

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 ▶ _____

Print your name ▶ [Sheri Morris](#) Title ▶ [President & Treasurer](#)

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

Invesco Trust for Investment Grade New York Municipals
EIN: 36-6981632

ATTACHMENT

				Per Share		
	Ticker	Payable	Distribution	Income	ROC	
	Symbol	Date	Per Share	Dividends		
	CUSIP					
	46131T101	VTN	01/31/20	0.04580000	0.02810000	0.01770000
	46131T101	VTN	02/28/20	0.04580000	0.02810000	0.01770000
Total			0.09160000	0.05620000	0.03540000	