows: 1 General business credit from line 2 of all Parts III with box A checked; 2 Passive activity credits from line 2 of all Parts III with box B checked; 3 Enter the applicable passive activity credits allowed for 2020; 4 Carryforward of general business credit to 2020; 5 Carryback of general business credit from 2021; 6 Add lines 1, 3, 4, and 5.

Part II Allowable Credit
Table with 17 rows: 7 Regular tax before credits; 8 Alternative minimum tax; 9 Add lines 7 and 8; 10a Foreign tax credit; 10b Certain allowable credits; 10c Add lines 10a and 10b; 11 Net income tax; 12 Net regular tax; 13 Enter 25% (0.25) of the excess; 14 Tentative minimum tax; 15 Enter the greater of line 13 or line 14; 16 Subtract line 15 from line 11; 17 Enter the smaller of line 6 or line 16.

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Part III Allowable Credit (Continued)
Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.
Table with 18 rows: 18 Multiply line 14 by 75% (0.75); 19 Enter the greater of line 13 or line 18; 20 Subtract line 19 from line 11; 21 Subtract line 17 from line 20; 22 Combine the amounts from line 3 of all Parts III with box A, C, or D checked; 23 Passive activity credit from line 3 of all Parts III with box B checked; 24 Enter the applicable passive activity credit allowed for 2020; 25 Add lines 22 and 24; 26 Empowerment zone and renewal community employment credit allowed; 27 Subtract line 13 from line 11; 28 Add lines 17 and 26; 29 Subtract line 28 from line 27; 30 Enter the general business credit from line 5 of all Parts III with box A checked; 31 Reserved; 32 Passive activity credits from line 5 of all Parts III with box B checked; 33 Enter the applicable passive activity credits allowed for 2020; 34 Carryforward of business credit to 2020; 35 Carryback of business credit from 2021.

36	Add lines 30, 33, 34, and 35	36	12,689,786
37	Enter the smaller of line 29 or line 36	37	
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, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> Individuals. Schedule 3 (Form 1040), line 6 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b 	38	

Name(s) shown on return: DONALD J & MELANIA<TRUMP
 Identifying number: _____

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
 C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	70,595
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	70,595
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	70,595

Name(s) shown on return: DONALD J & MELANIA<TRUMP
 Identifying number: _____

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
 C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	

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 limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	1o		
p	Energy efficient home (Form 8908)	1p		
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		
x	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		
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		
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		
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		12,271
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		12,271

Name(s) shown on return: DONALD J & MELANIA<TRUMP Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

- 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
 - C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 - 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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		
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		
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	12
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		12
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		12

Form 3800 (2020)

Name(s) shown on return Identifying number

DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
 - B General Business Credit From a Passive Activity
 - C General Business Credit Carryforwards
 - D General Business Credit Carrybacks
 - E Reserved
 - F Reserved
 - G Eligible Small Business Credit Carryforwards
 - H Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
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 limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
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		
x 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		
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		
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	27-4162308	21,854
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		21,854
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		21,854

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved
I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked.

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a Investment, 1b Reserved, 1c Increasing research activities, etc.

Form 3800 (2020)

Form 3800 (2020)

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved
I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked.

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a Investment, 1b Reserved, 1c Increasing research activities, etc.

k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	1o		
p	Energy efficient home (Form 8908)	1p		
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		
x	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		
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		
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	65-0750446	2,698
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		2,698
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2,698

Form 3800 (2020)

Name(s) shown on return

Identifying number

DONALD J & MELANIA <TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m	Low sulfur diesel fuel production (Form 8896)	1m	
n	Distilled spirits (Form 8906)	1n	
o	Nonconventional source fuel (carryforward only)	1o	
p	Energy efficient home (Form 8908)	1p	
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	
x	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	
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	

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	76
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		76
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		76

Name(s) shown on return Identifying number
 DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
 C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
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 limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
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		
x 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		
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		
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	138
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		138
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		138

Name(s) shown on return Identifying number
 DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
 C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
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 limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
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		
x 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		
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		
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	27-8202438	150
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	150	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	150	

Form 3800 (2020)

Name(s) shown on return Identifying number

DONALD J & MELANIA-TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
- C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
- 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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		
x	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		
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		
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	27-4162308	3,683
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		3,683
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,683

DONALD J & MELANIA<TRUMP
Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
C General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards
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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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 182
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	182
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	182

Name(s) shown on return Identifying number

DONALD J & MELANIA <TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include investment, reserved, research activities, housing, disabled access, renewable electricity, Indian employment, orphan drug, new markets, pension plan startup costs, child care facilities, biodiesel, sulfur diesel, distilled spirits, nonconventional source fuel, energy efficient home, energy efficient appliance, alternative motor vehicle, alternative fuel vehicle, enhanced oil recovery credit, mine rescue team training, agricultural chemicals security, employer differential wage payments, carbon dioxide sequestration, qualified plug-in electric drive motor vehicle, qualified plug-in electric vehicle, employee retention, general credits from an electing large partnership, other oil and gas production, and summary rows 2-6.

