Republic of the Philippines
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.

(THE 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)
☐ Self-Employed ☐ Voluntary ☐ Overseas Filipino Worker
☐ Farmer/Fisherman ☐ Non-Working Spouse (Foreign Address-City, Country __________________________________ )

INSTRUCTIONS

1. Fill out this form in three (3) copies.

2. Remit your contributions following the payment deadlines below:
   For Self-Employed, Voluntary, Non-Working Spouse, Farmer/Fisherman:

<table>
<thead>
<tr>
<th>Type of Payor</th>
<th>Payment Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(following the applicable month or quarter)</td>
</tr>
<tr>
<td>Self-Employed</td>
<td>10th day of the month</td>
</tr>
<tr>
<td>Voluntary</td>
<td>15th day of the month</td>
</tr>
<tr>
<td>Non-Working Spouse</td>
<td>20th day of the month</td>
</tr>
<tr>
<td>Farmer/Fisherman</td>
<td>25th day of the month</td>
</tr>
</tbody>
</table>

3. Make all checks payable to SSS and fill out properly the "Details of Check Payment" portion of the form.

4. 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 ₱5,000. Please note that if you are 55 years old or older and present MSC is more than ₱10,000, your allowed increase is only one salary bracket.

Declaration of Earnings

I hereby declare, for purposes of Sec. 19-A of the Social Security Law, the amount of
(₱_________) 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

CERTIFIED CORRECT

SIGNATURE OVER PRINTED NAME

DATE

DETAILS OF CHECK PAYMENT

Check No. __________ Date ______
Bank/Branch Name ______________________

TOTAL REMITTANCE ₱_________

TOTAL AMOUNT IN WORDS __________________________________

SIGNATURE OVER PRINTED NAME

DATE

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