

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.](#)

Sign Here 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.

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 Municipal Opportunity Trust
EIN: 36-3810337

ATTACHMENT

	CUSIP	Ticker Symbol	Payable Date	Distribution	Per Share	ROC
				Per Share	Income Dividends	
	46132C107	VMO	01/31/20	0.05000000	0.03890000	0.01110000
	46132C107	VMO	02/28/20	0.04780000	0.03720000	0.01060000
Total				0.09780000	0.07610000	0.02170000