**企业社保与个税培训报名回执表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 单位全称 | |  | | |
| 纳税识别号 | |  | | |
| 联系人 | |  | 联系电话 |  |
| 发票邮寄地址 | |  | | |
| 序号 | 参训人 | 性别 | 职务 | 手机 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |