



CON- (03-2010)

Republic of the Philippines
**SOCIAL SECURITY SYSTEM
EMPLOYER CONTRIBUTIONS
PAYMENT FORM**

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

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

EMPLOYER NUMBER										NAME OF EMPLOYER/REGISTERED BUSINESS																																		
ADDRESS (NO. & STREET)										(BARANGAY)										(TOWN/DISTRICT)										(CITY/PROVINCE)										POSTAL CODE				
TYPE OF PAYOR																				TIN										TELEPHONE/MOBILE NUMBER														
<input type="checkbox"/> Regular Employer <input type="checkbox"/> Household Employer																																												
APPLICABLE PERIOD										SOCIAL SECURITY CONTRIBUTION										EMPLOYEES' COMPENSATION CONTRIBUTION										TOTAL														
MONTH					YEAR																																							
JANUARY										P										P										P														
FEBRUARY																																												
MARCH																																												
APRIL																																												
MAY																																												
JUNE																																												
JULY																																												
AUGUST																																												
SEPTEMBER																																												
OCTOBER																																												
NOVEMBER																																												
DECEMBER																																												
Sub-total										P										P										P														
ADD					UNDER PAYMENT																																							
ADD					PENALTY																																							
ADD					INTEREST																																							
TOTAL REMITTANCE										P										P										P														
FORM OF PAYMENT										AMOUNT IN FIGURES										TOTAL AMOUNT IN WORDS																								
<input type="checkbox"/> Cash <input type="checkbox"/> Postal Money Order (PMO) <input type="checkbox"/> Check Check Number _____ Date _____ Bank/Branch Name _____										P _____ _____ _____										CERTIFIED CORRECT <div style="display: flex; justify-content: space-between;"> <div>_____ SIGNATURE OVER PRINTED NAME</div> <div>_____ DATE</div> </div>																								
TOTAL										P																																		

INSTRUCTIONS

1. Fill out this form in four (4) copies.
2. Put a checkmark on the appropriate box of the type of payor.
3. Indicate the year for which payment is applicable.
4. Remit the monthly contributions of your employees/household helpers on or before the 10th day of the following month to avoid 3% penalty per month for late payment.
 - If the 10th day of the month falls on a Saturday, Sunday or holiday, the deadline shall be on the next working day.
5. Remit the monthly contributions of your employees/household helpers through any of the following:
 - a) SSS Branch with tellering facilities
 - b) accredited banks
 - c) authorized payment centers
6. Make all checks and postal money orders payable to SSS. Fill out properly the check details in the "Form of Payment" portion.
7. Submit a copy of validated Employer Contributions Payment Form (SS Form R-5)/SS Form R-5 with Special Bank Receipt (SBR), together with the corresponding Contributions Collection List (SS Form R-3) within ten (10) days after the applicable quarter or R-3 in electronic media device within ten (10) days after the applicable month, to the SSS branch nearest your office (if regular employee) or residence (if household employer).