

Part II **Organizational Action** (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____
[Internal Revenue Code Sections 301, 316, 852.](#)

18 Can any resulting loss be recognized? ▶ No

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ _____
[This organizational action is reportable with respect to calendar year 2020.](#)

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature ▶ /s/ Sheri Morris Date ▶ _____

Paid Preparer Use Only	Print your name ▶ <u>Sheri Morris</u>	Preparer's signature	Title ▶ <u>President & Treasurer</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name		Date		
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

Invesco Trust for Investment Grade Municipals
EIN: 36-3797841

ATTACHMENT

				Per Share		
	<u>CUSIP</u>	<u>Ticker</u> <u>Symbol</u>	<u>Payable</u> <u>Date</u>	<u>Distribution</u> <u>Per Share</u>	<u>Income</u> <u>Dividends</u>	<u>ROC</u>
	46131M106	VGM	01/31/20	0.05160000	0.04530000	0.00630000
	46131M106	VGM	02/28/20	0.04930000	0.04330000	0.00600000
Total				0.10090000	0.08860000	0.01230000