

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

▶ See separate instructions.

Part I Reporting Issuer

| | | | |
|---|---|--|----------------------|
| 1 Issuer's name Verizon Communications Inc. | | 2 Issuer's employer identification number (EIN) 23-2259884 | |
| 3 Name of contact for additional information Investor Relations | 4 Telephone No. of contact (212) 395-1525 | 5 Email address of contact fixedincomeir@verizon.com | |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact One Verizon Way | | 7 City, town, or post office, state, and ZIP code of contact Basking Ridge, NJ 07920 | |
| 8 Date of action February 28, 2019 | 9 Classification and description Debt for debt exchange | | |
| 10 CUSIP number See attached. | 11 Serial number(s) See attached. | 12 Ticker symbol VZ | 13 Account number(s) |

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **See attached.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **See attached.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **See attached.**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ See attached.

Blank lined area for providing Internal Revenue Code section(s) and subsection(s).

18 Can any resulting loss be recognized? ▶ See attached.

Blank lined area for providing information regarding resulting loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ See attached.

Blank lined area for providing any other information necessary to implement the adjustment.

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.

Sign Here

Signature ▶ *William P. Van Sadlers*

Date ▶ 4/1/2019

Print your name ▶ WILLIAM P. VAN SADERS

Title ▶ SVP & DEPUTY GENERAL COUNSEL - CORPORATE TAXES

| | | | | | |
|-------------------------------|--|----------------------|---------|---|----------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Erika Nijenhuis | <i>[Signature]</i> | 3/28/19 | | P01481357 |
| | Firm's name ▶ Cleary Gottlieb Steen & Hamilton LLP | | | Firm's EIN ▶ | 13-5599083 |
| | Firm's address ▶ One Liberty Plaza, New York, NY 10006 | | | Phone no. | (212) 225-2000 |