|  |  |  |  |
| --- | --- | --- | --- |
| Dictamen para efectos del Seguro Social  Información 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 |

|  |
| --- |
| * 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. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | RP | Primer apellido | Segundo apellido | Nombre (s) | NSS | RFC |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | CURP | Sueldos y salarios | Aguinaldo o gratificación | Viáticos | Tiempo  extraordinario | Prima  vacacional | Prima  dominical |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Totales | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | PTU | Reembolso de  gastos médicos | Fondo  de ahorro | Caja  de ahorro | Vales de despensa | Ayuda para  gastos de funeral | Contribuciones pagadas por el patrón |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Premios de  puntualidad | Primas de  seguro de vida | Seguro de gastos médicos mayores | Vales de  restaurante | Vales de  gasolina | Vales  de ropa |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Ayuda  para renta | Ayuda para artículos escolares | Ayuda para anteojos | Ayuda para transporte | Cuotas  sindicales | Subsidios de  incapacidad |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Becas a  trabajadores e hijos | Otros ingresos  por salarios | Pagos de  otros empleadores | Jubilaciones, pensiones o retiro | Otros pagos  por separación | Total |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  |  |  |  |  |  | 0.00 |
|  | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

|  |
| --- |
|  |
| Nombre y firma del contador público autorizado |