Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service			► See separate instructions.	,	
Part I Reporting	Issuer	_			<u> </u>
1 Issuer's name		2 Issuer's employer identification number (EIN)			
CareCloud, Inc				22-3832	
3 Name of contact for ac	Iditional information	4 Telephon	ne No. of contact	5 Email address of contact	!
Norman S. Roth Number and street (or	P O box if mail is not o	7 City, town, or post office, sta	ate, and ZIP code of contact		
• Hambor and oncor for	1 . O. DOX II III II II II II I	20	on 00: 444.000, 07 00 mao:	l city, town, or poor cines, cit	,
7 Clyde Road		Somerset, NJ 08873	Somerset, NJ 08873		
8 Date of action					
December 10, 2021	1			Perpetual Preferred Stock Dividend	<u>i</u>
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
444670000	N/A		MTDOD	N/A	
14167R209 Part II Organizati		n additiona	MTBCP I statements if needed. S	ee back of form for additional qu	
				ate against which shareholders' own	
_				llative Redeemable Perpetual Prefe	
				ch month end during the year 202	
					
	······				
				rity in the hands of a U.S. taxpayer a	
				n line 14 above should be conside	
distribution to the Series	A Cumulative Redeer	nable Perpe	etual Preferred Shareholde	ers due to the Company's negative	current and
				anticipated to represent a return of excess of shareholder basis shou	
				301(c)(3) and the regulations there	
				the non-dividend distributions on	
Company's Series A Cum					
40 Describe the relevie	tion of the abondo in h	noin and tha	data that supports the calcu	ulation, such as the market values of	securities and the
	_			not from the Company's current of	
				istributions should be considered	
				rs and therefore a reduction in the	
shareholders of record a					
					

Part		Organizational Action ((continued)				
		applicable Internal Revenue C		s) and subsection(s) up	on which the tax tr	eatment is based ►	Internal Revenue Code
Section	301 a	and the regulations thereund	ler.				
						· ·	
		<u> </u>				 .	
				-			
		· · · · · · · · · · · · · · · · · · ·					
							- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
18 C	an any	resulting loss be recognized?	Not app	licable			
							·
							
19 Pi	rovide	any other information necessa	arv to implen	nent the adjustment, su	ch as the reportab	e tax vear ▶ Not ap	olicable
		•		·			
							
							
	Unde belief	r penalties of perjury, I declare the f, it is true, correct, and complete.	at i nave exam Declaration of	imed this return, including preparer (other than officer	accompanying scne) is based on all infor	nules and statements, a mation of which prepar	and to the best of my knowledge and er has any knowledge.
Sign		_	11	111			W/m/
Here	Signa	ature ►	Man	A. VR		Date ►	7/1/21
							
	Print	your name ► Norman S. Roth				Title ► Controller	
Paid		Print/Type preparer's name		Preparer's signature			Check if PTIN
Prepa	arer			<u> </u>		<u> </u>	self-employed
Use (Firm's name					Firm's EIN ▶
Send Fr	orm 90	Firm's address ► 337 (including accompanying s	statements) t	o: Department of the Tr	easury, Internal Re		Phone no. en. UT 84201-0054
		winding accompanying c		11			