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

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 600317

2017

A1871315

Part I Employee

1 Name of employee: KIRAN DOMMARAJU SUBRAMANYA
2 Social security number (SSN): XXX-XX-4836
3 Street address (including apartment no.): BUILDING #8 SLATE CREEK DRIVE APT #9
4 City or town: CHEEKTOWAGA
5 State or province: NY
6 Country and ZIP or foreign postal code: US 14227

Applicable Large Employer Member (Employer)

7 Name of employer: MANUFACTURERS AND TRADERS TRUST CO
8 Employer identification number (EIN): 16-0538020
9 Street address (including room or suite no.): ONE M&T PLAZA
10 Contact telephone number: 1-877-473-4732
11 City or town: BUFFALO
12 State or province: NY
13 Country and ZIP or foreign postal code: US 14203

Part II Employee Offer of Coverage

Plan Start Month (Enter 2-digit number)

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$ 78.00	$ 78.00	$ 78.00	$ 78.00	$ 78.00	$ 78.00	$ 78.00	$ 77.99	$ 77.99	$ 77.99	$ 77.99	$ 77.99
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

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)	(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
17	KIRAN DOMMARAJU SUBRAMAN	XXX-XX-4836		X												
18	KAVITHA KIRTHIPATI	XXX-XX-1212										X	X	X	X	X
19																
20																
21																
22																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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Name of employee: KIRAN DOMMARAJU SUBRAMANYA
Social security number (SSN): XXX-XX-4836

Part III Covered Individuals – Continuation Sheet

	(a) Name of covered individual(s)	(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
23																
24																
25																