

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 EIN ▶	
	Firm's name ▶			Phone no.	
	Firm's address ▶				

Invesco California Value Municipal Income Trust
EIN: 36-7017425

ATTACHMENT

	<u>CUSIP</u>	<u>Ticker</u> <u>Symbol</u>	<u>Payable</u> <u>Date</u>	<u>Distribution</u>	<u>Per Share</u>	<u>ROC</u>
				<u>Per Share</u>	<u>Income</u> <u>Dividends</u>	
	46132H106	VCV	01/31/20	0.04300000	0.03000000	0.01300000
	46132H106	VCV	02/28/20	0.04300000	0.03000000	0.01300000
Total				0.08600000	0.06000000	0.02600000