Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Depa	ertment of	the Treasury ue Service			➤ See separate instruction	S.	
	art l		ng Issuer	<u> </u>			
	lssuer's			•		2 issuer's employer iden	tification number (EIN)
_		mmunicatio			23-2259884		
3	Name o	of contact fo	r additional information	4 Telephon	e No. of contact	5 Email address of contact	
					(212) 205 1525	fixedincomeir@verizon.cor	n
Investor Relations (212) 395-1525 6 Number and street (or P.O. box if mail is not delivered to street address) of contact						7 City, town, or post office, sta	
•	. (01(120	. 4.10 0000	(or the both in the institute in		·····,	, , , , , ,	
One	Verizo	n Way		Basking Ridge, NJ 07920	Basking Ridge, NJ 07920		
8 Date of action 9 Classification and description							
	ch 13, 2		dd Oodal awalan		debt exchange 12 Ticker symbol	13 Account number(s)	
10	CUSIP	number	11 Serial number	(S)	12 Ticker symbol	13 Account number(s)	
	Soo	attached			vz		
Pa	rt II		ational Action Atta	ch additiona		See back of form for additional qu	estions.
14	Descr	ibe the orga	inizational action and, if	applicable, the	e date of the action or the o	date against which shareholders' own	ership is measured for
	the ac	tion ► <u>Sec</u>	attached.				
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	_					weeks to the boards of a LLC describes	a an adiuntment ser
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpay share or as a percentage of old basis > See attached.						curity in the nands of a U.S. taxpayer a	s an aujustinent per
	Silaie	or as a perc	Seritage of old basis > 5	ee attacned.			
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						<u>. </u>	
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16	Descr	ibe the calc	ulation of the change in l	oasis and the	data that supports the calc	culation, such as the market values of	securities and the
	valuation dates ► See attached.						
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							<u> </u>

Form 8	937 (R	v. 12-2011)	Page 2
Par	t II	Organizational Action (continued)	
17	List th	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶	See attached.
		······································	
18	Can a	y resulting loss be recognized? ► See attached.	
		to be a state of the same of t	الممط
19	Provid	e any other information necessary to implement the adjustment, such as the reportable tax year See attac	:nea.
	•		
	 .		
		,	
	Und	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer I	to the best of my knowledge and
C:	- 1	, it is true, correct, and complete, becaration of prepared of the fact of the	
Sign Here		1110 116 116	18/2017
Here	Sigi	ature Willen Joan Hader Date Date	
	D-i-	your name > WILLIAM P. VAN SADERS TITLE COUNSE!	leputy veneral
		Preparer's signature Date	eck II PTIN
Paid Prep		1 10	I-employed
Use		Firm's name ► Firm	m's EIN ▶
		Firm's address ▶ Ph	one no.
Send	Form 8	937 (Including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden,	UT 84201-0054