用人单位职工工资申报表（空白表）

年度

单位名称（盖章）: 单位编码：

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| --- | --- | --- | --- | --- | --- |
| 序号 | 个人编码 | 社会保障号码 | 姓名 | 上年度  月工资收入（元） | 备注 |
| 1 |  |  |  |  |  |
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填报人签字: 联系电话: 填报时间: