云南省残疾人按比例就业年审申报表

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| 单位名称 |  |
| 法定代表人/负责人 |  |
| 单位地址 |  |
| 单位类型 |  | 包括：机关、团体、企业、事业、民办非企业单位 |
| 统一社会信用代码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| （若无统一社会信用代码，则填下面两项）： |
| 纳税人识别号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 组织机构代码 |  |  |  |  |  |  |  |  |  |  |
| 联系人 |  | 联系人手机 |  |
| 所属地税机关 |  |
| 残疾（军）人名单 |
| 姓名 | 性别 | 身份证号码 |
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