Amended Form 8937 for February 28, 2023 Distribution

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

Part I Reporting	Issuer			
1 Issuer's name				2 Issuer's employer identification number (EIN)
CMS Energy Corporation Name of contact for additional information 4 Telephone No. of contact				38-2726431
3 Name of contact for add	altional information	4 relepnon	e No. of contact	5 Email address of contact
CMS Energy Investor Relations 517-788-2590				invostrol@cmsonorgy.com
CMS Energy Investor Relations 517-788-2590 Number and street (or P.O. box if mail is not delivered to street address) of contact			investrel@cmsenergy.com 7 City, town, or post office, state, and ZIP code of contact	
,				
One Energy Plaza (EP 10-2	(03)			Jackson, MI 49201
8 Date of action		9 Class	ification and description	
2/28/2023		Distribut	ion on common stock	
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)
105000100				
125896100 Part II Organization	nal Action Attach	additional	CMS statements if peeded Se	ee back of form for additional questions.
				te against which shareholders' ownership is measured for
				narterly distribution of \$0.4875 per share to its
shareholders of record as			poration (ows) paid a qu	arterly distribution of \$0.4073 per share to its
A CONTRACTOR OF THE PARTY OF TH	, , , , , , , , , , , , , , , , , , , ,		The state of the s	
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15 Describe the quantitati	ve effect of the organi	zational acti	on on the basis of the secur	ity in the hands of a U.S. taxpayer as an adjustment per
share or as a percentage	ge of old basis ► The	character of	of a distribution as either a	dividend or return of capital for federal income tax
				formation set forth in this form is based on estimates as
				hout the year and, if they do, CMS will file a corrected
form for impacted distribut				meses and peak and, it shop any only only only only only only
Based on the current estim	ates, approximately	100% of the	distributions paid on Feb	ruary 28, 2023 are not dividends and will be treated as a
				n shares will be reduced by the amount of the
				pasis will be treated as gain for U.S. federal income tax
				me tax consequences of their specific situation. CMS is
providing this Form for info				
This amended Form 8937 s	upersedes the prior F	orm poste	d for the February 28, 2023	distribution.
16 Describe the calculatio	n of the change in has	vie and the d	ata that supports the calcula	ation, such as the market values of securities and the
				the taxability of the distribution is based on CMS's
				d current and accumulated earnings and profits
				, 2023 distribution is a nontaxable return of capital to the
extent of the shareholders'		Joio Sur O Crit	at 10070 of the 1 coldary 20	, 2020 distribution is a montaxable return of capital to the
	2			

Form 8937	(12-2017)	Page 2
Part I	Organizational Action (continued)	
Approximate and control of the state of the	t the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶	Internal Revenue Code
sections	301(c) and 316(a).	

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10 Co	n any regulting loss he recognized?	
18 Ca	n any resulting loss be recognized? ► N/A	
V2		
19 Pro	ovide any other information necessary to implement the adjustment, such as the reportable tax year ▶ Share	nolders should consult their
own tax	advisors to determine the income tax consequences of their specific situation. CMS is providing this	form for informational
	s only and not as legal or tax advice.	
		
S.,		
Section 1		
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		and to the best of my knowledge one
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	and to the best of my knowledge and rer has any knowledge.
٥.	bolici, it is true, correct, and somplete, observation of inspiral	1
Sign		11/2024
Here	Signature Date Date	11/22/
		/
		oller and CAO
Paid	Print/Type preparer's name Preparer's signature Date	Check if PTIN
Prepa	rer	self-employed
Use C		Firm's EIN ▶
USE C	Firm's address ▶	Phone no.
Send Fo	rm 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogc	len, UT 84201-0054
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