

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

**Part I Reporting Issuer**

|   |  |   |                                 |
|---|--|---|---------------------------------|
| 1 Issuer's name<br><br>NVIDIA CORPORATION   |  | 2 Issuer's employer identification number (EIN)<br><br>94-3177549                         |                                 |
| 3 Name of contact for additional information<br><br>INVESTOR RELATIONS  | 4 Telephone No. of contact<br><br>408-486-2000 | 5 Email address of contact<br><br>IR@NVIDIA.COM   |                                 |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact<br><br>2701 SAN TOMAS EXPRESSWAY, MS 03 |  | 7 City, town, or post office, state, and Zip code of contact<br><br>SANTA CLARA, CA 95050 |                                 |
| 8 Date of action<br><br>3/17/2017, 6/14/2017, 9/18/2017   |  | 9 Classification and description<br><br>COMMON STOCK                                      |                                 |
| 10 CUSIP number<br><br>67066G104  | 11 Serial number(s)<br><br>N/A                 | 12 Ticker symbol<br><br>NVDA  | 13 Account number(s)<br><br>N/A |

**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 ▶ ON MARCH 17, 2017, JUNE 14, 2017, AND SEPTEMBER 18, 2017, THE ISSUER MADE CASH DISTRIBUTIONS TO ITS COMMON SHAREHOLDERS. THE CASH DISTRIBUTIONS TO THE COMMON SHAREHOLDERS ARE CURRENTLY EXPECTED TO BE IN EXCESS OF CURRENT AND ACCUMULATED EARNINGS AND PROFITS OF THE ISSUER.

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 ▶ THE ISSUER IS CURRENTLY EXPECTING TO HAVE A DEFICIT IN BOTH CURRENT AND ACCUMULATED EARNINGS AND PROFITS. THE CASH DISTRIBUTIONS ARE EXPECTED TO BE IN EXCESS OF THE CURRENT EARNINGS AND PROFITS, BASED ON REASONABLE ASSUMPTIONS CURRENTLY AVAILABLE. OF THE TOTAL CASH DISTRIBUTIONS, 100 PERCENT ARE EXPECTED TO BE A RETURN OF CAPITAL. THE RETURN OF CAPITAL WILL REDUCE SHAREHOLDER BASIS TO THE EXTENT THEREOF. ANY DISTRIBUTION AMOUNT IN EXCESS OF SHAREHOLDER BASIS WILL BE CAPITAL GAIN TO THE SHAREHOLDER.

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 #15 ABOVE.

**Part II Organizational Action** (continued)

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

DISTRIBUTIONS TO SHAREHOLDERS TO THE EXTENT OF THE CORPORATION'S EARNINGS AND PROFITS ARE REPORTED AS TAXABLE DIVIDENDS IN ACCORDANCE WITH SECTION 316. IN THE EVENT A DISTRIBUTION TO SHAREHOLDERS EXCEEDS CORPORATE CURRENT AND ACCUMULATED EARNINGS AND PROFITS UNDER SECTION 312, SHAREHOLDERS MUST APPLY THE RULES OF SECTION 301(c) TO DETERMINE IF THE DISTRIBUTIONS ARE A NON-TAXABLE RETURN OF BASIS UNDER SECTION 301(c)(2) OR IF THE DISTRIBUTION IS REPORTED AS A CAPITAL GAIN UNDER SECTION 301(c)(3). THE ISSUER IS CURRENTLY EXPECTING TO HAVE A DEFICIT IN BOTH CURRENT AND ACCUMULATED EARNINGS AND PROFITS, WHERE EARNINGS AND PROFITS WAS COMPUTED IN ACCORDANCE WITH SECTION 312.

18 Can any resulting loss be recognized? ▶ N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ THE REPORTABLE TAX YEAR IS 2017.

**Sign Here**

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.

Signature ▶  Date ▶ 10/4/2017

Print your name ▶ KAREN BURNS Title ▶ VP, FINANCE

**Paid Preparer Use Only**

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶              |                      |      | Firm's EIN ▶                                    |      |
| Firm's address ▶           |                      |      | Phone no.                                       |      |