附件22

**住房公积金汇缴减员清册（20190501版）**

**单位全称（加盖单位印章）：**

**汇缴时点： 年 月** 住房公积金表206

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **证 件**  **类 型** | **证 件 号 码** | **住房公积金月缴存额** | | |
| **单位**  **缴存额** | **个人**  **缴存额** | **合计**  **缴存额** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| **本页人数小计** | |  | | **本页减少金额小计** | |  |
| **人数合计** | |  | | **减少金额合计** | |  |

**经办人： 联系电话：**

单位减员人数超过20人的应自行打印，顺序填写（206-1,206-2......）以此类推。

**\*填写此表要求字迹清晰、工整、不得涂改。**