内蒙古师范大学中共党员交纳党费核定表

 党支部名称：                           党支部书记签字： 党总支书记签字：         2017年   月   日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **岗位****工资** | **薪级****工资** | **基础性绩效** | **医疗****保险** | **养老****保险** | **失业****保险** | **住房公积金** | **所得税** | **缴纳基数（元）** | **缴纳比例（%）** | **每月应交党费** | **季度应交党费** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |

注：1.本表一式三份，党支部、党总支及组织部各存一份。

 2.党员党费交纳基数=岗位工资＋薪级工资＋基础性绩效－医疗保险费－养老保险费－失业保险费－住房公积金－个人所得税。