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|  |  | **ENTREPRISE :** |  |  |  | **BULLETIN DE PAIE** | | | | |  |
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|  |  | Lieu de paiement des cotisations sociales : | |  |  | Nom, prénoms | | |  |  |  |
|  |  | URSSAF de (région, adresse) | | | | Adresse | |  |  |  |  |
|  |  | Numéro URSSAF : |  |  |  |  | |  |  |  |  |
|  |  | Numéro SIRET : |  |  |  | Numéro de Sécurité sociale : | | | | |  |
|  |  | Code APE : |  |  |  |  |  |  |  |  |  |
|  |  | Lieu de paiement : |  |  |  |  |  |  |  |  |  |
|  |  | Date de paiement : |  |  |  |  |  |  |  |  |  |
|  |  | Période : |  | |  |  |  |  |  |  |  |
|  |  | Emploi : | Président |  |  |  |  |  |  |  |  |
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|  |  | **RUBRIQUES** |  |  | **Nombre ou base** | **TAUX** | **MONTANT** |  | **CHARGES PATRONALES** | |  |
|  |  |  |  |  | **Taux** | **Montant** |  |
|  |  |  |  |  |  |  | |  |  |  |  |
|  |  | Salaire fixe |  |  |  |  |  |  |  |  |  |
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|  |  | ***Retenues :*** |  |  |  |  |  |  |  |  |  |
|  |  | CSG (déductible) |  |  |  |  |  |  |  |  |  |
|  |  | CSG et CRDS (non déductibles) | |  |  |  |  |  |  |  |  |
|  |  | S.S. Maladie |  |  |  |  |  |  |  |  |  |
|  |  | Contribution de solidarité autonomie | |  |  |  |  |  |  |  |  |
|  |  | S.S. Vieillesse plafonnée | |  |  |  |  |  |  |  |  |
|  |  | S.S. Vieillesse déplafonnée | |  |  |  |  |  |  |  |  |
|  |  | S.S. Allocations familiales | |  |  |  |  |  |  |  |  |
|  |  | S.S. Aide au logement | |  |  |  |  |  |  |  |  |
|  |  | S.S. Accidents du travail | |  |  |  |  |  |  |  |  |
|  |  | Retraite complémentaire tranche A (Arrco) | |  |  |  |  |  |  |  |  |
|  |  | Cot. AGFF sur tranche A | |  |  |  |  |  |  |  |  |
|  |  | Retraite complémentaire tranche B (Agirc) | |  |  |  |  |  |  |  |  |
|  |  | Retraite GMP |  |  |  |  |  |  |  |  |  |
|  |  | Cot. AGFF sur tranche B | |  |  |  |  |  |  |  |  |
|  |  | C.E.T. cadres |  |  |  |  |  |  |  |  |  |
|  |  | APEC |  |  |  |  |  |  |  |  |  |
|  |  | Prévoyance cadres sur tranche A | |  |  |  |  |  |  |  |  |
|  |  | Taxe formation professionnelle | |  |  |  |  |  |  |  |  |
|  |  | Taxe d'apprentissage | |  |  |  |  |  |  |  |  |
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|  |  | Mutuelle |  |  |  |  |  |  |  |  |  |
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|  |  | ***Sous-total retenues déductibles :*** | |  |  |  |  |  |  |  |  |
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|  |  | ***SOUS-TOTAL APRES RETENUES :*** | |  |  |  |  |  |  |  |  |
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|  |  | **SALAIRE NET IMPOSABLE** | |  |  |  |  |  |  |  |  |
|  |  | **SALAIRE NET A PAYER** | |  |  |  |  |  |  |  |  |
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|  |  | Document à conserver sans limitation de durée. | |  |  |  |  |  |  |  |  |
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|  |  | **Pourcentage de cotisations sociales sur le net (pour mémoire) :** | | | |  | |  |  |  |  |
|  |  | **Coût total pour l'entreprise :** | |  |  |  | |  |  |  |  |
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