

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

CON-01181 (05-2014)

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

PAYOR's COPY

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY.**

**TO BE FILLED OUT BY EMPLOYER**

☐ Business

☐ Household

EMPLOYER NUMBER

03-9023836-2

EMPLOYER NAME

KOLIN MARKETING INC.

**TO BE FILLED OUT BY INDIVIDUAL PAYOR**

☐ Self-Employed

☐ Non-Working Spouse

☐ Voluntary

☐ Farmer/Fisherman

☐ OFW (Foreign Address - City, Country \_\_\_\_\_)

SS NUMBER (10 DIGITS)

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS)

NAME

**TO BE FILLED OUT BY EMPLOYER AND INDIVIDUAL PAYOR**

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY)

KOLIN BLDG., EDSA cor. MAGALLANES AVE. MAGALLANES VILLAGE

(CITY/MUNICIPALITY)

(PROVINCE)

ZIP CODE

TAX IDENTIFICATION NUMBER (IF ANY)

MAKATI CITY

1232

TELEPHONE NUMBER (AREA CODE+TEL. NO.)

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

WEBSITE (FOR BUSINESS EMPLOYER)

**PAYMENT DETAILS**

APPLICABLE PERIOD		SS CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER & INDIVIDUAL PAYOR)	EC CONTRIBUTION (TO BE FILLED OUT BY EMPLOYER ONLY)	TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)
MONTH	YEAR			
January	2018	₱ 4,895.00	₱ 50.00	₱ 4,945.00
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
A D D	Penalty	₱	₱	₱
	Underpayment			
SUB-TOTAL		₱	₱	₱
TOTAL AMOUNT OF PAYMENT				₱ 4,945.00

**FORM OF PAYMENT**

- ☐ Cash  
☐ Postal Money Order  
☐ Check

Check Number 1410514

Check Date 02-03-18

Bank & Branch Name BPI-Magallanes

**TOTAL AMOUNT PAID**

**AMOUNT PAID IN FIGURES**

₱ 4,945.00

₱ 4,945.00

**TOTAL AMOUNT PAID IN WORDS**

FOUR THOUSAND NINE HUNDRED FORTY FIVE ONLY

PAID BY

ERNEST IVAN R. SERENILLA

PRINTED NAME

SIGNATURE

**DECLARATION OF EARNINGS OF INDIVIDUAL PAYOR**

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.

PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

## INSTRUCTIONS

1. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
2. Pay through any of the following:
  - a. SSS Branch with Telling Facilities
  - b. Accredited Banks
  - c. Post Office
  - d. Bayad Centers
  - e. SM Business Centers
3. Make all checks and postal money orders payable to SSS. Fill out properly the check details in the "Form of Payment" portion.

### For Employer

1. Accomplish appropriate boxes as follows:
  - a. For business employer
    - employer number, business name, business address and 12-digit business TIN as registered with the SSS
  - b. For household employer
    - employer number, household employer name, home address and 9-digit personal TIN, if any as registered with the SSS
2. As business/household employer, pay your contributions following the payment deadline to avoid the three percent (3%) penalty per month for late payment.

If the 10 <sup>th</sup> digit of the 13-digit Employer (ER) is:	Payment Deadline (following the applicable month)
1 or 2	10 <sup>th</sup> day of the month
3 or 4	15 <sup>th</sup> day of the month
5 or 6	20 <sup>th</sup> day of the month
7 or 8	25 <sup>th</sup> day of the month
9 or 0	Last day of the month

In case the payment deadline falls on a Saturday, Sunday or holiday, payment may be made on the next working day.

3. Submit immediately a copy of validated "Contributions Payment Form" or "Contributions Payment Form" with Special Bank Receipt (SBR) together with the corresponding "Contributions Collection List" or "Contributions Collection List" in electronic media device to the nearest SSS branch.

### For Individual Payor (Self-Employed, Voluntary Member, Non-Working Spouse, Farmer/Fisherman and Overseas Filipino Worker)

1. Accomplish appropriate boxes as follows:
  - SS number
  - Full name as registered with the SSS
  - Common Reference Number (CRN), if any
  - 9-digit personal TIN, if any
2. Pay your contributions following the payment deadline to avoid application of payments prospectively.
  - a. For Self-Employed, Voluntary, Non-Working Spouse, Farmer/Fisherman

If the 10 <sup>th</sup> digit of the SS number ends in:	Payment Deadline (following the applicable month or quarter)
1 or 2	10 <sup>th</sup> day of the month
3 or 4	15 <sup>th</sup> day of the month
5 or 6	20 <sup>th</sup> day of the month
7 or 8	25 <sup>th</sup> day of the month
9 or 0	Last day of the month

- b. For Overseas Filipino Worker (OFW)
    - Contributions for January to December of a given year may be paid anytime within the same year.
    - Contributions for October to December of a given year may also be paid until 31 January of the succeeding year.

In case the payment deadline falls on a Saturday, Sunday or holiday, payment may be made on the next working day. Otherwise, late contribution payments shall be applied prospectively.

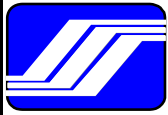
3. Fill out the following portions:
  - a. **"SS" column only** of the "PAYMENT DETAILS" portion (need not fill out the "Total" column).
  - b. **"Declaration of Earnings of Individual Payor"** portion if you want to change your monthly salary credit (MSC) to more than two (2) salary brackets higher or lower than your present MSC.

However, the following shall be observed:

    - For OFW, the minimum MSC shall be P5,000.00. Hence, any change lower than the minimum MSC shall not be allowed.
    - Where the present MSC is more than P10,000.00 and the age of the member is 55 years old or older, the allowed increase is only one (1) salary bracket regardless of whether the supporting documents are submitted or not.

## REMINDERS

1. The total contributions paid by the Employer in this payment form includes the Social Security contributions shared by both the employer and employee plus the EC contributions shouldered solely by the employer, in accordance with the SSS monthly contribution schedule.
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☐ Business ☐ Household

EMPLOYER NUMBER

03-9023836-2

EMPLOYER NAME

KOLIN MARKETING INC.

**TO BE FILLED OUT BY INDIVIDUAL PAYOR**

☐ Self-Employed ☐ Non-Working Spouse  
☐ Voluntary ☐ Farmer/Fisherman  
☐ OFW (Foreign Address - City, Country \_\_\_\_\_)

SS NUMBER (10 DIGITS)

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS)

NAME

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MONTH	YEAR			
January	2018	P 4,895.00	P 50.00	P 4,945.00
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
A D D	Penalty	P	P	P
	Underpayment			
SUB-TOTAL		P	P	P
TOTAL AMOUNT OF PAYMENT				P 4,945.00

**FORM OF PAYMENT**

**AMOUNT PAID IN FIGURES**

**TOTAL AMOUNT PAID IN WORDS**

- ☐ Cash  
☐ Postal Money Order  
☐ Check

Check Number 1410514  
Check Date 02-03-18  
Bank & Branch Name BPI-Magallanes

**TOTAL AMOUNT PAID**

P 4,945.00

P 4,945.00

**FOUR THOUSAND NINE HUNDRED FORTY FIVE ONLY**

PAID BY

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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.

PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

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1. Accomplish appropriate boxes as follows:
  - SS number
  - Full name as registered with the SSS
  - Common Reference Number (CRN), if any
  - 9-digit personal TIN, if any
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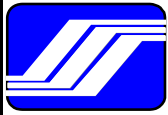
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A D D	Penalty	P	P	P
	Underpayment			
SUB-TOTAL		P	P	P
TOTAL AMOUNT OF PAYMENT				P 4,945.00

FORM OF PAYMENT		AMOUNT PAID IN FIGURES	TOTAL AMOUNT PAID IN WORDS
<input type="checkbox"/> Cash		P	FOUR THOUSAND NINE HUNDRED FORTY FIVE ONLY
<input type="checkbox"/> Postal Money Order		4,945.00	
<input type="checkbox"/> Check			
Check Number	1410514		PAID BY
Check Date	02-03-18		ERNEST IVAN R. SERENILLA
Bank & Branch Name	BPI-Magallanes		PRINTED NAME
TOTAL AMOUNT PAID	P 4,945.00		SIGNATURE

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