Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting I	ssuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)			
TORTOISE ENERGY INDEF					
3 Name of contact for additional information 4 Telephor			e No. of contact	5 Email address of contact	
				TAXINFO@TORTOISEECOFIN.COM	
6 Number and street (or P	O hox if mail is not	7 City, town, or post office, state, and ZIP code of contact			
• Hamber and Street (SF)	.o. box ii maii io not	donivorou to c	aroot address) or contact	1 only, town, or poor office, state, and an occasion contact	
6363 COLLEGE BLVD STE	100A			OVERLAND PARK, KS 66211	
8 Date of action					
11/30/2024 & 12/20/2024			N STOCK		
10 CUSIP number	IP number 11 Serial number(s)		12 Ticker symbol	13 Account number(s)	
004401/000			NDD		
89148K200 Part II Organization	nal Action Attac	h additional	NDP	See back of form for additional questions.	
				date against which shareholders' ownership is measured for	
•				BUTIONS TO COMMON SHAREHOLDERS DURING	
				ON COMPUTATION OF NDP'S EARNINGS AND PROFITS	
AFTER THE FISCAL YEAR					
15 Describe the quantitat	ive effect of the orga	anizational act	ion on the basis of the se	ecurity in the hands of a U.S. taxpayer as an adjustment per	
				TOCK IS REDUCED BY THE NONTAXABLE PORTION	
				ON 5/31/24, \$0.5233 ON 8/30/24, \$0.5233 ON	
11/29/24 AND \$0.255 ON 12	2/13/2024.				
16 Describe the calculation	n of the change in b	asis and the d	ata that supports the calc	ulation, such as the market values of securities and the	
valuation dates ► NON	ITAXABLE DISTRIE	BUTIONS ARE	CONSIDERED RETURN	OF CAPITAL AND REDUCE SHAREHOLDER'S	
				HOLDER'S BASIS ARE TREATED AS CAPITAL GAIN.	

Part I		Organizational Action (contin	nued)					
		- g	16.64.7					
17 Li:	st the	applicable Internal Revenue Code s	ection(s) and su	bsection(s) upon v	hich the tax treatme	ent is t	based ►	TAX TREATMENT IS
		N INTERNAL REVENUE CODE SEC						., ., ., ., ., ., ., ., ., ., ., ., ., .
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18 Ca	an anv	resulting loss be recognized? ► N	/^					
10 0	arr arry	resulting loss be recognized:	<i></i>					
19 Pr	ovide	any other information necessary to	implement the a	adiustment, such a	s the reportable tax	vear •	N/A	
		,	•	,	'	,		
	Unde	r penalties of perjury, I declare that I have	ve examined this	return, including acco	mpanying schedules a	and sta	tements, a	nd to the best of my knowledge and
	belief	, it is true, correct, and complete. Declara	tion of preparer (o	ther than officer) is b	sed on all information	of whic	ch preparer	has any knowledge.
Sign		2/1						
Here	Signa	iture •			Date	-	Jan. 10, 2	2025
]					_		
	Print	your name Matthew 6 P. Sallee			Title	► CI	EO	
Daid		Print/Type preparer's name	Preparer'	s signature	Dat			Check if PTIN
Paid	WC							Check if 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Prepa		Firm's name ▶	1		<u> </u>			Firm's EIN ►
Use C	nly	Firm's address •					-	Phone no.
Send Fo	orm 20	37 (including accompanying statement	ents) to: Departs	ment of the Treasu	v Internal Revenue	Seni		
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