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.	ADDRESS	TYPE OF EMPLOYER
8893935	733 Wood St., Malibay, Pasay City	○ 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		1760			30		
3 3 4 1 4 1 7 7 7 3	2. DENAGA, JUN		1760			30		
	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	3520	0	0	60	0	

GRAND TOTAL

Appl.Mo.	Social Security	Employee Compensation	Grand Total
1st	0.00	0.00	0.00
2nd	3,520.00	60.00	3,580.00
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: