宣州区建筑施工企业工伤保险缴费申报表

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| **地税微机编码** | |  | | **社保微机编码** | | | |  |
| **缴费单位名称** | |  | | | | | | |
| **单位地址** | |  | | | | | | |
| **单位负责人姓名** | |  | **电话** | |  | | | |
| **负责人身份证号码** | |  | | | | | | |
| **单位经办人** | |  | | **电话** | | |  | |
| **户 名** | | **开户银行** | | | | **银行账号** | | |
|  | |  | | | |  | | |
| **建设项目名称** | |  | | | | | | |
| **工程地点** | |  | | | | | | |
| **合同总造价** |  | **缴费比例** | |  | | **缴费金额** | |  |
| **参保人数** | |  | | **工期** | | | |  |
| **社会保险经办机构审核意见** | | **经办人： 复核人：**  **单位签章：**    **年 月 日** | | | | | | |

填表人： 填表日期：

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