



RS-5
REV. 06-04

Republic of the Philippines
SOCIAL SECURITY SYSTEM
**CONTRIBUTIONS
PAYMENT RETURN**
(TO BE SUBMITTED IN TRIPLICATE)

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

AMOUNT

DATE
(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

SS NUMBER

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(SURNAME)

(GIVEN NAME)

(MIDDLE NAME)

USUAL ADDRESS IN THE PHILS.: (NO. & STREET)

(BARANGAY)

POSTAL CODE

(TOWN/DISTRICT)

(CITY/PROVINCE)

TEL. NO./CELL NO.

INSTRUCTIONS

1. CHECK THE BOX TO INDICATE THE TYPE OF PAYOR:

- | | |
|--|---|
| <input type="checkbox"/> SELF-EMPLOYED | <input type="checkbox"/> NON-WORKING SPOUSE |
| <input type="checkbox"/> VOLUNTARY | <input type="checkbox"/> FARMER/FISHERMAN _____ |
| <input type="checkbox"/> OVERSEAS WORKER (Foreign Address - City, Country) _____ | |

2. REMIT YOUR CONTRIBUTIONS ON OR BEFORE THE 10TH DAY OF THE MONTH FOLLOWING THE APPLICABLE MONTH OR QUARTER AT ANY SSS ACCREDITED BANK OR SSS OFFICE ACCEPTING PAYMENTS OR THROUGH REGISTERED MAIL.

IF THE 10TH DAY FALLS ON A SATURDAY, SUNDAY OR HOLIDAY, THE DEADLINE SHALL BE ON THE NEXT WORKING DAY.

3. ACCOMPLISH THE DECLARATION OF EARNINGS BELOW IF YOU DESIRE TO CHANGE YOUR MONTHLY SALARY CREDIT (MSC) TO MORE THAN TWO SALARY BRACKETS OR IF THE CHANGE WILL RESULT TO AN MSC OF LOWER THAN ₱ 5,000.

I hereby declare, for purposes of Sec. 19-A of the Social Security Law, the amount of _____ (P _____) as my monthly earnings, which shall be the basis of my monthly salary credit to be effective until revised in my next declaration.

I affirm under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief, is true and correct.

SIGNATURE OF MEMBER

Applicable Period

Month	Year	Social Security Contribution
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

Penalty (Ref. No. _____)

TOTAL REMITTANCE P _____

TOTAL AMOUNT IN WORDS:

CERTIFIED CORRECT:

SIGNATURE OVER PRINTED NAME

DETAILS OF CHECK PAYMENT:

AMOUNT: P _____
BANK NAME: _____

CHECK NO.: _____
DATE: _____