

**Report of Organizational Actions  
 Affecting Basis of Securities**

▶ See separate instructions.

|  |  |   |
|--|--|---|
| <b>Part I Reporting Issuer</b>   |  |   |
| 1 Issuer's name<br><b>Medical Transcription Billing, Corp.</b>   |  | 2 Issuer's employer identification number (EIN)<br><b>22-3832302</b>                      |
| 3 Name of contact for additional information<br><b>Norman S. Roth</b>  | 4 Telephone No. of contact<br><b>732-873-5133, ext. 134</b>  | 5 Email address of contact<br><b>Nroth@mtbc.com</b>                                       |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact<br><b>7 Clyde Road</b> |  | 7 City, town, or post office, state, and ZIP code of contact<br><b>Somerset, NJ 08873</b> |
| 8 Date of action<br><b>December 20, 2017</b>   | 9 Classification and description<br><b>Series A Cumulative Redeemable Perpetual Preferred Stock Dividend</b> |   |
| 10 CUSIP number<br><b>58464J204</b>  | 11 Serial number(s)<br><b>N/A</b>  | 12 Ticker symbol<br><b>MTBCP</b>  |
|  |  | 13 Account number(s)<br><b>N/A</b>  |

**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 ▶ **During the year 2017, pursuant to the terms of the Series A Cumulative Redeemable Perpetual Preferred Stock, a monthly cash distribution at an annual rate of 11% was made to all holders of record as of each month end during the year 2017.**

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 cash dividend payments described on line 14 above should be considered a non-dividend distribution to the Series A Cumulative Redeemable Perpetual Preferred Shareholders due to the Company's negative current and accumulated earnings & profits. Accordingly, the amount distributed is generally anticipated to represent a return of shareholder basis to the extent thereof. Once all shareholder basis has been returned, any distribution in excess of shareholder basis should be considered a gain on the sale of the security pursuant to Internal Revenue Code Section 301(c)(2) & 301(c)(3) and the regulations thereunder. As such, shareholders should consult their tax advisors to determine the tax implications of the non-dividend distributions on their basis in the Company's Series A Cumulative Redeemable Perpetual Preferred Stock.**

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 ▶ **The monthly cash distributions described in Line 14 above is not from the Company's current or accumulated earnings and profits pursuant to the Internal Revenue Code and Regulations. As such, the distributions should be considered a non-dividend distribution to the Series A Cumulative Redeemable Perpetual Preferred shareholders and therefore a reduction in the basis of all shareholders of record as of each month end during 2017.**

**Part II Organizational Action (continued)**

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ Internal Revenue Code Sections 301 and the regulations thereunder.

Horizontal lines for providing details for question 17.

18 Can any resulting loss be recognized? ▶ Not applicable

Horizontal lines for providing details for question 18.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ Not applicable

Horizontal lines for providing details for question 19.

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 ▶ *Norman S. Roth* Date ▶ 12/20/17

Print your name ▶ Norman S. Roth Title ▶ Controller

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | 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.            |      |   |      |