附件1：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 蚌埠市建筑施工企业工伤保险参保缴费申报表 | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
| 缴费单位名称 |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 单位法定 代表人姓名 |  | | 电话 | |  | | | | | | | | | |
| 法定代表人 身份证号码 |  | | | |  | | | | 电话 | | |  | | |
| 单位经办人姓名 |  | | |  | | |  | | | | | | | |
| 开户银行 | 户名 | | | 银行账号 | | |  | | | | | | | |
|  |  | | |  | | | | | | | | | | |
| 建设工程项目名称 |  | | | | | | | | | | | | | |
| 工程地点 |  | | | | | | | | | | | | | |
| 合同总造价 |  | 缴费比例 1.2‰ | | | | 缴费金额 | | | |  | | | | |
| 参保期限 | 自 年 月 日起至 2021 年 月 日止 | | | | | | | | | | | | | |
| 社会保险基金征缴 机构审核意见 | 经审核，该建设工程项目职工参加工伤保险应缴费数额（大写）： | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|
| 经办人： | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 复核人： | | | | | | | 年 月 日（公章） | | | | | | |
|  | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | |
| 注：本表一式二份，社会保险基金征缴机构、缴费单位各一份。每月1-25日法定工作日。  . | | | | | | | | | | | | | | |