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| Dictamen para efectos del Seguro Social  Información patronal: Cuotas pagadas al Instituto | | | |
| Homoclave del trámite | | Homoclave del formato | |
| IMSS-02-087 | | FF-IMSS-026 | |
| Datos generales del patrón | | | |
| Nombre, denominación o razón social: | RFC: | | Ejercicio o periodo a dictaminar:  Del Al |

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| * En esta sección deberá registrarse la información solicitada en cada columna correspondiente a cada uno de los Registros Patronales y por el ejercicio o periodo a dictaminar. * El número consecutivo que se indique al inicio de esta sección, deberá ser el mismo para demás hojas que integran este formato, ya que la información que se proporcione debe corresponder a los Registros Patronales que se ingresen en esta hoja. * Para los dictámenes por escrito, las hojas podrán reproducirse las veces que sea necesario. |

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| No. | RP | Cotizantes reportados | Días cotizados | Días de ausentismo | Días de incapacidad |
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| No. | Enfermedades y maternidad | | | | | | |
| Cuota fija | Cuota excedente patrón | Cuota excedente obrero | Prestaciones en dinero patrón | Prestaciones en dinero obrero | Gastos médicos pensionados patrón | Gastos médicos pensionados obrero |
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| No. | Riesgos de trabajo | Guarderías y prestaciones sociales | Invalidez y vida patrón | Invalidez y vida obrero | Suerte principal COP | Actualización |
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| No. | Actualización | Recargos | Total RCV | INFONAVIT pagado |
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