## (December 2017 Department of the Treasury

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

► See separate instructions.

OMB No. 1545-0123

Internal Revenue Service Part I Reporting Issuer 2 Issuer's employer identification number (EIN) Issuer's name **SYNNEX Corporation** 94-2703333 3 Name of contact for additional information 4 Telephone No. of contact 5 Email address of contact Marshall W. Witt 510-668-8436 IR@Synnex.com 6 Number and street (or P.O. box if mail is not delivered to street address) of contact 7 City, town, or post office, state, and ZIP code of contact 44201 Nobel Drive Fremont, CA 94538 8 Date of action 9 Classification and description December 1, 2020 Distribution of common stock of Concentrix Corporation 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) SNX 87162W100 Organizational Action Attach additional statements if needed. See back of form for additional guestions. 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 Attachment 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 Attachment 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 Attachment

Part		Organizational Action (continued	<i>f</i> )			
	_ist the	applicable Internal Revenue Code sectio		hich the tax treatment	is based ▶	
See A	ttachm	nent				
-						
-						
18 (	Can an	y resulting loss be recognized? ► See A	ttachment			
-						
-						
19	Provide	e any other information necessary to imple	ement the adjustment such as	s the reportable tax ve	ar ▶ See Attachment	
	Tovido	outly outles information necessary to imple	one the adjustment, such as	The reportable tax ye	di P <u>See Attachment</u>	
-						
-						
	Unde	er penalties of perjury, I declare that I have exa	amined this return, including acco	mpanying schedules and	statements, and to the best of n	ny knowledge and
O: ·	belle	f, it is true, correct, and complete. Declaration	or preparer (other than officer) is be	ased on all information of	which preparer has any knowledg	je.
Sign Here						
11010	Sign	ature ▶		Date ▶		
	Print	your name ► Marshall W. Witt		Title ►	CFO	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTII	N
Prep					self-employed	
Use		Firm's name ▶			Firm's EIN ▶	
		Firm's address ▶			Phone no.	
Send F	orm 8	937 (including accompanying statements)	to: Department of the Treasu	ry, Internal Revenue S	ervice, Ogden, UT 84201-005	4