000 500 1111 (10 0000)					
SSS FORM ML-1(Rev. 03/98)		(This is your official receipt when validated)			
Republic of th	ne Philippines		(Trile le yeur emelar	receipt when van	ladica)
	PITYSYSTEM				
MONTHLY-SALARY/CALAMITY/EDUCATIONAL/ EMERGENCY/STOCK INVESTMENT LOAN PAYMENTRETURN (To be submitted in 3 copies)		SBR NO.	Postmark/S & R	Date	Teller's Initials
		AMOUNT			
		AMOUNT			
		DATE			
EMPLOYER ID NUMBER	EMPLOYEE SS NUMBER	TR. NOM.N.			
	Ш	FNTFR TTP	E OF PATMENT B	SFLOIL (Salary	dSalamityl
EMPLOYER'S REGISTERED NAME & A		lEmergencylStoc			
		PAYMENT TYPE		APPLICABLE	MONTH
L					
(FOR SSS USE ONLY- Do not	•				
in this box)		Enter total amoun per collection list	t collected	-	
Amount due per collection list				ا 	
Prior periods		Add: Penalty	-1	-	
Penalty					
Prior periods		Less: Over Payn	nent F	-	
over payment					
Prior periods	Add: Under Pay	ment	-		
under payment		Total Amazont			
Please pay on or	before	Total Amount Remitted	P		
NET DUE	P -		Total amount	remitted in words	
<u> I</u> nstruct	<u>I O N S</u>				
Pay your monthly amortization on the	following schedule:		DE IN: (All checks &	nostal monov o	rdare muet ba
Employer - on	or before the 5th calendarday		to Social Security S		i dei s illust be
following the applicable month. Self-Employed/Voluntary Member - on or before the last working day of the			•		
applicable month. 2. Always indicate your ID or SS number along with your name and address.		Check/I	PMO: Bank	Check No	Date
3. Use this form exclusively for your SALARY/CALAMITY/EDUCATIONAL/ EMERGENCY/STOCK INVESTMENT LOAN payments.		Cash: F	·		
4. Always support this form with the SSS official pre-printed collection list to ensure		CEDTIE	FIED CORRECT:		
proper posting of payments. If the employers do not receive the list, please notify the respective SSS office.		CERTIF		GNATURE OVER PE	RINTED NAME)
5. Leave employer ID No. blank if individu	ual payment.				
		Official	Designation:		

Internet Edition (1/2003)