**税务师事务所从业人员信息表**

**税务师事务所名称： 填表人：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **出生**  **年月** | **职务** | **政治**  **面貌** | **资格类型** | **资格证书编号** | **个人**  **会员号** | **社保缴纳情况** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
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| 15 |  |  |  |  |  |  |  |  |  |
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| 17 |  |  |  |  |  |  |  |  |  |
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