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| **北京市补缴社会保险费确认单** | | | | | | | | | | | | |
| **单位公章：** | |  | | | | | | | | | | |
| **单位名称** | |  | | | **统一社会信用代码（组织机构代码）** | | | |  | | | |
| **联系人** | |  | | **联系电话** |  | | | | **补缴人数** | |  | |
| **补缴原因** | | ☐在编职工补缴 ☐存续劳动关系期间应缴未缴  ☐其他： | | | | | | | | | | |
| **单位声明**  **（手签）** | | 单位承诺：**“我单位提供材料真实有效，如有任何问题，单位自行承担法律责任。”**(请将划线部分内容抄写到下方横线上） | | | | | | | | | | |
|  | | | | | | | | | | |
| **单位经办人签字： 单位负责人签字：   填报日期：** | | | | | | | | | | |
| **参保职工补缴情况** | | | | | | | | | | | | |
| **序号** | **姓名** | | **身份证号** | | | **补缴起时间** | **补缴止时间** | **补缴月数** | | **补缴工资** | | **职工签字** |
| **1** |  | |  | | |  |  |  | |  | |  |
| **2** |  | |  | | |  |  |  | |  | |  |
| **3** |  | |  | | |  |  |  | |  | |  |
| **4** |  | |  | | |  |  |  | |  | |  |
| **5** |  | |  | | |  |  |  | |  | |  |
| **6** |  | |  | | |  |  |  | |  | |  |
| **7** |  | |  | | |  |  |  | |  | |  |
| **8** |  | |  | | |  |  |  | |  | |  |
| **9** |  | |  | | |  |  |  | |  | |  |
| **10** |  | |  | | |  |  |  | |  | |  |
| 注：补缴险种为补缴时间段可补缴的全部险种；同一职工多段补缴时间可合并签字确认；同一职工同一单位同一缴费年度的补缴工资与应一致；同一职工补缴时间段补缴工资一致的可填报为一条。 | | | | | | | | | | | | |