

For the year Jan.-Dec. 31, 1990, or other tax year beginning . . . . . 1990, ending . . . . . 19 OMB No. 1545-0074

<b>Label</b> Use IRS label. Otherwise, please print or type.	FRED C. TRUMP MARY TRUMP 85-14 MIDLAND PARKWAY JAMAICA, NY 11432		Your social security number [REDACTED]
			Spouse's social security number [REDACTED]

<b>Presidential Election Campaign</b>	Do you want \$1 to go to this fund? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Note:</b> Checking "Yes" will not change your tax or reduce your refund.
	If joint return, does your spouse want \$1 to go to this fund? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Filing Status</b> Check only one box.	1	<input type="checkbox"/>	Single. (See page 10 to find out if you can file as head of household.)
	2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)
	3	<input type="checkbox"/>	Married filing separate return. Enter spouse's social security no. above and full name here. ▶
	4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here. ▶
	5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 10.)

<b>Exemptions</b> (See Instructions on page 10.)	6a	<input checked="" type="checkbox"/>	Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2	No. of boxes checked on 6a and 6b <b>2</b> No. of your children on 6c who: • lived with you _____ • didn't live with you due to divorce or separation (see page 11) _____ No. of other dependents on 6c _____			
	b	<input checked="" type="checkbox"/>	Spouse				
If more than 6 dependents, see Instructions on page 11.	<b>c Dependents:</b> (1) Name (first, initial, and last name)		(2) Check if under age 2	(3) If age 2 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mos. lived in your home in 1990	
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ <input type="checkbox"/>						Add numbers entered on lines above ▶ <b>2</b>	
e Total number of exemptions claimed . . . . .						<b>2</b>	

<b>Income</b> Attach Copy B of your Forms W-2, W-2G, and W-2P here.  If you do not have a W-2, see page 8.  Attach check or money order on top of any Forms W-2, W-2G, or W-2P.	7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	7,300,000			
	8a	Taxable interest income (also attach Schedule B if over \$400)	8a	6,528,651			
	b	Tax-exempt interest income (see page 13). DON'T include on line 8a	8b	387,923			
	9	Dividend income (also attach Schedule B if over \$400)	9	31,609,243			
	10	Taxable refunds of state and local income taxes, if any, from worksheet on page 14	10	533,420			
	11	Alimony received	11				
	12	Business income or (loss) (attach Schedule C)	12				
	13	Capital gain or (loss) (attach Schedule D)	13	1,500,426			
	14	Capital gain distributions not reported on line 13 (see page 14)	14				
	15	Other gains or (losses) (attach Form 4797)	15				
	16a	Total IRA distributions	16a		16b Taxable amount	16b	
	17a	Total pensions and annuities	17a		17b Taxable amount	17b	
	18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	2,149,570			
	19	Farm income or (loss) (attach Schedule F)	19				
	20	Unemployment compensation (insurance) (see page 16)	20				
21a	Social security benefits	21a	34,456	21b Taxable amount	21b	17,228	
22	Other income (list type and amount—see page 16)	22	BOARD OF ELECTIONS		22	390	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your total income	23			23	49,638,928	

<b>Adjustments to Income</b> (See Instructions on page 17.)	24a	Your IRA deduction, from applicable worksheet on page 17 or 18	24a	
	b	Spouse's IRA deduction, from applicable worksheet on page 17 or 18	24b	
	25	One-half of self-employment tax (see page 18)	25	
	26	Self-employed health insurance deduction, from worksheet on page 18	26	
	27	Keogh retirement plan and self-employed SEP deduction	27	
	28	Penalty on early withdrawal of savings	28	
	29	Alimony paid. Recipient's SSN ▶	29	
	30	Add lines 24a through 29.	30	

<b>Adjusted Gross Income</b>	31	Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57.	31	49,638,928
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FRED C. & MARY TRUMP

**Tax Computation**

If you want IRS to figure your tax, see instructions on page 19.

32 Amount from line 31 (adjusted gross income) 32 49,638,928

33a Check if:  You were 65 or older  Blind:  Spouse was 65 or older  Blind.  
Add the number of boxes checked above and enter the total here ▶ 33a 2

b If your parent (or someone else) can claim you as a dependent, check here ▶ 33b

c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here ▶ 33c

34 Enter the larger of:  
 • Your **standard deduction** (from the chart (or worksheet) on page 20 that applies to you), OR  
 • Your **Itemized deductions** (from Schedule A, line 27).  
 If you itemize, attach Schedule A and check here ▶  34 5,955,949

35 Subtract line 34 from line 32 35 43,682,979

36 Multiply \$2,050 by the total number of exemptions claimed on line 6e 36 4,100

37 **Taxable Income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.) 37 43,678,879

38 Enter tax. Check if from: a  Tax Table, b  Tax Rate Schedules, or c  Form 8615 (If any is from Form(s) 8814, enter that amount here ▶ d \_\_\_\_\_.) 38 12,231,234

39 Additional taxes (see page 21). Check if from: a  Form 4970 b  Form 4972 39

40 Add lines 38 and 39 ▶ 40 12,231,234

**Credits**

(See instructions on page 21.)

41 Credit for child and dependent care expenses (attach Form 2441) 41

42 Credit for the elderly or the disabled (attach Schedule R) 42

43 Foreign tax credit (attach Form 1116) 43

44 General business credit. Check if from:  
 a  Form 3800 or b  Form (specify) \_\_\_\_\_ 44

45 Credit for prior year minimum tax (attach Form 8801) 45

46 Add lines 41 through 45. 46

47 Subtract line 46 from line 40. ▶ 47 12,231,234

**Other Taxes**

48 Self-employment tax (attach Schedule SE) 48

49 Alternative minimum tax (attach Form 6251) 49

50 Recapture taxes (see page 22). Check if from: a  Form 4255 b  Form 8611 50

51 Social security tax on tip income not reported to employer (attach Form 4137) 51

52 Tax on an IRA or a qualified retirement plan (attach Form 5329) 52

53 Advance earned income credit payments from Form W-2 53

54 Add lines 47 through 53. **Total tax** ▶ 54 12,231,234

**Payments**

Attach Forms W-2, W-2G, and W-2P to front.

55 Federal income tax withheld (if any is from Form(s) 1099, check  ) 55 4,450,042

56 1990 estimated tax payments and amount applied from 1989 return 56 249,645

57 **Earned income credit** (see page 23) 57

58 Amount paid with Form 4868 (extension request) 58

59 Excess social security tax and RRTA tax withheld (see page 24) 59 19,620

60 Credit for Federal tax on fuels (attach Form 4136) 60

61 Regulated investment company credit (attach Form 2439) 61

62 Add lines 55 through 61. **Total payments.** ▶ 62 4,719,307

**Refund or Amount You Owe**

63 If line 62 is more than line 54, enter amount **OVERPAID** ▶ 63

64 Amount of line 63 to be **REFUNDED TO YOU** ▶ 64

65 Amount of line 63 to be **APPLIED TO YOUR 1991 ESTIMATED TAX** ▶ 65

66 If line 54 is more than line 62, enter **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it. 66 7,511,927

67 Estimated tax penalty (see page 25) 67

**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 **EXECUTIVE**

Spouse's signature (if joint return, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation **HOUSEWIFE**

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's social security no. \_\_\_\_\_

Firm's name (or yours if self-employed) and address **SPAHR, LACHER & SPERBER  
3000 MARCUS AVENUE  
LAKE SUCCESS, N.Y. 11042** E.I. No. \_\_\_\_\_

4/04/91