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

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Internal Revenue Service			See separate instructions.			
Part I Reporting I	ssuer					
1 Issuer's name				2 Issuer's employer identificat	tion number (EIN)	
PIEDMONT OFFICE R	EALTY TRUST.	58-2328421				
3 Name of contact for add	·	5 Email address of contact				
INVESTOR SERVICES	3	investor.services@pied	montreit.com			
6 Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state, an	d ZIP code of contact			
P.O. BOX 505000		LOUISVILLE, KY, 4023	33-5000			
8 Date of action		9 Class	sification and description			
06/19/2020; 09/18	3/2020	QUART	ERLY DIVIDEND PAYME	ENT		
10 CUSIP number 11 Serial number(s) 12 Ticker symbol				13 Account number(s)		
T0010000			77			
720190206 Part II Organization	nal Action Atta	oh additiona	PDM	 back of form for additional questio		
				against which shareholders' ownership		
				TED QUARTERLY CASH DIST		
				TION OF THESE DISTRIBUT		
				ONS WERE PAID JUNE 19,		
	2020. THE S	SHAREHOLD	ER RECORD DATES ARI	E MAY 29, 2020 AND AUGU	ST 28,	
2020.						
	-			in the hands of a U.S. taxpayer as an a		
FOLLOWS:	<u>-</u>					
PAYABLE DATE		NON-DIVID	END DISTRIBUTION			
06/19/2020	\$0.009977					
09/18/2020	\$0.040958					
	_			on, such as the market values of secur		
				CALCULATED UNDER IRC SE		
				/ESTMENT TRUST) AND THE		
				HE EARNINGS AND PROFITS	ALLOCABLE	
TO THE COMMON SHARES ARE A RETURN OF CAPITAL.						

		<u> </u>		
Part I		Organizational Action (continued)		
		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax	x treatment is based	·
I.R.C	C. SI	ECTION 301(c)(2)		
18 C	an anv	y resulting loss be recognized?► NO TAX LOSS IS RECOGNIZED BY	SHAREHOLDERS	S AS A RESULT OF
		G THE 2020 COMMON STOCK QUARTERLY DISTRIBUTION PA		
		o in 1010 control brook gonniand bronking in	111.211201	
19 Pi	rovide	any other information necessary to implement the adjustment, such as the report	able tax year ►	
		er penalties of perjury, I declare that I have examined this return, including accompanying so		
	belief	f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all in	formation of which prepare	arer has any knowledge.
Sign		Office Forested Orac Assilette et the Orac assiletted as		
Here	Signa	ature Original Executed Copy Available at the Company's Headquarters	Date ►02/1	2/2021
	Print	your name ► LAURA MOON	Title ► SVP &	
Paid		Print/Type preparer's name Preparer's signature	Date	Check if PTIN
Preparer		KRISTIN MYERS	2/12/2021	self-employed P01502740
Use C	Only	Firm's name ▶ DELOITTE TAX LLP	ma	Firm's EIN ▶86-1065772
		Firm's address ▶ 191 PEACHTREE STREET, SUITE 2000 ATLAN	IA, GA 30303	Phone no. 404-220-1500

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