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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **社会保险费退费申请表** | | | | | | | | | | | | | | | | | | | | | | | |
| 缴费人统一社会信用代码/身份证件号码（纳税人识别号） | | | | | | XXXXXXXXXXXXXX | | | | | | 类别 | | 单位缴费人 灵活就业人员 城乡居民  机关事业单位 | | | | | | | | 经办人  姓名 | XXXX |
|
| 参保单位（个人）名称 | | XXXX | | | | | | | | 单位（个人）社保编码 | | | XXXXXXXXXXXXXX | | | | 社保经办机构名称 | XXXXXXXXXXXXXX | | | | 经办人  联系电话 | XXXXXXXXXXXXXX |
| 退费账户开户银行名称 | | XXXX银行XXXX支行 | | | | | | | | 退费银行账户名称 | | | XXXX | | | | 退费银行账户 | XXXXXXXXXXXXXX | | | | 申请退费类型：  £结算退费 £误收退费 | |
| 序号 | 险种名称 | | | 征收品目名称 | | | 费款所属期起 | | | | 费款所属期止 | | | | | | 费票号码（非必填） | | | | 实缴费额 | | 申请退费金额 |
| 1 | XXXXX | | | XXXXX | | | 20XX-XX-XX | | | | 20XX-XX-XX | | | | | |  | | | | XXX.XX | | XXX.XX |
|  |  | | |  | | |  | | | |  | | | | | |  | | | |  | |  |
| 合计（小写） | | | |  | | |  | | | |  | | | | | |  | | | | ¥ XXX.XX | | ¥ XXX.XX |
| 退费 申请 理由 | | | 退费申请理由： | | | | |  | | | | | | | | | | | | | | | |
| XXXXXXXXX | | | | | | | | | | | | | | | | | | | | |
| 申请单位（人）/委托代理人声明：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。 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 申请单位（人）/委托代理人（签章）： | | | | | | | XXX |
|  | | | | | | | | | | | | |  | | |  | | XXXX年 XXX 月XXX日 | | |
| 税务机关受理情况： | | | | |  | | | | | | | | | | 税务机关初审意见： | | | | |  | | | |
|  | | | | | | | | | 受理人： | | | | | |  | | | | | 经办人： | | | |
| 税务机关（签章） | | | | | | 税务机关（签章） | | | |
| 年 月 日 | | | | | | 年 月 日 | | | |