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| Dictamen para efectos del Seguro Social  Información Patronal: Cuotas pagadas al Instituto | | | |
| Homoclave del trámite | | Homoclave del formato | |
| IMSS-02-087 | | FF-IMSS-026 | |
| 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 registrarse la información solicitada en cada columna correspondiente a cada uno de los Registros Patronales y por el ejercicio o periodo a dictaminar. * El número consecutivo que se indique al inicio de esta sección, deberá ser el mismo para las 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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| Consecutivo | RP | Cotizantes reportados | Días | | |
| Días cotizados | Días de ausentismo | Días de incapacidad |
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| Consecutivo | Enfermedades y maternidad | | | | | | |
| Cuota fija | Excedente | | Prestaciones en dinero | | Gastos médicos pensionados | |
| Cuota excedente patrón | Cuota excedente obrero | Prestaciones en dinero patrón | Prestaciones en dinero obrero | Gastos médicos pensionados patrón | Gastos médicos pensionados obrero |
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| Consecutivo | Riesgos de trabajo | Guarderías y prestaciones sociales | Invalidez y vida | | Suerte principal COP | Actualización |
| Invalidez y vida patrón | Invalidez y vida obrero |
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| Cesantía y vejez patrón | Cesantía y vejez obrero |
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