附件2：

**XXXX年XX月—XXXX年XX月养老保险参保明细表**

缴费单位：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 居民身份证号 | 单位缴费基数 | 单位应缴金额 | 缴纳所属期间 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**XXXX年XX月—XXXX年XX月医疗保险参保明细表**

缴费单位：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 居民身份证号 | 单位缴费基数 | 单位应缴金额 | 缴纳所属期间 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**XXXX年XX月—XXXX年XX月失业保险参保明细表**

缴费单位：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 居民身份证号 | 单位缴费基数 | 单位应缴金额 | 缴纳所属期间 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |