09221317015 24-6

Form 1040 U.S. Individual Income Tax Return (99) 2015

OMB No. 1545-0074 | IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
DONALD J.	TRUMP	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
MELANIA	TRUMP	

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct.

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

NEW YORK, NY 10022

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.
[X] You [X] Spouse

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**
Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
		SON	

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

If more than four dependents, see instructions and check here ▶ [ ]

d Total number of exemptions claimed: Add numbers on lines above ▶ 3

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 8		7	14,141.
8a	**Taxable** interest. Attach Schedule B if required			8a	9,393,096.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	18,586.		
9a	Ordinary dividends. Attach Schedule B if required			9a	1,729,897.
b	Qualified dividends	9b	718,317.		STMT 7
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 4 STMT 5		10	0.
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	<599,030.>
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			13	35,835,153.
14	Other gains or (losses). Attach Form 4797			14	6,603,042.
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	77,808.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	<7,882,011.>
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	b Taxable amount	20b	
21	Other income. List type and amount SEE STATEMENT 1			21	<76,909,237.>
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	<31,736,841.>

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	19,594.		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	19,594.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	<31,756,435.>

Internal Revenue Service
Received LB WN 437
OCT 20 2016
SPC Kansas City, MO

510001
12-30-15

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	<31,756,435.>
Standard Deduction for - • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250	39a	Check if: [X] **You** were born before January 2, 1951, [ ] Blind. [ ] **Spouse** was born before January 2, 1951, [ ] Blind. **Total boxes checked** ▶ 39a	1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	7,997,882.
	41	Subtract line 40 from line 38		41	<39,754,317.>
	42	**Exemptions.** If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see inst.		42	12,000.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0.
	44	**Tax.** Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	0.
	45	**Alternative minimum tax.** Attach Form 6251		45	2,127,670.
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	2,127,670.
	48	Foreign tax credit. Attach Form 1116 if required			
	49	Credit for child and dependent care expenses. Attach Form 2441			
	50	Education credits from Form 8863, line 19			
	51	Retirement savings contributions credit. Attach Form 8880			
	52	Child tax credit. Attach Schedule 8812, if required			
	53	Residential energy credits. Attach Form 5695			
	54	Other credits from Form: a [X] 3800 b [ ] 8801 c [ ]	1,485,739.		
	55	Add lines 48 through 54. These are your **total credits**		55	1,485,739.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	641,931.
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	39,188.
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	48,030.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [X] Form 8959 b [ ] Form 8960 c [ ] Inst.; enter code(s)		62	6,023.
	63	Add lines 56 through 62. This is your **total tax** ▶		63	735,172.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	3,017.		
	65	2015 estimated tax payments and amount applied from 2014 return	10,756.		
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)**			
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812			
	68	American opportunity credit from Form 8863, line 8			
	69	Net premium tax credit. Attach Form 8962			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136	14,276.		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74	28,049.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**		75	
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number			
	77	Amount of line 75 you want **applied to your 2016 estimated tax** ▶			
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	707,123.
	79	Estimated tax penalty (see instructions)			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ DONALD BENDER Phone no. ▶ (516) 488-1200 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	Daytime phone number
X	10/12/16	EXECUTIVE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
X	10/12/16	EXECUTIVE	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DONALD BENDER		10/14/16		

Firm's name ▶ WEISERMAZARS LLP Firm's EIN ▶ 13 1459550

Firm's address ▶ WOODBURY, NY 11797-2003 Phone no. (516) 488-1200

510002 12-30-15

SEE STATEMENT FOR INTEREST AND PENALTIES NOT INCLUDED

S4A 1485739

CASE 120

Form 1040 U.S. Individual Income Tax Return (99) 2016

OMB No. 1545-0074 | IRS Use Only - Do not write or staple in this space. | 18221280480000-7

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
DONALD J.	TRUMP	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
MELANIA	TRUMP	

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | ▲ Make sure the SSN(s) above and on line 6c are correct.

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

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.
[X] You [X] Spouse

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

H

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**
Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
[redacted]			SON	

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions):

If more than four dependents, see instructions and check here ▶ [ ]

Dependents on 6c not entered above:

Add numbers on lines above ▶: 3

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 7	7	978.
8a	**Taxable** interest. Attach Schedule B if required		8a	8,994,141.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 2,831.		
9a	Ordinary dividends. Attach Schedule B if required		9a	337,938.
b	Qualified dividends	9b 292,068.		
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 4 STMT 5	10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	8,797,393.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	10,941,053.
14	Other gains or (losses). Attach Form 4797		14	-444,633.
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b 77,808.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-15,939,523.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b
21	Other income. List type and amount	SEE STATEMENT 1	21	-44,955,324.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	-32,190,169.

V

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	219,505.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	219,505.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	-32,409,674.

1732 RECEIVED 1732
OCT 12 2017
IRS-AUSTIN, TEXAS

H

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	-32,409,674.
Standard Deduction for - ● People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	39a	Check if: [X] You were born before January 2, 1952, [ ] Blind. [ ] Spouse was born before January 2, 1952, [ ] Blind.	Total boxes checked ▶ 39a 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	8,158,717.
	41	Subtract line 40 from line 38		41	-40,568,391.
	42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see inst.		42	12,150.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0.
	44	**Tax.** Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	0.
	45	**Alternative minimum tax.** Attach Form 6251		45	2,234,725.
● All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,300	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	2,234,725.
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a [X] 3800 b [ ] 8801 c [ ]	54	2,233,975.	
	55	Add lines 48 through 54. These are your **total credits**		55	2,233,975.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	750.
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	439,009.
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	45,060.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [X] Form 8959 b [ ] Form 8960 c [ ] Inst.; enter code(s)		62	129,480.
	63	Add lines 56 through 62. This is your **total tax** ▶		63	614,299.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64 168.		
	65	2016 estimated tax payments and amount applied from 2015 return	65		
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)**	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70 1,000,000.		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72 16,849.		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74	1,017,017.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**		75	402,718.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number			
	77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶	77 388,441.		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	
	79	Estimated tax penalty (see instructions)	79 14,277.		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ DONALD BENDER Phone no. ▶ (516) 488-1200 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Daytime phone number
	10/10/17	EXECUTIVE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
	10/10/17	EXECUTIVE	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DONALD BENDER		10/11/17		

Firm's name ▶ MAZARS USA LLP Firm's EIN ▶ 13 1459550

Firm's address ▶ Phone no. (516) 488-1200

54A 2233975

Form **1040** U.S. Individual Income Tax Return (99) **2017** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
DONALD J.	TRUMP	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
MELANIA	TRUMP	

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

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

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

NEW YORK, NY 10022

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

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) (see instructions)

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
		SON	

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

If more than four dependents, see instructions and check here ▶ [ ]

d Total number of exemptions claimed — Add numbers on lines above ▶: 3

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 8	7	373,629.
8a	**Taxable** interest. Attach Schedule B if required		8a	6,758,494.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 435.		
9a	Ordinary dividends. Attach Schedule B if required		9a	21,984.
b	Qualified dividends	9b 14,305.		STMT 7
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 4 STMT 5	10	0.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	1,433,030.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	7,528,298.
14	Other gains or (losses). Attach Form 4797		14	33,740.
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	84,351.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-16,746,815.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b	
21	Other income. List type and amount	SEE STATEMENT 1	21	-12,306,111.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	-12,819,400.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	97,548.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	97,548.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	-12,916,948.

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	-12,916,948.
Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	39a	Check if: [X] You were born before January 2, 1953, [ ] Blind. [ ] Spouse was born before January 2, 1953, [ ] Blind.	Total boxes checked ▶ 39a 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	10,237,921.
	41	Subtract line 40 from line 38		41	-23,154,869.
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see inst.		42	12,150.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0.
	44	**Tax.** Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	0.
	45	**Alternative minimum tax.** Attach Form 6251		45	7,435,857.
• All others: Single or Married filing separately, $6,350 Married filing jointly or Qualifying widow(er), $12,700 Head of household, $9,350	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	7,435,857.
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a [X] 3800 b [ ] 8801 c [ ]	54	7,435,107.	
	55	Add lines 48 through 54. These are your **total credits**		55	7,435,107.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	750.
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	195,095.
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	27,213.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [X] Form 8959 b [ ] Form 8960 c [ ] Inst.; enter code(s)		62	61,660.
	63	Add lines 56 through 62. This is your **total tax** ▶		63	284,718.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	97,455.	STATEMENT 11
	65	2017 estimated tax payments and amount applied from 2016 return	65	388,441.	STATEMENT 12
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)**	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70	4,200,000.	
	71	Excess social security and tier 1 RRTA tax withheld STMT 10	71	83.	
	72	Credit for federal tax on fuels. Attach Form 4136	72	30,515.	
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74	4,716,494.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**		75	4,431,776.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number			
	77	Amount of line 75 you want **applied to your 2018 estimated tax** ▶	77	4,431,776.	
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	
	79	Estimated tax penalty (see instructions)	79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ DONALD BENDER Phone no. ▶ (516) 488-1200 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Daytime phone number
		PRESIDENT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		FIRST LADY	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DONALD BENDER				

Firm's name ▶ MAZARS USA LLP Firm's EIN ▶ 13-1459550

Firm's address ▶ WOODBURY, NY 11797-2003 Phone no. (516) 488-1200

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Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2018 OMB No. 1545-0074 IRS Use Only—Do not write or stamp in this space.

Filing status: ☐ Single ☑ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial	Last name	Your social security number
DONALD J & MELANIA<TRUMP		

Your standard deduction: ☐ Someone can claim you as a dependent ☑ You were born before January 2, 1954 ☐ You are blind

If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☑ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.) ☑ You ☑ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.	If more than four dependents, see inst and ✓ here ▶ ☐
PALM BEACH, FL 33480	

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
******	10-11-2019	PRESIDENT	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
******	10-11-2019	FIRST LADY	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Firm's EIN	Check if:
DONALD BENDER		13-1459550	☑ 3rd Party Designee
Firm's name ▶ MAZARS USA LLP		Phone no. (516) 488-1200	☐ Self-employed
Firm's address ▶ WOODBURY, NY, 117972003			

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	393,957
	2a	Tax-exempt interest	2a	1,154	b Taxable interest 2b	9,435,377
	3a	Qualified dividends	3a	17,573	b Ordinary dividends 3b	60,254
	4a	IRAs, pensions, and annuities	4a		b Taxable amount 4b	86,532
	5a	Social security benefits	5a		b Taxable amount 5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 14,418,973			6	24,395,093
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1 line 36, from line 6			7	24,339,696
Standard Deduction for-	8	**Standard deduction or itemized deductions** (from Schedule A)			8	1,388,307
▪ Single or married filing separately, $12,000	9	Qualified business income deduction (see instructions)			9	
▪ Married filing jointly or Qualifying widow(er), $24,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	22,951,389
▪ Head of Household, $18,000	11	a Tax (see inst) 5,287,122 (check if any from: 1 ☐ Form 8814 2 ☐ Form 4972 3 ☐ ___ b **Add** any amount from Schedule 2 and check here ▶ ☑			11	9,356,232
▪ If you checked any box under Standard deduction, see instructions.	12	a Child tax credit/credit for other dependents ___ b Add any amount from Schedule 3 and check here ▶ ☑			12	8,356,766
	13	Subtract line 12 from line 11. If zero or less, enter -0-			13	999,466
	14	Other taxes. Attach Schedule 4			14	1,069,356
	15	Total tax. Add lines 13 and 14			15	2,068,822
	16	Federal income tax withheld from Forms W-2 and 1099			16	87,310
	17	Refundable credits: a EIC (see inst.) ___ b Sch 8812 ___ c Form 8863 ___ **Add** any amount from Schedule 5 11,962,437			17	11,962,437
	18	Add lines 16 and 17. These are your total payments			18	12,049,747
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**			19	9,980,925
	20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			20a	
Direct deposit? See instructions.	b	Routing number ___ ▶ c Type: ☐ Checking ☐ Savings				
	d	Account number ___				
	21	Amount of line 19 you want **applied to your 2019 estimated tax**	21	9,980,925		
Amount You Owe	22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶			22	
	23	Estimated tax penalty (see instructions) ▶	23			

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Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2019 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 Check only one box

If you checked the MFS box, enter the name of spouse. If you check the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial	Last name	Your social security number
DONALD J & MELANIA<TRUMP		
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.

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

City, town, or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
PALM BEACH, FL 33480

Foreign country name	Foreign province/state/county	Foreign postal code

If more than four dependents, see instructions and ✓ here ► ☐

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, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
		SON	☐	☐
			☐	☐
			☐	☐
			☐	☐

Standard Deduction for –
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2					1	393,928
2a	Tax-exempt interest	2a	2,533	b	Taxable interest. Attach Sch. B if required	2b	11,332,436
3a	Qualified dividends	3a	19,540	b	Ordinary dividends. Attach Sch. B if required	3b	71,921
4a	IRA distributions	4a		b	Taxable amount	4b	
c	Pensions and annuities	4c		d	Taxable amount	4d	86,532
5a	Social security benefits	5a		b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐					6	9,257,197
7a	Other income from Schedule 1, line 9					7a	-16,698,511
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ►					7b	4,443,503
8a	Adjustments to income from Schedule 1, line 22					8a	62,789
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ►					8b	4,380,714
9	**Standard deduction or itemized deductions** (from Schedule A)	9	1,405,541				
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10					
11a	Add lines 9 and 10					11a	1,405,541
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-					11b	2,975,173

	12a	**Tax** (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ ___	12a	558,780	
	b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b 558,780
	13a	Child tax credit or credit for other dependents	13a		
	b	Add Schedule 3, line 7, and line 13a and enter the total ▶			13b 425,335
	14	Subtract line 13b from line 12b. If zero or less, enter -0-			14 133,445
	15	Other taxes, including self-employment tax, from Schedule 2, line 10			15 327,532
• If you have a qualifying child, attach Sch. EIC.	16	Add lines 14 and 15. This is your **total tax** ▶			16 460,977
	17	Federal income tax withheld from Forms W-2 and 1099			17 86,490
• If you have nontaxable combat pay, see instructions.	18	Other payments and refundable credits:			
	a	Earned income credit (EIC)	18a		
	b	Additional child tax credit. Attach Schedule 8812	18b		
	c	American opportunity credit from Form 8863, line 8	18c		
	d	Schedule 3, line 14	18d	11,010,007	
	e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶			18e 11,010,007
	19	Add lines 17 and 18e. These are your **total payments** ▶			19 11,096,497
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**			20 10,635,520
	21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			21a
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings			
	▶ d	Account number			
	22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22	10,635,520	
Amount You Owe	23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶			23
	24	Estimated tax penalty (see instructions) ▶	24		

Third Party Designee (Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶ | Phone no. ▶ | 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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
******	10-14-2020	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.)
******	10-14-2020	FIRST LADY	

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

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
DONALD BENDER				☑ 3rd Party Designee ☐ Self-employed
Firm's name ▶ MAZARS USA LLP			Phone no. (516) 488-1200	
Firm's address ▶ [redacted] WOODBURY, NY, 117972003			Firm's EIN ▶ 13-1459550	

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Form **1040** Department of the Treasury—Internal Revenue Service (99) **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 Check only one box

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. ▶

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

u have a P.O. box, see instructions. | Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
PALM BEACH	FL	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 (see instructions):

If more than four dependents, see instructions and check here ▶ ☐	(1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			SON	☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2					1	393,229
2a	Tax-exempt interest	2a	2,208	b	Taxable interest. Attach Sch. B if required	2b	10,626,179
3a	Qualified dividends	3a	17,694	b	Ordinary dividends. Attach Sch. B if required	3b	25,347
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	86,532
6a	Social security benefits	6a		b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐					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

Standard Deduction for –
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0
	17	Amount from Schedule 2, line 3 ▶		17	
	18	Add lines 16 and 17		18	0
	19	Child tax credit or credit for other dependents		19	
	20	Amount from Schedule 3, line 7 ▶		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or 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 ▶ c Type: ☑ Checking ☐ Savings			
	▶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** ▶		37	
		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.			
	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:
TIMOTHY P HORAN			☐ Self-employed

Firm's name ▶ BKM SOWAN HORAN LLP | Phone no. (214) 545-3965

Firm's address ▶ DALLAS, TX, 75254 | Firm's EIN ▶ 27-2602152