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

P	art I Reporting I	Issuer			•				
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI DoubleLine In	come US\$ Fund	N/A						
3	Name of contact for add	Name of contact for additional information 4		ne No. of contact	5 Email address of contact				
	Duarte Boucinha		416-681-1752		dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not de			street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ast, 20th Floor			Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description						
	Tax Year 2021			Non-taxable dist	ribution				
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	Λ	N/A	N/A				
Р	art II Organizatio	onal Action Attac	ch additiona	I statements if needed. See I	back of form for additional questions.				
14									
	the action ►				ders throughout the 2021 taxation year.				
					eturn of capital that occurred throughout				
_		the 2021 tax	-	unit information of the re	cturii or capitai tiiat occurred tiirougnout				
_		uic zozi taz	table year.						
15	Describe the quantitat	tive effect of the ora	nizational ac	tion on the basis of the security	in the hands of a LLS taxpaver as an adjustment per				
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment									
share or as a percentage of old basis ► 0.09253 per unit									
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_									
16	Describe the calculation valuation dates ►	on of the change in ${ m N}/{ m A}$	pasis and the	data that supports the calculation	on, such as the market values of securities and the				
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47		and the black of the second of	(A) and a boundary (A) and a 11 to 11 to 12 to 12 to 13 to 14 to 15 to 1		IDC	
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based			
					312 and 316	
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ			
	an any					
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A	
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12	
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign		-16 ,				
Here	Signa	ture •	Date ►			
	-					
	Print	our name ► Darie Urbanky			and Chief Operating Office	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Prepa	arer				self-employed	
Use (Only	Firm's name ►			Firm's EIN ▶	
		Firm's address ►			Phone no.	

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