## orm **8937**

Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I	Reporting	Issuer		-			
1 Issuer's	name				2 Issuer's employer identific	ation number (EIN)	
Allison Tran	nsmission Hold	dinas. Inc.			26-0414014	1	
			4 Telephor	ne No. of contact	5 Email address of contact	<u>*</u>	
Fred Bohley  6 Number and street (or P.O. box if mail is not or			dolinared to	317-242-3078		ir@allisontransmission.com	
• Namber	and street (or r	.O. DOX II MAII IS NOT	delivered to	street address) of contact	7 City, town, or post office, state, a	and Zip code of contact	
One Allison	Way				Indianapolis, iN 46222		
8 Date of	action	· · · · · · · · · · · · · · · · · · ·	9 Class	sification and description			
M 00 004							
May 30, 201 10 CUSIP r		11 Serial number(s		tion to public shareholde 12 Ticker symbol			
		The Containment	<del>3</del> )	12 HCKer Symbol	13 Account number(s)		
0197	73R101			ALSN	·		
Part II	Organization	onal Action Attac	h additiona	l statements if needed.	e back of form for additional quest	ions.	
14 Descri	be the organiza	itional action and, if a	pplicable, the	e date of the action or the o	e against which shareholders' ownersh	ip is measured for	
the ac	tion 🚩 <u>Allison</u>	Transmission Hold	ings, Inc. pa	id a quarterly distribution	f 12 cents per common share on May	30, 2014. to	
its sharehol	ders of record	s on May 19, 2014					
				· · · · · · · · · · · · · · · · · · ·			
		<u></u>					
				·····		·	
15 Descri	he the guantitat	this officet of the even	nizotional au	Name and the least of the control of			
obere 4	oe me quanimai	iive ellect of the orga	nizational act	tion on the basis of the sec	ty in the hands of a U.S. taxpayer as an	ı adjustment per	
Silare	or as a percenta	age or old basis ► Th	e Company	currently estimates that 3	84% of this distribution will be treate	dasa	
nontaxable i	return of capita	al to the extent of th	e sharehold	er's tax basis. Any amour	n excess of the shareholder's tax bas	sis will be treated as	
	n for U.S. tax p						
	•• ••						
	<del></del>	<del></del>					
16 Describ	oe the calculation	on of the change in b	asis and the	data that supports the calc	ation, such as the market values of secu	urities and the	
valuatio	on dates ▶ pur	suant to Internal De	conue Code	continue 201(a) and 200(	the taxability of Allison Transmission	mues and the	
distributions	ic coloutated	based on the servi-	venue Code	sections 301(c) and 316(a	the taxability of Allison Transmission	n Holdings, Inc.	
ursumuniyins	s is calculated	pased on the earnin	igs and profi	its of Allison Transmissio	Inc. only, and does not include the e	arnings and profits	
OI AIIISON'S I	oreign subsidi	iary companies. All	ison Transm	ission, Inc. estimated 20	current and accumulated earnings ar	nd profits support	
Allison Tran	smission Hold	ings, Inc. disclosure	that 33.84%	6 of this distribution is to	a nontaxable return of capital to the	extent	
of the share	nolder's tax ba	sis.					
				<del></del>			
					the state of the s		

Form 893		v. 12-2011)		Page 2
Part I		Organizational Action (conti	nued)	
4= ;;				
17 Lis	st the	applicable Internal Revenue Code senue Code senue Code sections 301(c) and 31	ection(s) and subsection(s) upon wh	hich the tax treatment is based ►
писана	Keve	ande code sections sor(c) and sin	o(a)	
		· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	
				•
<b>18</b> Ca	an an	y resulting loss be recognized? > 1	I/A	· · ·
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· · ·				
				,
40 D				
<b>19</b> Pro	ovide	any other information necessary to	implement the adjustment, such as	the reportable tax year ► None
г				
	Unde	r penalties of perjury, I declare that I hav , it is true, correct, and complete. Declara	e examined this return, including accomplian of preparer (other than officer) is has	panying schedules and statements, and to the best of my knowledge and sed on all information of which preparer has any knowledge.
Sign		$\bigcirc$ $$	and the property (extremely to be	odd on all mormation of which prepare has any knowledge.
Horo	Signa	ture > (1) / Na.		Date > 20 MMST 2014
	o,g.i.u	The state of the s		Date V VIVIII 3 3 4 1
	Print	your name ► David Graziosi		Title ► EVP & CFO
Paid		Print/Type preparer's name	Preparer's signature	Date Check T if PTIN
Prepa	rer			self-employed
Use O		Firm's name ▶		Firm's EIN ▶
Send For	m 80	Firm's address ▶  37 fineluding accompanying statem.	antel to: Department of the Tree	Phone no. y, Internal Revenue Service, Ogden, UT 84201-0054
JULIU I U	00	or unbidoing abbompanying statem	cinal to, department of the freasury	v. internal nevenue service. Odden, UT 84201-0054