



(06-2012)

Republic of the Philippines
**RS-5 SOCIAL SECURITY SYSTEM
CONTRIBUTIONS
PAYMENT RETURN**

Please read the instructions below before accomplishing this form.
Print all information in capital letters and use black ink only.

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

SS NUMBER 	NAME (SURNAME) (GIVEN NAME) (MIDDLE NAME)		
ADDRESS (NO. & STREET) (BARANGAY)		E-MAIL ADDRESS (If any)	
(TOWN/DISTRICT) (CITY/PROVINCE)		POSTAL CODE 	TELEPHONE/MOBILE NUMBER

TYPE OF PAYOR (Check the appropriate box)

<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Overseas Filipino Worker
<input type="checkbox"/> Farmer/Fisherman	<input type="checkbox"/> Non-Working Spouse	(Foreign Address-City, Country _____)

INSTRUCTIONS

- Fill out this form in three (3) copies.
- Remit your contributions following the payment deadlines below:
For Self-Employed, Voluntary, Non-Working Spouse, Farmer/Fisherman:

If 10th digit of the SS number ends in:	Payment Deadline (following the applicable month or quarter)
1 or 2	10th day of the month
3 or 4	15th day of the month
5 or 6	20th day of the month
7 or 8	25th day of the month
9 or 0	Last day of the month

For OFW-members:
 - Contributions for *January to December* of a given year may be paid until 31 December of the same year
 - Contributions for *October to December* of a given year may be paid until 31 January of the succeeding yearIn case the payment deadline falls on a Saturday, Sunday or holiday, payment may be made on the next working day. Otherwise, late contribution payments of self-employed and voluntary members shall be applied prospectively.
- Make all checks payable to SSS and fill out properly the "Details of Check Payment" portion of the form.
- Fill out the Declaration of Earnings 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 P5,000. Please note that if you are 55 years old or older and present MSC is more than P10,000, your allowed increase is only one salary bracket.

APPLICABLE PERIOD		SOCIAL SECURITY CONTRIBUTION
Month	Year	
JANUARY		P
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

TOTAL REMITTANCE	P
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TOTAL AMOUNT IN WORDS

CERTIFIED CORRECT

_____ SIGNATURE OVER PRINTED NAME	_____ DATE
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DETAILS OF CHECK PAYMENT

Check No. _____ Date _____

Bank/Branch Name _____

Declaration of Earnings

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 OVER PRINTED NAME

DATE