

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.

Blank lines for listing Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ No

Blank lines for providing information regarding loss recognition.

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 2019.

Blank lines for providing other information necessary for the adjustment.

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 California Value Municipal Income Trust
EIN: 36-7017425

ATTACHMENT

	<u>CUSIP</u>	<u>Ticker Symbol</u>	<u>Payable Date</u>	<u>Per Share</u>		<u>ROC</u>
				<u>Distribution Per Share</u>	<u>Income Dividends</u>	
Class A	46132H106	VCV	01/31/19	0.05100000	0.04130000	0.00970000
Class A	46132H106	VCV	02/28/19	0.05100000	0.04130000	0.00970000
Total				0.10200000	0.08260000	0.01940000