Name(s) shown on return Identifying number

DONALD J & MELANIA <TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include investment, reserved, research activities, housing, disabled access, renewable electricity, Indian employment, orphan drug, and new markets.

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		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	1o		
p	Energy efficient home (Form 8908)	1p		
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		
x	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		
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		
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	27-4162308	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		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		354
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		354

Name(s) shown on return Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

- 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
- C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
- 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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		
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	27-4162308	3,393
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		3,393
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,393

Name(s) shown on return: DONALD J & MELANIA<TRUMP Identifying number

Part 122 General Business Credits or Eligible Small Business Credits (see instructions)

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

C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards

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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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		
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	27-4162308	941
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		941
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		941

Name(s) shown on return: DONALD J & MELANIA<TRUMP Identifying number

Part 133 General Business Credits or Eligible Small Business Credits (see instructions)

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

C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards

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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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 71
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	71
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	71

Form 3800 (2020) Page 3

Form 3800 (2020) Name(s) shown on return Identifying number

DONALD J & MELANIA<TRUMP
 Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
 C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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		
x	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		
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		
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	29
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		29
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		29

Form 3800 (2020)

Name(s) shown on return

Identifying number

DONALD J & MELANIA <TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
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 limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
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		
x 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		
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		
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	38
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	38
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	38

Name(s) shown on return: DONALD J & MELANIA<TRUMP Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

- 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
 - C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 - 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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	27-4162308 3,589
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	3,589
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	3,589

Name(s) shown on return: DONALD J & MELANIA<TRUMP Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

- 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
 - C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
 - 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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	1o		
p	Energy efficient home (Form 8908)	1p		
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		
x	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		
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		
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	27-4162308	3,478
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		3,478
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,478

Form 3800 (2020)

Name(s) shown on return Identifying number

DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

- Complete a separate Part III for each box checked below (see instructions).
- A General Business Credit From a Non-Passive Activity
 - B General Business Credit From a Passive Activity
 - C General Business Credit Carryforwards
 - D General Business Credit Carrybacks
 - E Reserved
 - F Reserved
 - G Eligible Small Business Credit Carryforwards
 - H Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

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		
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	27-4162308	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 Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		10,188
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		10,188

Name(s) shown on return Identifying number

DONALD J & MELANIA<TRUMP
Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
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 limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
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		
x 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		
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		
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	27-4162308	1,903
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

Name(s) shown on return Identifying number

DONALD J & MELANIA<TRUMP
Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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	27-4162308 39
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	39
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	39

Form 3800 (2020) Name(s) shown on return: DONALD J & MELANIA <TRUMP Identifying number: _____

Part III General Business Credits or Eligible Small Business Credits (see ins)

- Complete a separate Part III for each box checked below (see instructions).
- A General Business Credit From a Non-Passive Activity
 - B General Business Credit From a Passive Activity
 - C General Business Credit Carryforwards
 - D General Business Credit Carrybacks
 - E Reserved
 - F Reserved
 - G Eligible Small Business Credit Carryforwards
 - H Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	

n	Distilled spirits (Form 8906)			1n	
o	Nonconventional source fuel (carryforward only)			1o	
p	Energy efficient home (Form 8908)			1p	
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	
x	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	
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	
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 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

Name(s) shown on return Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

- Complete a separate Part III for each box checked below (see instructions).
- A General Business Credit From a Non-Passive Activity
 - B General Business Credit From a Passive Activity
 - C General Business Credit Carryforwards
 - D General Business Credit Carrybacks
 - E Reserved
 - F Reserved
 - G Eligible Small Business Credit Carryforwards
 - H Reserved
 - I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III.

Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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	142
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		142
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		142

Form 3800 (2020)

Form 3800 (2020)

Page 3

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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	
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	
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 14
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	14
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	14

Form 3800 (2020)

Form 3800 (2020)

Page 3

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	

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 limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	1o		
p	Energy efficient home (Form 8908)	1p		
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		
x	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		
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		
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	27-4162308	3,686
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		3,686
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,686

Form 3800 (2020)

Name(s) shown on return Identifying number

DONALD J & MELANIA <TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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
C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards
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 first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
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 limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
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	
x 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		
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		
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	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		7
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7

Form 3800 (2020)
 Name(s) shown on return: DONALD J & MELANIA - TRUMP
 Identifying number: _____

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
 - B General Business Credit From a Passive Activity
 - C General Business Credit Carryforwards
 - D General Business Credit Carrybacks
 - E Reserved
 - F Reserved
 - G Eligible Small Business Credit Carryforwards
 - H Reserved
- I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining 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 from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.			
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
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 limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
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		
x 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		
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		
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	4
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		4
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		4

Name(s) shown on return

Identifying number

DONALD J & MELANIA<TRUMP

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a Investment, 1b Reserved, 1c Increasing research activities, etc.

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a Investment, 1b Reserved, 1c Increasing research activities, etc.