► See separate instructions.

Part Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)		
TORTOISE ENERGY INDE	PENDENCE FUND			
3 Name of contact for ad	ditional information 4	Telephone No. of contact	5 Email address of contact	
			TAXINFO@TORTOISEECOFIN.COM	
6 Number and street (or I	P.O. box if mail is not de	7 City, town, or post office, state, and ZIP code of contact		
5363 COLLEGE BLVD		OVERLAND PARK, KS 66211		
8 Date of action		9 Classification and description		
11/30/2021		COMMON STOCK		
I0 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
89148K200		NDP		
Part II Organizati	onal Action Attach a	additional statements if needed. S	See back of form for additional questions.	
•			ate against which shareholders' ownership is measured for	
the action TORTO	DISE ENERGY INDEPE	NDENCE FUND (NDP) PAID DISTRI	BUTIONS TO COMMON SHARHOLDERS DURING	
		MINED TO BE NONTAXABLE UPO	N COMPUTATION OF NDP'S EARNINGS AND PROFITS	
AFTER THE TAX YEAR-E	ND.			
15 Describe the quantita	tive effect of the organiz	ational action on the basis of the sec	urity in the hands of a U.S. taxpayer as an adjustment per	
	-		TOCK IS REDUCED BY THE NONTAXABLE PORTION OF	
DISTRIBUTIONS PAID PE	R SHARE, AS FOLLOW	/S: \$0.2867 ON 08/31/21 AND \$0.286	67 ON 11/30/21.	

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► NONTAXABLE DISTRIBUTIONS ARE CONSIDERED RETURN OF CAPITAL AND REDUCE SHAREHOLDER'S BASIS IN ITS STOCK. NONTAXABLE DISTRIBUTIONS IN EXCESS OF THE SHAREHOLDER'S BASIS ARE TREATED AS CAPITAL GAIN.

Form 893	7 (12-2017) Page 2
Part	Organizational Action (continued)
	st the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based TAX TREATMENT IS BASED NTERNAL REVENUE CODE SECTIONS 301(c) AND 316(a).
18 C	an any resulting loss be recognized? ► N/A
19 P	ovide any other information necessary to implement the adjustment, such as the reportable tax year ► N/A
Sign	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.
Here	Signature► Brad Adams Date►

	Print your name BRAD ADAMS			Title CEO				
Paid Prepa Use O		Print/Type preparer's name	Preparer's signature	Date	Check if self-employed			
		Firm's name	Firm's EIN ►					
		Firm's address 🕨	Phone no.					
Cond Low	Negative 2007 (including account of the statements) to Department of the Traceway Internal Devenue Conder IIT 24001 0054							

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054