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| Dictamen para efectos del Seguro SocialInformación patronal: Remuneraciones pagadas a los trabajadores |
| Homoclave del trámite | Homoclave del formato |
| IMSS-02-087 | FF-IMSS-024 |
| 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 ingresar la información que se requiere en cada columna, correspondiente a las cantidades pagadas por el Patrón o Sujeto Obligado a cada Trabajador, por la totalidad de los Registros Patronales a dictaminar, durante el ejercicio fiscal 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 | Primer apellido  | Segundo apellido  | Nombre (s) | NSS | RFC |
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| No. | PTU | Reembolso degastos médicos | Fondode ahorro | Cajade ahorro | Vales de despensa | Ayuda paragastos de funeral | Contribuciones pagadas por el patrón |
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| No. | Premios de puntualidad | Primas de seguro de vida | Seguro de gastos médicos mayores | Vales de restaurante | Vales de gasolina | Vales de ropa |
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| No. | Ayuda para renta | Ayuda para artículos escolares | Ayuda para anteojos | Ayuda para transporte | Cuotas sindicales | Subsidios de incapacidad |
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| No. | Becas atrabajadores e hijos | Otros ingresos por salarios | Pagos deotros empleadores | Jubilaciones, pensiones o retiro | Otros pagos por separación | Total |
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|  Nombre y firma del contador público autorizado |