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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **附件2：** | | 鄂州市职工社会保险缴费工资基数申报表 | | | | | | | | | | | |  |
| **年  度** | | | | | | | | | | | | | |  |
| **单位名称：（公章）** | | | | | **单位编号：** | | | | |  | | **单位：元** | |  |
| **序号** | **个人编号** | **身份证号码** | **姓名** | **在职/退休** | **上年度月平均工资** | **申报核定缴费工资基数** | | | | | | | **职工签字** |  |
| **养老** | **医疗** | **失业** | **工伤** | | **生育** | |  |
| **1** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **2** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **3** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **4** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **5** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **6** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **7** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **8** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **9** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **10** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **11** |  |  |  |  |  |  |  |  |  | |  | |  |  |
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| **13** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **14** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **15** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **16** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **17** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **18** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **19** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **20** |  |  |  |  |  |  |  |  |  | |  | |  |  |
| **共      人/本页   人               总计：         元/本页合计：         元                        第   页/共   页** | | | | | | | | | | | | | |  |
| **单位填报人：** | | | | | **社保经办机构审核人：** | | | | | | | | |  |
| **单位法定代表人（签章）：** | | | | | **社保经办机构复核人：** | | | | | | | | | |
| **填报日期：    年   月   日** | | | | | **审核日期：    年    月    日** | | | | | | | | | |