

For the year January 1 through December 31, 1995, or fiscal tax year beginning ending , 1995

For office use only

ATTACH HERE TO PRINT OR TYPE  
Last name: TRUMP, DONALD J. AND MARLA  
First name and middle initial (if joint return, enter both names)  
Mailing address (number and street or rural route): 721 FIFTH AVENUE  
Apartment number  
City, village or post office: NEW YORK  
State: NY  
ZIP code: 10022  
New York State county of residence: NEW YORK  
School district name: MANHATTAN  
Permanent home address (number and street or rural route)  
Apartment number  
City, village or post office: NY  
State: NY  
ZIP code  
New York State county of residence  
School district name  
School district code number: 369  
If taxpayer is deceased, enter first name and date of death.

(A) Filing status - (1) Single

mark an "X" in one box:

- (2) X Married filing joint return (enter spouse's social security number above)
- (3) Married filing separate return (enter spouse's social security number above)
- (4) Head of household (with qualifying person)
- (5) Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1995 federal income tax return? Yes X No

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X

(D) If you do not need forms mailed to you next year, mark an "X" in the box (see instructions) . . . . . X

(E) Enter the number of exemptions claimed from your federal return, line 6e . . . . . 3

Federal Income and Adjustments

For lines 1 through 17 below, enter your Income Items and total adjustments as they appear on your federal return (see page 14). See instructions on page 14 for showing a loss.

Table with 18 rows for Federal Income and Adjustments. Includes items like Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income (SEE STATEMENT 1); Add lines 1 through 15; Total federal adjustments to income; Subtract line 17 from line 16. This is your federal adjusted gross income.

Table with 18 rows for Federal Income and Adjustments. Columns: Dollars, Cents. Values: 1. 6,108.; 2. 7,386,825.; 3. 26,051.; 4. 62,205.; 5. .; 6. 3,427,092.; 7. -3,000.; 8. -1,356,097.; 9. .; 10. .; 11. -15,818,562.; 12. .; 13. .; 14. .; 15. 909,459,915.; 16. 915,729,293.; 17. .; 18. 915,729,293.

New York Additions: (see page 15)

Table with 4 rows for New York Additions. Includes: 19 Interest income on state and local bonds and obligations; 20 Public employee 414(h) retirement contributions from your wage and tax statements; 21 Other (SEE STATEMENT 2); 22 Add lines 18 through 21.

Table with 4 rows for New York Additions. Values: 19. .; 20. .; 21. 43,371,489.; 22. 872,357,804.

New York Subtractions: (see page 17)

Table with 7 rows for New York Subtractions. Includes: 23 Taxable refunds, credits, or offsets of state & local income taxes (line 4 above); 24 Pensions of NYS and local governments and the federal government; 25 Taxable amount of social security benefits (from line 14 above); 26 Interest income on U S government bonds; 27 Pension and annuity income exclusion; 28 Other (SEE STATEMENT 3); 29 Add lines 23 through 28.

Table with 7 rows for New York Subtractions. Values: 23. 62,205.; 24. .; 25. .; 26. .; 27. .; 28. 41,345,875.; 29. 41,408,080.

30 Subtract line 29 from line 22. This is your New York adjusted gross income (enter the line 30 amount on line 31 on the back page.)

Table with 1 row for New York adjusted gross income. Value: 30. 913,765,884.

CONNECTICUT NONRESIDENT OR PART-YEAR RESIDENT INCOME TAX RETURN

Check here for 1995 resident status:  Nonresident  Part-Year Resident

For the year January 1 - December 31, 1995, or other taxable year beginning , 1995, ending , 19

Label (See instructions on page 3.) Use the DRS Label. Otherwise, please print or type  <b>L A B E L  H E R E</b>	Your First Name and Middle Initial ▶ DONALD J.	Last Name TRUMP	Your Social Security Number [REDACTED]
	If a JOINT return, Spouse's First Name and Middle Initial ▶ MARLA	Last Name TRUMP	Your Spouse's Social Security Number [REDACTED]
	Home Address Number and Street ▶ 721 FIFTH AVENUE		DEPARTMENT USE ONLY  Your Telephone Number
	City, Town or Post Office ▶ NEW YORK	State NY	

Check if you used a paid preparer and do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file .....   
 Check here only if you checked any of the boxes on Part I of Form CT-2210 .....

<b>Filing Status</b> Check only one box	▶ A. <input type="checkbox"/> Single
	▶ B. <input checked="" type="checkbox"/> Married filing joint return or Qualifying widow(er) with dependent child
	▶ C. <input type="checkbox"/> Married filing SEPARATE returns _____
	▶ D. <input type="checkbox"/> Head of Household (with qualifying person) _____ Spouse's full name _____ Spouse's Social Security Number _____

<b>Income and Tax</b>	1. Federal Adjusted Gross Income (from federal Form 1040, Line 31 or Form 1040A, Line 16 or Form 1040EZ, Line 4)	▶	1	-915729293	
	2. Additions, if any (from Schedule 1, Line 39 on the reverse)	▶	2	1945	
	3. Add Line 1 and Line 2	▶	3	-915727348	
	4. Subtractions, if any (from Schedule 1, Line 49 on the reverse)	▶	4	62205	
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶	5	-915789553	
	6. Income from Connecticut sources (from Schedule CT-SI, Line 24)	▶	6	-422943	
	7. Enter the greater of Line 5 or Line 6 (if zero or less, go to Line 14 and enter 0)	▶	7	-422943	
	8. Income Tax: From Tax Table or Tax Calculation Schedule (See instructions) ALL EXEMPTIONS AND CREDITS ARE INCLUDED IN THE TAX TABLE	▶	8	0	
	9. Divide Line 6 by Line 5 (if Line 6 is equal to or greater than Line 5, enter 1.0000)	▶	9		
	10. Allocated Connecticut income tax (Multiply Line 9 by Line 8)	▶	10		
	11. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	▶	11		
	12. Subtract Line 11 from Line 10	▶	12		
	13. Net Credit for income tax paid to other jurisdictions by part-year residents only (from Schedule 2)	▶	13		
	14. Connecticut income tax (Subtract Line 13 from Line 12)	▶	14	0	
	15. Connecticut Alternative Minimum Tax (from Form CT-6251)	▶	15		
	16. Total income tax (Add Line 14 and Line 15)	▶	16		
	17. Individual Use Tax For the individual use tax portion of this return to be considered filed, an entry must be made. (see Instructions)	▶	17	0	
	18. Total Tax (Add Line 16 and Line 17)	▶	18	0	

<b>Payments</b>	19. Connecticut tax withheld (Attach W-2s and certain 1090's; See instructions)	▶	19		
	20. All 1995 estimated tax payments and any overpayments applied from a prior year	▶	20		
	21. Payments made with extension request (Form CT-1040EXT)	▶	21		
	22. Total payments (Add Lines 19, 20 and 21)	▶	22		

<b>Refund, Amount You Owe or Contribution</b>	23. If Line 22 is greater than Line 18, enter amount overpaid. (Subtract Line 18 from Line 22)	▶	23		
	24. Amount of Line 23 you want to be applied to your 1996 estimated tax	▶	24		
	25. Amount of Line 23 you want to contribute to: (See Instructions)				
	AIDS Research ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
	Organ Transplant ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
	Endangered Species/ Wildlife Fund ▶ _____ \$2 ▶ _____ \$5 ▶ _____ \$15 ▶ other _____ .00				
	TOTAL CONTRIBUTIONS	▶	25		00
	26. Amount of Line 23 you want to be refunded to you (Subtract Line 24 and Line 25 from Line 23)	▶	26		
	REFUND				
	27. If Line 18 is greater than Line 22, enter the amount of tax you owe. (Subtract Line 22 from Line 18)	▶	27		
28. If late: Enter Penalty (see instructions)	▶	28			
29. If late: Enter Interest (1 % x number of months late or fraction thereof x amount on Line 27)	▶	29			
30. Interest on underpayment of estimated tax (from Form CT-2210)	▶	30			
31. Amount you owe with this return (Add Lines 27 through 30)	▶	31			
			AMOUNT YOU OWE		

SEE PAYMENT AND MAILING INSTRUCTIONS ON REVERSE  
 TAXPAYERS MUST SIGN DECLARATION ON REVERSE

STATE OF NEW JERSEY  
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan.-Dec. 31, 1995 Or Other Tax Year Beginning \_\_\_\_\_, 1995, Ending \_\_\_\_\_, 19  
Check block  if application for Federal extension is attached.

5-N

FOR PRIVATE USE ONLY - INSTRUCTIONS AND NOTIFICATIONS  
PLEASE PRINT OR TYPE  
PLEASE ATTACH TO THE BACK OF THE FORM  
PLEASE CHECK OR MARK  
PLEASE SIGN HERE

Your Social Security Number [REDACTED]	Last Name, First Name and Initial (Joint filers enter first name & initial of each - Enter spouse last name ONLY if different) <b>TRUMP, DONALD J. AND MARLA</b>			Please place label on form you file. Make all necessary changes on label.			
Spouse's Social Security Number [REDACTED]	Home address (Number and Street, including apartment number or rural route) <b>721 FIFTH AVENUE</b>						
State of Residency <b>NEW YORK</b>	City, Town, Post Office <b>NY</b>	State <b>NY</b>	Zip Code <b>10022</b>				
(Check only ONE box)							
1. <input type="checkbox"/> Single	<b>EXEMPTIONS</b>	6. Regular	<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse	6	2	
2. <input checked="" type="checkbox"/> Married, filing joint return		7. Age 65 or Over	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	7		
3. <input type="checkbox"/> Married, filing separate return		8. Blind or Disabled	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	8		
Name _____		9. Number of your qualified dependent children.			9	1	
SSN _____		10. Number of other dependents			10		
4. <input type="checkbox"/> Head of Household		11. Dependents attending colleges			11		
5. <input type="checkbox"/> Qualifying Widow(er)	12. Totals (For Line 12a-Add Lines 6, 7, 8 and 11) (For Line 12b-Add Line 9 and Line 10)			12a	2	12b	1

**RESIDENCY STATUS** 13. If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From \_\_\_\_\_ To \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

**GUBERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund? Yes  No   
If joint return, does your spouse wish to designate \$1? Yes  No   
Note: If you check the "Yes" box(es) it won't increase your tax or reduce your refund.

**NOTE: Retirement Income Exclusion is computed by completing the worksheet on page 9 of the instructions.**

	(Column A) AMOUNT OF GROSS INCOME (EVERYWHERE)	(Column B) AMOUNT FROM NEW JERSEY SOURCES
14a. Total Income (From Line 45, Part I)	14a 19558089	14a 1468267
14b. Other Retirement Income Exclusion (See Worksheet and Instructions)	14b	14b
14c. Gross Income (Subtract Line 14b from Line 14a)	14c (A) 19558089	14c (B) 1468267
15a. Exemptions: From Line 12a <u>2</u> x \$1,000 = <u>2000</u>		
15b. From Line 12b <u>1</u> x \$1,500 = <u>1500</u>		
15c. Total Exemption Amount (Add Line 15a and Line 15b)	15c 3500	
<b>NOTE: Part-year residents - See Instructions</b>		
16. Medical Expenses (From Line 55)	16	
17. Alimony & separate maintenance payments	17	
18. Total Exemptions and Deductions (Add Lines 15c, 16, and 17)	18 3500	
19. TAXABLE INCOME (Subtract Line 18 from Line 14c, Column A)	19 19554589	
20. Tax on amount on Line 19 (From Tax Rate Tables on Page 23)	20 1283029	
21. Income Percentage (B) (Line 14c) = <u>7.5</u> % (A) (Line 14c)		

22. NEW JERSEY TAX (Multiply amount from Line 20 <u>83029</u> x <u>7.5</u> % from Line 21)	22 96227	Check <input type="checkbox"/> if Form NJ-2210 is attached. If an amount is entered on Line 25 or Line 26 attach Form NJ-2450
23. Total New Jersey Tax Withheld (Attach Form W-2)	23 9	
24. New Jersey Estimated Tax Payments/Credit from 1994 tax return	24 142029	
25. EXCESS N.J. WD/HC Withheld (See Instructions)	25	
26. EXCESS N.J. Disability Insurance Withheld (See Instructions)	26	

27. Total Payments/Credits (Add Lines 23 through 26)	27 ENTER TOTAL ▶ 142038
28. If payments (Line 27) are LESS THAN tax (Line 22) enter AMOUNT OF TAX YOU OWE	28 0
29. If payments (Line 27) are MORE THAN tax (Line 22) enter OVERPAYMENT	29 45811

30. Deductions from Overpayment on Line 29 which you elect to credit to:		<b>NOTE: AN ENTRY ON LINE 30A, B, C OR D WILL REDUCE YOUR TAX REFUND</b>
(A) Your 1996 Tax	30A 45811	
(B) The N.J. Conserve Wildlife Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$	30B	
(C) The Children's Trust Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$	30C	
(D) N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, Other \$	30D	
31. Total Deductions From Overpayment (Add Lines 30A, B, C and D)	31 ENTER TOTAL ▶ 45811	
32. REFUND (Amount to be sent to you, Line 29 LESS 31)	32	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct as prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has knowledge.

Your signature [Signature] Date 1-19-96 Spouse's signature (if filing jointly, BOTH must sign.) [Signature]

Paid Preparer's Signature [Signature] Federal Identification Number \_\_\_\_\_  
Firm's name SPAHN, LACHER & SPERBER L.L.P. Federal Employer Identification Number \_\_\_\_\_

Pay amount on Line 28 in full. Write social security number on check or money order and make payable to:  
**Division of Taxation  
Income Tax  
CN-244  
Trenton, N.J. 08646-0244**