**补缴社会保险费项目申报表**

社保编码： 填表人：

填报单位（盖章）： 联系电话： 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | 身 份 证 号 码 | | | | | | | | | | | | | | | | | | | | 用工形式 | 补缴起止时间 | | 补缴社会保险费项目（由社保经办机构填写） | | | | | | | | | | | |
| 单 位 | | | | | 个 人 | | | 利息 | 滞纳金 | 合计 | 备注 |
| 养老 | 失业 | 工伤 | | 生育 | 养老 | 失业 | |
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| 总 计 | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  |  |  | |  |  |  |  |
| 市社保局（分局）关系科（股）经办人意见 | | |  | | | | | | | | | | | | | | | | | 市社保局（分局）关系科（股）审核意见 | | |  | | | | 市社保局（分局）领导审核（批）意见 | | | |  | | | | |

说明：本表一式两份，经审批同意后，社保经办机构留存档一份，申报单位存档一份。