



R-5

REV. 02-98

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

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

AMOUNT

DATE
 (THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

EMPLOYER'S ID NUMBER	EMPLOYER'S REGISTERED NAME
ADDRESS (NO. & STREET)	(BARANGAY)
(TOWN/DISTRICT)	(CITY/PROVINCE)
POSTAL CODE	TEL. NO.

INSTRUCTIONS	APPLICABLE PERIOD		SOCIAL SECURITY CONTRIBUTION	EMPLOYEE COMPENSATION CONTRIBUTION	TOTAL
	MONTH	YEAR			
1. CHECK THE BOX TO INDICATE THE TYPE OF PAYOR <input type="checkbox"/> REGULAR EMPLOYER <input type="checkbox"/> HOUSEHOLD EMPLOYER 2. INDICATE THE YEAR FOR WHICH PAYMENT IS APPLICABLE. 3. REMIT YOUR EMPLOYEE'S/HOUSEHOLD HELPER'S MONTHLY CONTRIBUTIONS ON OR BEFORE THE 5TH DAY OF THE FOLLOWING MONTH TO AVOID THE 3% PENALTY PER MONTH FOR LATE PAYMENT. 4. REMIT YOUR PAYMENT EITHER: a) THROUGH SSS ACCREDITED BANK; OR b) BY REGISTERED MAIL 5. MAKE ALL CHECKS AND POSTAL MONEY ORDERS PAYABLE TO SSS 6. ATTACH YOUR EXTRA COPY OF THIS FORM AND SPECIAL BANK RECEIPT WHEN SUBMITTING THE CORRESPONDING CONTRIBUTION FORM R-3 (CONTRIBUTION COLLECTION LIST) OR R-3 TAPE/ DISKETTE. 7. SUBMIT YOUR FORM R-3 WITHIN FIVE (5) DAYS AFTER THE APPLICABLE QUARTER OR YOUR R-3 TAPE/DISKETTE ON OR BEFORE THE 10TH DAY OF THE MONTH FOLLOWING THE APPLICABLE MONTH TO THE NEAREST SSS OFFICE OR THROUGH POSTAL SERVICES OFFICE. 8. INDICATE YOUR PENALTY REFERENCE NUMBER, IF ANY, FOR PAYMENT OF PENALTIES.	JANUARY				
	FEBRUARY				
	MARCH				
	APRIL				
	MAY				
	JUNE				
	JULY				
	AUGUST				
	SEPTEMBER				
	OCTOBER				
	NOVEMBER				
	DECEMBER				
PENALTY REFERENCE NUMBER	ADD UNDER PENALTY PAYMENT				
	LESS OVER PAYMENT				
		TOTAL REMITTANCE	₱	₱	₱
	FORM OF PAYMENT AMOUNT <input type="checkbox"/> CASH ₱ _____ <input type="checkbox"/> CHECK ₱ _____ BANK NAME : _____ CHECK NO. : _____ DATE : _____ TOTAL ₱ _____		TOTAL AMOUNT IN WORDS: CERTIFIED CORRECT: <div style="text-align: right;">SIGNATURE OVER PRINTED NAME</div>		