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| 单位职工缴纳失业保险费年度核定表 |
| 单位名称： | 年  |  | 单位：元 |
| 序号 | 姓名 | 缴费基数 | 单位缴纳1.5% | 个人缴纳0.5% | 备注 |
| 每月应缴 | 全年应缴 | 每月应缴 | 全年应缴 |
| 1 |  |  | 0.00  | 0.00  | 0.00  | 0.00  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 合计 |  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  |  |
| 经办人： |  |  | 联系电话： |