See separate instructions.

Part Reporting	Issuer						
1 Issuer's name				2 Issuer's employer identification number (EIN)			
NATIONAL RETAIL PROI				56-1431377			
•							
3 Name of contact for add	tional information	4 Telephone	e No. of contact	5 Email address of contact			
MR. CHRIS BARRY	407-265-73	48	INVESTORRELATIONS@NNNREIT.COM				
6 Number and street (or P.O. box if mail is not delivered to street address				7 City, town, or post office, state, and ZIP code of contact			
	O. Box II mail is not de						
450 S ORANGE AVE, SU	ITE 900			ORLANDO, FL 32801			
8 Date of action		9 Classi	ification and description				
2/14/20, 5/15/20, 8	1		N STOCK				
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)			
637417106			NNN				
	onal Action Attac	h additional s		back of form for additional questions.			
				e against which shareholders' ownership is measured for			
-				ERLY DISTRIBUTIONS TO ITS COMMON			
71				TIONS REPRESENTS A NONTAXABLE RETURN			
<u>}</u>				14/2020 AND 11/16/2020.			
,	•			ty in the hands of a U.S. taxpayer as an adjustment per			
share or as a percent	tage of old basis 🕨 <u>T</u>	THE BASIS C	OF THE SECURITY SHOU	JLD BE REDUCED BY 19.8186% OF THE TOTAL			
DISTRIBUTION RECEIVE	ED IN 2020.						
<u>x</u>							

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates ► THE RETURN OF BASIS REPRESENTS DISTRIBUTIONS ASSOCIATED WITH THE 2020 TAX YEAR WHICH ARE IN EXCESS OF CURRENT YEAR AND ACCUMULATED EARNINGS AND PROFITS.

For Paperwork Reduction Act Notice, see the separate Instructions. HTA

Form 8937 (12	2017) NATIONAL RETAIL PRO	PERTIES, INC.	56-1431377	Page 2
Part II	Organizational Action (continued)			
	e applicable Internal Revenue Code section(s)	and subsection(s) upon which the tax trea	atment is based 🕨	
I.R.C. SEC	FION 301(C)(2)			
·				
0				
18 Can a	ny resulting loss be recognized? N/A			
8				
·				
1 <u></u>				
·				
19 Provid	le any other information necessary to impleme	nt the adjustment, such as the reportable t	ax vear 🕨	
	ADJUSTMENT IS FROM THE 2020 TAX			
-				
U	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules an	nd statements, and to the best of my	y knowledge and
be	elief, it is true, correct, and complete. Declaration of pre	parer (other than officer) is based on all informatio	on of which preparer has any knowle	dge.
Sign				
Here s	gnature BY: /L. B. Mut		Date 1/1*	1/2021
P	int your name 🕨 KEVIN B. HABICHT		Title EXECUTIVE VI	CE PRESIDENT
Paid	Print/Type preparer's name	Preparer's signature	Date Check	if PTIN
Preparer			self-employ	ed
Use Only	Firm's name		Firm's EIN	•
	Firm's address 🕨		Phone no.	
Send Form 8	937 (including accompanying statements) to: E	Department of the Treasury, Internal Rever	ue Service, Ogden, UT 84201	-0054

Send Form 8937 (includin	g accompanying	g statements) to	b: Department of the	Treasury	Internal Revenue	Service,	Ogden, L	JT 84201-005
							test.	