

TREDENCE INC.
1900 CAMDEN AVE 66
SAN JOSE, CA 95124



JIKPNA95CPN0000000880A433A157

VISHNUVARDHAN REDDY ALLA
600 ELLIOTT AVENUE WEST
APT 401
SEATTLE, WA 98119

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

2023

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| Part I Employee | | | | Applicable Large Employer Member (Employer) | | | |
| 1 Name of employee (first name, middle initial, last name) VISHNUVARDHAN REDDY ALLA | | 2 Social security number (SSN) XXX-XX-0653 | | 7 Name of employer TREDENCE INC. | | 8 Employer identification number (EIN) 47-1158206 | |
| 3 Street address (including apartment no.) 600 ELLIOTT AVENUE WEST | | | | 9 Street address (including room or suite no.) 1900 CAMDEN AVE 66 | | 10 Contact telephone number 408-439-3085 | |
| 4 City or town SEATTLE | | 5 State or province WA | | 6 Country and ZIP or foreign postal code USA 98119 | | 11 City or town SAN JOSE | |
| | | | | 12 State or province CA | | 13 Country and ZIP or foreign postal code USA 95124 | |

| | | | | | | | | | | | | | |
|--|---------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|--|-----------|-----------|-----------|-----------|-----------|
| Part II Employee Offer of Coverage | | Employee's Age on January 1 | | | | | | Plan Start Month (enter 2-digit number): 06 | | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) 1E | | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) \$ | | \$ 132.61 | \$ 132.61 | \$ 132.61 | \$ 132.61 | \$ 132.61 | \$ 141.32 | \$ 141.32 | \$ 141.32 | \$ 141.32 | \$ 141.32 | \$ 141.32 | \$ 141.32 |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | |

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

| | (a) Name of covered individual(s) First name, middle initial, last name | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of coverage | | | | | | | | | | | |
|----|--|----------------------|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 18 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |