

Republic of the Philippines SOCIAL SECURITY SYSTEM

SBR NO.	POST MARK/SBR DATE	TELLER'S INITIALS

REV. 06-04	CONTRIBUTIONS	AMOUN	Т				
	PAYMENT RETURN						
	(TO BE SUBMITTED IN TRIPLICATE)	DATE /TL	JIS IS VOLID OFFICIAL D	ECEIDT WI	JEN VALIDATED)		
		IR OFFICIAL RECEIPT WHEN VALIDATED)					
SS NUMBER	(SURNAME)	E)	(MIL	DDLE NAME)			
USUAL ADDRESS IN THE PHILS.: (I	NO. & STREET) (BAR	POSTAL CODE					
(TOWN/DI	STRICT) (CITY/PROVINC	TEL. NO./CELL NO.					
			1				
INST	Applicable Pe	eriod Social Security					
1. CHECK THE BOX TO INDICATE T	CHECK THE BOX TO INDICATE THE TYPE OF PAYOR:			Year	Contribution		
SELF-EMPLOYED	SELF-EMPLOYED NON-WORKING SPOUSE						
			FEBRUARY				
VOLUNTARY	FARMER/FISHERMAN		MARCH				
OVERSEAS WORKER (Foreign Address - City, Country)			APRIL				
			MAY				
			JUNE				
FOLLOWING THE APPLICABLE MONTH OR QUARTER AT ANY SSS ACCREDITED BANK OR SSS OFFICE ACCEPTING PAYMENTS OR THROUGH REGISTERED MAIL.			AUGUST				
IF THE 10 TH DAY FALLS ON A SATURDAY, SUNDAY OR HOLIDAY, THE DEADLINE			SEPTEMBER				
SHALL BE ON THE NEXT WORK	ING DAY.	LADLINE	OCTOBER				
3. ACCOMPLISH THE DECLARATION	ON OF EARNINGS BELOW IF YOU DESIRE TO	CHANCE	NOVEMBER				
	DIT (MSC) TO MORE THAN TWO SALARY BR		DECEMBER				
	JLT TO AN MSC OF LOWER THAN ₽ 5,000.		Penalty (Ref. No)			
		TOTAL REMITTANCE P					
	I hereby declare, for purposes of Sec. 19-A of the Social Security Law, the amount			TOTAL AMOUNT IN WORDS:			
of	earnings, which shall be the basis of my mor						
salary credit to be effective until rev		1					
Laffirm under the penalties of pe	erjury, that this declaration has been made in g	hood					
faith, and to the best of my knowled	CERTIFIED CORRECT:						
	SIGNATURE OF MEMBER		SIGNA	TURE OV	ER PRINTED NAME		
DETAILS OF CHECK PAYMENT: AMOUNT: P CHECK NO.:							
	DATE:						