

Part II Organizational Action *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ [IRC 301, 302 and 316.](#)

18 Can any resulting loss be recognized? ▶ [No loss can be recognized by the shareholders of each dividend noted above for the nontaxable return of capital distribution received.](#)

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [The information provided above will be provided on the shareholder's 2024 1099-DIV statement, box 3.](#)

Sign Here 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.

Signature ▶ _____ A signed copy is maintained by the issuer. Date ▶ _____

Print your name ▶ _____ Title ▶ _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Direxion Daily Travel & Vacation Bull 2X Shares
86-3358430

Record Date	Ex Date	Payable Date	Total Dividend	9.93% Return of Capital
3/20/2024	3/19/2024	3/26/2024	0.03094	0.0031
6/25/2024	6/25/2024	7/2/2024	0.05228	0.0052
9/24/2024	9/24/2024	10/1/2024	0.05294	0.0053