

# Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

## Part I Reporting Issuer

|   |   |  |                             |
|---|---|--|-----------------------------|
| <b>1</b> Issuer's name<br><b>Millicom International Cellular S.A.</b>   |   | <b>2</b> Issuer's employer identification number (EIN)<br>98-0390444   |                             |
| <b>3</b> Name of contact for additional information<br>Sarah Inmon  | <b>4</b> Telephone No. of contact<br><b>+352 27 759 018</b> | <b>5</b> Email address of contact<br>investors@millicom.com  |                             |
| <b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact<br><b>2, Rue du Fort Bourbon, L-1249</b> |   | <b>7</b> City, town, or post office, state, and ZIP code of contact<br><b>Luxembourg, Grand Duchy of Luxembourg</b>          |                             |
| <b>8</b> Date of action<br><b>5/27/22</b>   |   | <b>9</b> Classification and description<br><b>common shares and common shares represented by Swedish Depository Receipts</b> |                             |
| <b>10</b> CUSIP number<br><br><b>See attachment.</b>  | <b>11</b> Serial number(s)<br><br><b>See attachment</b>     | <b>12</b> Ticker symbol<br><b>TIGO, TIGO_SDB</b>   | <b>13</b> Account number(s) |

## 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 ▶ **See attachment.**

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**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 ▶ **See attachment.**

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**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 attachment.**

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**Part II** Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ [See attachment.](#)

Horizontal lines for listing applicable Internal Revenue Code sections and subsections.

18 Can any resulting loss be recognized? ▶ [See attachment.](#)


Horizontal lines for providing information regarding resulting loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [See attachment.](#)

Horizontal lines for providing other information necessary to implement the adjustment.

**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 ▶ July 7, 2022

Print your name ▶ Salvador Escalón Title ▶ Chief Legal and Compliance Officer

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <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.                                       |      |