|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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： | | | |