附件2：

江海英才计划资助对象生活津贴汇总表

\_\_区委人才办\_\_\_\_（盖章） 单位：万元

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 类别 | 区域 | 最高人才头衔 | 人才姓名 | 身份证号 | 本次申请补贴金额 | 企业名称 | 企业营业执照注册号 | 企业社保代码 | 上年度企业销售收入 | 上年度企业纳税金额 | 上年度创新类人才在申报单位月均个税 | 上年度创新类人才在申报单位月均社保 | 在岗情况 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |