Form **8937**(December 2017) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting Issuer	
1 Issuer's name	2 Issuer's employer identification number (EIN)
Guggenheim Taxable Municipal Bond & Investment Grade Debt Trust	27-3396957
3 Name of contact for additional information 4 Telephone No. of contact	5 Email address of contact
Glenn McWhinnie 312-357-0	glenn.mcwhinnie@guggenheiminvestments.com
6 Number and street (or P.O. box if mail is not delivered to street address)	of contact 7 City, town, or post office, state, and ZIP code of contact
227 West Monroe Street, 7th Floor	Chicago, IL 60606
8 Date of action 9 Classification and c	description
1/15/21 PAID A "RETURN OF	CAPITAL" DISTRIBUTION
10 CUSIP number 11 Serial number(s) 12 Ticker s	symbol 13 Account number(s)
401664107 GBAB	
Part II Organizational Action Attach additional statements	if needed. See back of form for additional questions.
	ction or the date against which shareholders' ownership is measured for
the action ▶ RETURN OF CAPITAL (ROC) DISTRIBUTION AS PAR	-
RECORD DATE: TOTAL PER SHAR	E DISTRIBUTION: ROC PER SHARE DISTRIBUTION:
6/15/2020 0.125730	0 0.005777156
7/15/2020 0.125730	0 0.005777156
8/14/2020 0.125730	0 0.005777156
9/15/2020 0.125730	0 0.005777156
10/15/2020 0.125730	0 0.005777156
11/13/2020 0.125730	0 0.005617713
12/15/2020 0.125730	0.0
	sis of the security in the hands of a U.S. taxpayer as an adjustment per REDUCE THE COST BASIS OF THE SHAREHOLDER'S SECURITY.
16 Describe the calculation of the change in basis and the data that support valuation dates ► N/A	ports the calculation, such as the market values of securities and the

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Par		Organizational Action (continued)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
17		applicable Internal Revenue Code section(s)	and subsection(s) upon which the tax trea	atment is	based ▶	IRC SECTIONS §312 & §316
18	Can ar	ny resulting loss be recognized? ► N/A				
						
						
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					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
19	Provid	le any other information necessary to implem	ent the adjustment, such as the reportabl	e tax yea	r► N/A	
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			the state of the s			
						+ particular
	Ti.	der penalties of perjury, I declare that I have exam	ined this return, including accompanying sche	dules and	statements.	and to the best of my knowledge and
	be	der penantes of perjury, I declare that I have examinet, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all infor	mation of	which prepa	rer has any knowledge.
Sig	n	MO 2002.0			. 1	1 =
Here Signature > Date > 1/5/2						21
					Assistant	Troncuror
-		nt your name ► Glenn McWhinnie Print/Type preparer's name	Preparer's signature	Title ► Date	noololill	Check T if PTIN
Pa						Check if self-employed
Preparer Use Only						Firm's EIN ▶
		Firm's address				Phone no.
Sen	d Form	8937 (including accompanying statements) t	o: Department of the Treasury, Internal Re	evenue S	ervice, Ogo	len, UT 84201-0054