R-3
REV. 08-99

Republic of the Philippines
SOCIAL SECURITY SYSTEM
Contribution Collection List
(Please Read Instructions at the Back. Print All information in Black Ink)

EMPLOYER ID NUMBER	REGISTERED EMPLOYER NAME		QUARTER ENDING	M M Y Y Y Y
	Titanium Corporation			0 5 2 0 1 7

TEL. NO. 8893935

ADDRESS 733 Wood St., Malibay, Pasay City

TYPE OF EMPLOYER: ○ Regular   ○ Household

SS NUMBER	NAME OF MEMBER (Surname) (Given Name) (MI)	SOCIAL SECURITY 1st Month	SOCIAL SECURITY 2nd Month	SOCIAL SECURITY 3rd Month	EMPLOYEE COMPENSATION 1st Month	EMPLOYEE COMPENSATION 2nd Month	EMPLOYEE COMPENSATION 3rd Month	SEPARATION DATE (MM DD YYYY)
3 3 1 8 9 3 8 1 4 6	1. CACANINDIN, JENELYN		1 7 6 0			3 0		
3 3 4 1 4 1 7 7 7 3	2. DENAGA, JUN		1 6 5 0			3 0		
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							
	11.							
	12.							
	13.							
	14.							
	15.							
TOTALS FOR THIS PAGE (to be filled out on every page) →		0	3 4 1 0	0	0	0 6 0	0	

GRAND TOTAL

Appl.Mo.	Social Security	Employee Compensation	Grand Total
1st	0.00	0.00	0.00
2nd	3,410.00	60.00	3,470.00
3rd	0.00	0.00	0.00

PAYMENT DETAILS

TR/SBR NO.	Date Paid	Amount Paid

ADJUSTMENT TYPE:
☐ Addition to Previously Submitted R-3
☐ Deduction from Previously Submitted R-3

CERTIFIED CORRECT AND PAID:
_____
Signature Over Printed Name
_____
Official Designation   Date

PAGE 1 **OF** 1 **PAGES**

FOR SSS USE

PROCESSED BY/DATE:
_____
Signature Over Printed Name

ENCODED BY/DATE:
_____
Signature Over Printed Name

OTHER NOTATIONS:

RECEIVED BY/DATE: