机关事业单位基本养老保险参保人员业务申报表

**单位名称（盖章）： 单位编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 个人 状态 | | 个人编号 | 姓名 | 公民身份  号码 | 申报项目 | | | | | | | | | 具体内容 | | 备注 |
| 在职 | 退休 | 新增 | 转入 | 转出 | 暂停 | 恢复 | 补缴 | 退费 | 终止 | 其他 | 起止年月 | 工资 |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**以上项目填写真实，若与实际情况不符，愿承担相关责任。**

经办人： 申报日期： 年 月 日 本页第 页，共 页