附件3

延期缴纳社保费申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 缴费单位识别号  （纳税人识别号） | | |  | | | | 缴费单位名称 | | |  | | | | |
| 申请延期缴纳社保费情况 | 征收项目 | | 征收品目 | | 征收子目 | | 费款所属时期起 | | 费款所属时期止 | 缴费基数 | | 申请延期缴纳费额 | | 申请延期缴纳期限 |
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| 合计 | | | | | |  | |  | -- | |  | |  |
| 当期货币资金余额 | | | 人民币（大写） ¥ | | | | | | | | | | | |
| 申请延期缴纳社保费理由 | 申请人： 法定代表人（负责人）姓名： 纳税人（签章）  年 月 日 | | | | | | | | | | | | | |
| 办理人员 |  | 办理人员身份证件类型 | |  | | 办理人员身份证件号码 | |  | | | 联系方式 | |  | |