## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Pa	rt I Reporting	lssuer		<u> </u>				
1 Issuer's name					2 Issuer's employer identification number (EIN)			
	racker Inc.				36-5047383			
3 1	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact			
Novt	racker Investor Pelati	one		(001) 510-270-2500	investor@nextracker.com			
Nextracker Investor Relations (001) 510-270-2500  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			
	(				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
6200	Paseo Padre Pkwy				Fremont, CA, 94555			
8 [	Date of action		9 Class	sification and description				
	ary 2nd, 2024	44 0 11 1 1 1 1 1		N STOCK	10. 4			
10 (	CUSIP number	11 Serial number	(S)	12 Ticker symbol	13 Account number(s)			
	65290E101			NXT				
Pa		onal Action Atta	ch additional		See back of form for additional questions.			
14					ate against which shareholders' ownership is measured for			
	the action ► See atta	achment.						
15	Describe the quantitat	tive effect of the orga	anizational act	ion on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per			
	share or as a percenta							
		_						
16	Describe the calculation	on of the change in I	pasis and the	data that supports the calcu	ulation, such as the market values of securities and the			
	valuation dates ► See	attachment.						

Par	t II	Orga	nizational A	Action (conf	tinued)						-
17						s) and subsection(s)	upon which the tax	treatment	is based ▶	See attachment.	
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18	Can a	anv resul	Iting loss be re	cognized?	See atta	achment					_
10	Ouri	arry roodi	iting lood be re-	Jogriizoa : P	occ and	дентент.					_
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19	Provi	de any o	ther informatio	n necessary to	o implen	nent the adjustment,	such as the reportal	ole tax yea	ar ► <u>See atta</u>	achment.	_
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	Ur	nder pena	Ities of perjury, I	declare that I ha	ave exam	nined this return, includi	ng accompanying sch	edules and	statements, a	nd to the best of my knowledge a	no
		elief, it is tr	rue, correct, and	complete. Decla	ration of	preparer (other than off	cer) is based on all info	rmation of	which prepare	r has any knowledge.	
Sign Here	_	Signature ▶ melissa wang						Date ►	2/14/20	)24	
	Print your name ► Melissa Wang						•	Tax Director			
De:			ame ► /Type preparer's			Preparer's signature		Title ► Date		— PTIN	-
Paid			2. 1 1							Check if if it is elf-employed	
	pare Onl		's name							ïrm's EIN ▶	_
		ıy —	's address ▶							Phone no.	_
Send	Form	8937 (in	cluding accom	panying stater	ments) to	o: Department of the	Treasury, Internal R	evenue Se	ervice, Ogde	n, UT 84201-0054	_