► See separate instructions.

1 Issuer's name	-	2 Issuer's employer identification number (EIN)		
INVESCO ADVANTAGE	MUNICIPAL INCOME	TRUST II		36-7041986
3 Name of contact for a		5 Email address of contact		
INVESTOR SERVICE			1-800-959-4246	WWW.INVESCO.COM
6 Number and street (or	r P.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact		
11 GREENWAY PLAZA, 8 Date of action	SUITE 1000	HOUSTON, TX 77046-1113		
D Date of action		9 01233	ification and description	
See Attachment			ion in excess of current an	
10 CUSIP number	11 Serial number	(S)	12 Ticker symbol	13 Account number(s)
See Attachment			See Attachment	
Part II Organiza	tional Action Atta	ch additional	statements if needed. Se	ee back of form for additional questions.
14 Describe the organi	zational action and, if a	applicable, the	date of the action or the dat	te against which shareholders' ownership is measured for y 2019 to February 2019. Each distribution
constitutes a non-taxabl			Sharenoidei Shronn Januar	y 2019 to February 2019. Each distribution
	e return or capital.			
				ity in the hands of a U.S. taxpayer as an adjustment per axable return of capital will decrease
a U.S. taxpayer's basis i	n the shares of the is	suer. For the	non-taxable return of capit	al see attachment.
	-			ation, such as the market values of securities and the
				to distributions paid during the period ended February
				uring the taxable period ended February 28, 2019 in
excess of the Fund's cu	rrent and accumulate	d earnings ar	nd profits under IRC Section	n 316.

	07 (10 (-		EIN. 007041000	. .		
Form 89: Part		Organizational Action (con	tinued)		Page 2		
		applicable Internal Revenue Code nue Code Sections 301, 316, 852	section(s) and subsection(s) upon whi	ch the tax treatment is based	▶		
Interna	IKeve	The Code Sections 301, 310, 652					
18 C	an anv	resulting loss be recognized? ►	No				
19 P	rovide	any other information necessary to	o implement the adjustment, such as t	he reportable tax year ►			
This or	ganiza	tional action is reportable with r	espect to calendar year 2019.				
	Unde	r penalties of periury. I declare that I h	ave examined this return, including accomp	panving schedules and statement	s. and to the best of my knowledge and		
	belief	, it is true, correct, and complete. Decla	ration of preparer (other than officer) is base	ed on all information of which prep	barer has any knowledge.		
Sign							
Here	Signa	ture► /s/ Sheri Morris	Date ►	Date ►			
	Definit	Vourname E Shari Marria		THE Dreader	at & Troacurer		
Paid	Print	your name ► Sheri Morris Print/Type preparer's name	Preparer's signature	Title► Presider Date	nt & Treasurer Check if PTIN		
Paid Prepa	arer				self-employed		
Use (Firm's name			Firm's EIN ►		
	-	L					

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address 🕨

Invesco Advantage Municipal Income Trust II EIN: 36-7041986

ATTACHMENT

				Per Share		
		Ticker	Payable	Distribution	Income	ROC
	CUSIP	Symbol	Date	Per Share	Dividends	
Class A	46132E103	VKI	01/31/19	0.04930000	0.03930000	0.01000000
Class A	46132E103	VKI	02/28/19	0.04930000	0.03930000	0.01000000
Total				0.09860000	0.07860000	0.02000000