► See separate instructions.

Turch hepotting issuer		
1 Issuer's name	2 Issuer's employer identification number (EIN)	
TORTOISE POWER AND ENERGY INFRASTR	UCTURE FUND, INC.	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact
PAM KEARNEY	(866) 362-9331	TAXINFO@TORTOISEADVISORS.COM
6 Number and street (or P.O. box if mail is not		7 City, town, or post office, state, and Zip code of contact
		7 Ony, town, of post office, state, and zip code of contact
11550 ASH STREET, SUITE 300		LEAWOOD, KS 66211
8 Date of action	9 Classification and description	
11/30/2017	COMMON STOCK	
10 CUSIP number 11 Serial number	(s) 12 Ticker symbol	13 Account number(s)
89147X104	TPZ	
		ee back of form for additional questions.
		te against which shareholders' ownership is measured for
-		
		(TPZ) PAID DISTRIBUTIONS TO COMMON
		O BE NONTAXABLE UPON COMPUTATION OF TPZ'S
EARNINGS AND PROFITS AFTER THE TAX Y	EAR-END.	
share or as a percentage of old basis A	SHAREHOLDER'S BASIS IN TPZ STOCK	rity in the hands of a U.S. taxpayer as an adjustment per
DISTRIBUTIONS PAID PER SHARE, AS FOLL	OWS: \$0.0089 ON 1/31/2017, \$0.0089 ON	N 2/28/2017, \$0.0089 ON 3/31/2017, \$0.0089 ON 4/28/2017,
\$0.0089 ON 5/31/2017, \$0.0089 ON 6/30/2017,	\$0.0089 ON 7/31/2017, \$0.0089 ON 8/31/2	2017, \$0.0089 ON 9/29/2017, \$0.0089 ON 10/31/2017, AND
\$0.0089 ON 11/30/2017.		
		lation, such as the market values of securities and the
		OF CAPITAL AND REDUCE THE SHAREHOLDER'S BASIS
IN ITS STOCK. NONTAXABLE DISTRIBUTION	IS IN EXCESS OF THE SHAREHOLDER'	S BASIS ARE TREATED AS CAPITAL GAIN.

Form 8937 (Rev. 12-2011)

Part II Organizational Action (continued)

 17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►
 TAX TREATMENT IS BASED

 UPON INTERNAL REVENUE CODE SECTIONS 301(c) AND 316(a).
 TAX TREATMENT IS BASED

_				
18 C	an any	v resulting loss be recognized? ► N/A		
19 P	rovide	any other information necessary to implement the adjustment, such as the reportable tax year >	N/A	
	-			
	Unde	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten	nents,	and to the best of my knowledge and
	belie	f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	n prepa	rer has any knowledge.
Sign				1 6
Here	Sign	ature► ////////////////////////////////////	1	12/13
	loigin			[1- <i>f</i> 10
		vour name ► BRAD ADAMS Title ► CEO		
	Print	your name ► BRAD ADAMS Title ► CEO Print/Type preparer's name Preparer's signature Date	,	Ohank TI # PTIN
Paid				Check if self-employed
Prep				
Use		Firm's name		Firm's EIN ►
-	-	Firm's address 🕨		Phone no.
Send F	orm 8	937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service	e, Ogo	den, UT 84201-0054