## GDFJ011 社会保险费明细申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **社会保险费明细申报表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 费款所属期： 年 月 | | | | | | | | | | | | 填报日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 金额单位：元列至角分 | | | | | | | | | | | | | | | | | | | |  | |
| 用人单位名称 | |  | | | | 办费联系人 | |  | | | | | 联系方式（手机号码） | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 统一社会信用代码/纳税人识别号 | | | | |  | | | | | | | | | | | | | | | | | 单位社保号 | | | | | | | | | |  | | | | | | | | |  | |
| 序号 | 变化类型 | | 姓名 | 个人参保号 | 身份证件号码 | 身份证明类别 | 性别 | | 户籍类型 | 用工形式 | 人员类别 | 人员状态 | 参保开始时间 | 缴费工资 | 参保险种 | | | | | | | | | | | | | | | | | | | | | | 减员原因 | | 本人签名 | |  | |
| 1 | | | | 2 | | 3 | | | 4 | | 5 | | 6 | | 7 | | | 8 | | 9 | |  | |
| 1 |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| 2 |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| 3 |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| 4 |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| 5 |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| 用人单位(缴费人）声明：本表所填内容正确无误，所提交的证件、资料及复印件真实有效，如有虚假愿承担法律责任。 申请人签名盖章： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 税务机关（盖章）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 说明: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1.填表人数超5以上需另附电子导盘文件（可自带U盘向办税服务厅人员索取用人单位的电子导盘文件）。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 2.变化类型：“1”增员；“2”减员；“3”已在册。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 3.身份证明类别：“1”护照；“2”通行证；“3”回乡证；“６”身份证；“７”军官证；“９”其他；“A”外国人永久居留证；“B”港澳台身份证。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 4.户籍类型：根据户口本记录填报。“03”本地非农业户口；“04”本地农业户口；“05”外地非农业户口；“06”外地农业户口；“31”香港特别行政区居民；“32”澳门特别行政区居民；“33”台湾地区居民；“41”未取得永久居留权的外国人；“42”取得永久居留权的外国人。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 5.用工形式：“10”干部；“40”合同；“70”法人代表； “99”其他。 | | | | | | |  | |  |  |  |  |  | | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | | |  | |
| 6.人员类别： “04”干部；“06”工人；“07”军转干；“13”农转居人员；“99”其他（雇主或退休人员选）。 | | | | | | | | | | | | | | | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | | |  | |
| 7.人员状态：“0”在职；“1”退休；“4”其他。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8.缴费工资：本月应缴费工资薪金收入总额按计缴养老保险费的缴费工资薪金总额填列。 | | | | | | | | | | |  |  |  | | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | | |  | |
| 9.参保险种：请在已参保险种下打“√”。“1”基本养老保险；“2”基本医疗保险； “3”失业保险；“4”工伤保险；“5”生育保险，其他险种由各地市自行确定。  10.减员原因：据实填写。“210”劳动合同期满；“220”单位破产；“230”单位被吊销营业执照、责令关闭、撤销或提前解散；“241”用人单位因劳动者过错解除合同；“242”用人单位提前通知劳动者或额外支付一个月工资解除合同；“243”用人单位依照劳动合同法第四十一条程序裁减人员；“244”用人单位提出解除聘用合同或被用人单位辞退、除名、开除（仅适用事业单位）；“245”双方协商一致，单位提出解除合同；“250”用人单位过错，劳动者解除合同；“310”劳动者开始依法享受基本养老保险待遇；“320”劳动者死亡或失踪；“331”劳动者试用期内解除合同；“332”劳动者通知单位解除合同；“333”双方协商一致，劳动者提出解除合同；“400”其它（用人单位一般不勾选“其他”）。  11.本表一式两份，用人单位每月办理申报、缴费时报送至税务机关。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |