附件6

\*\*\*市州实施养老保险过渡费率试点情况汇总表

人社部门盖章： 财政部门盖章：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 园区、基地名称 | 企业名称 | 所有制性质 | 在职人数 | 参保人数 | 季度单位缴费基数总额 | 月人均缴费基数 | 社会保险编码 | 实施费率试点缴费费率 | 实施费率试点为企业减负金额 |
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填报时间：