

Republic of the Philippines SOCIAL SECURITY SYSTEM

CON-01181 (05-201	COI PAY	NTRIE YMEN	BUTI NT FO									
PLEASE READ THE THIS FORM. PRINT BLACK INK ONLY.	ALL INFORMAT											
Т	O BE FILLED OU	JT BY EN	//PLOYE	R				TO BE F	LLED OUT	BY INDIV	IDUAL PAYOR	
☐ Business ☐ Household ☐						Self-Employed Non-Working Spouse Voluntary Farmer/Fisherman OFW (Foreign Address - City, Country)						
EMPLOYER NUMBER					SS	NUN	/IBER (10 I	DIGITS)	СО	MMON RE	EFERENCE NUMBER (IF ANY, 12 DIGITS	,
	023836-2											
EMPLOYER NAME	ETIMO IMO				NAI	ME						
KOLIN MARK	ETING INC.				DV 51451	0\/F	D 4115 II	UDIVIDUAL D	AV00			
ADDRESS (RM./FLR./	UNIT NO. & BLDG. NA	ME) (HO		BE FILLED OUT E	REET NAME		R AND II		BDIVISION)	(BARA	ANGAY/DISTRICT/LOCALITY)	_
			AGAL	LANES AVE	. MAG	AL	LANE					
	IICIPALITY)	3011 1111		(PROVINCE)			ZIP CO			NTIFICATIO	ON NUMBER (IF ANY)	_
MAKAT	ΓΙ CITY						123					
TELEPHONE NUMBE	R (AREA CODE+TEL. NO	D.) MC	BILE/CE	ELLPHONE NUME	BER		ı	E-MAIL ADD	RESS		WEBSITE (FOR BUSINESS EMPLOYER)	
		•			PAYMEN	T DI	ETAILS	•				
APPLICABLE MONTH	PERIOD YEAR	(TO BE		CONTRIBUTION IT BY EMPLOYER & IN PAYOR)	IDIVIDUAL		(TO	CONTRIBUTION BE FILLED OUT INTERPLOYER ONLY	ЗY		TOTAL (TO BE FILLED OUT BY EMPLOYER ONLY)	
January	2018	P	4,8	95.00		₽		50.00		₽	4,945.00	_
February			,								,	_
March												_
April												_
May												_
June												_
July												_
August												_
September												_
October												_
November												_
December												_
A Penalty		₽				₽				₽		_
D Underpayment												_
SUB-TOTAL		P				₽				₽		_
TOTAL AMOUNT C	DE PAYMENT	ı								P	4,945.00	_
FORM OF PAYMENT			AMOI	JNT PAID IN FIGI	URFS		TOTAL	AMOUNT PAI	D IN WORI	_	4,040.00	_
Cash			P	5111 17112 1111 101	ONLO							
☐ Postal Money Ord	der			4,945.00		-	ONL		AND NIN	E HUND	DRED FORTY FIVE	
Check Number	14105		_				PAID B	Υ				
Check Date	02-03-		-									
Bank & Branch		agallanes	_	4.045.00		_	ERNE	ST IVAN I		<u>NIL</u> LA		
TOTAL AMOUNT	PAID		<u> </u>	4,945.00				PRINTED			SIGNATURE	
				ECLARATION O			_					
(P) as my month	ly earning	gs, which		s of my m	onth	ly salary	credit to be ef	fective until		n my next declaration. d belief, is true and correct.	

PRINTED NAME OF ME	MBER	
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PAYOR's COPY

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 Tellering 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 th digit of the	Payment Deadline
13-digit Employer (ER) is:	(following the applicable month)
1 or 2	10 th day of the month
3 or 4	15 th day of the month
5 or 6	20 th day of the month
7 or 8	25 th 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.

 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 th digit of the SS number ends in:	Payment Deadline (following the applicable month or quarter)
1 or 2	10 th day of the month
3 or 4	15 th day of the month
5 or 6	20 th day of the month
7 or 8	25 th 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.

<u>REMINDERS</u>

- 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.
- 2. You may also visit the SSS Website at www.sss.gov.ph for other payment facilities.
- 3. Keep all your validated payment forms for future reference.



Republic of the Philippines SOCIAL SECURITY SYSTEM

CON-01181 (05-2014	CON PAY	NTRI ME	IBUTIONS INT FORM RECEIPT WHEN VALIDATED)						
	ALL INFORMATION		E BACK BEFORE FILLING OUT CAPITAL LETTERS AND USE						
т	O BE FILLED OU	T BY E	EMPLOYER			TO BE FIL	LED OUT	BY INDIVI	IDUAL PAYOR
☐ Business	□ \	Self-Employe Voluntary OFW (Foreig			☐ Non-\	Working Spouse er/Fisherman)			
EMPLOYER NUMBER				SS N	IUMBER (10 D	DIGITS)	CO	MMON RE	FERENCE NUMBER (IF ANY, 12 DIGITS)
03-9023	3836-2								
EMPLOYER NAME				NAM	IE				
KOLIN MARKE	TING INC.								
ADDRESS (RM./FLR./L	JNIT NO. & BLDG. NAM	ΛΕ) (H	TO BE FILLED OUT BY ENHOUSE/LOT & BLK. NO.) (STREET I				DIVISION)	(BARAI	NGAY/DISTRICT/LOCALITY)
			MAGALLANES AVE. M	,		,		`	,
(CITY/MUN	·	00	(PROVINCE)	11 10	ZIP COI			NTIFICATIO	ON NUMBER (IF ANY)
MAKA [*]	TI CITY				123				, ,
TELEPHONE NUMBE	R (AREA CODE+TEL. NO.) M	MOBILE/CELLPHONE NUMBER		I	E-MAIL ADDF	RESS		WEBSITE (FOR BUSINESS EMPLOYER)
			PAYI	MENT	DETAILS				
APPLICABLE	PERIOD	(TO B	SS CONTRIBUTION	IAI		CONTRIBUTION BE FILLED OUT B			TOTAL (TO BE FILLED OUT BY
MONTH	YEAR	(IUb	BE FILLED OUT BY EMPLOYER & INDIVIDU PAYOR)	JAL		MPLOYER ONLY)	Y		EMPLOYER ONLY)
January	2018	₽	4,895.00		무	50.00		₽	4,945.00
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
A Penalty		P			₽			₽	
D Underpayment									
SUB-TOTAL		P			₽			₽	
TOTAL AMOUNT O	F PAYMENT							P	4,945.00
FORM OF PAYMENT Cash Postal Money Ord	lor		AMOUNT PAID IN FIGURES P 4,945.00	3		AMOUNT PAID			DRED FORTY FIVE
☐ Check	14105	14	4,943.00		ONL'	Υ			
Check Number Check Date Bank & Branch Name Check Number 02-03-18 BPI-Magallanes						' EST IVAN F	R. SERE	NILLA	
TOTAL AMOUNT PAID P 4,945.00					_	PRINTED	NAME		SIGNATURE
			DECLARATION OF EA	RNIN	GS OF INDI	VIDUAL PAYO	R		
(₽) as my monthly	y earniı	Sec. 19-A of the Social Securit ngs, which shall be the basis of m that this declaration has been ma	ty Lav	w the amou onthly salary	nt of credit to be effe	ective until		

DDIN	ITED	NIVNE	OF ME	MRED

SSS' COPY

INSTRUCTIONS

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- 2. As business/household employer, pay your contributions following the payment deadline to avoid the three percent (3%) penalty per month for late payment.

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13-digit Employer (ER) is:	(following the applicable month)
1 or 2	10 th day of the month
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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
- 2. Pay your contributions following the payment deadline to avoid application of payments prospectively.
 - a. For Self-Employed, Voluntary, Non-Working Spouse, Farmer/Fisherman

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<u>REMINDERS</u>

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	ALL INFORMATION		BACK BEFORE FILLING OUT APITAL LETTERS AND USE							
T	O BE FILLED OU	T BY EM	PLOYER		TO BE FIL	LED OUT	BY INDIV	IDUAL PAYOR		
<u> </u>	0 52 1 1222 -	10	LOTER	□s	TO BE FILLED OUT BY INDIVIDUAL PAYOR ☐ Self-Employed ☐ Non-Working Spouse					
Business		☐ Hous		□ v	□ Voluntary □ Farmer/Fisherman □ OFW (Foreign Address - City, Country)					
EMPLOYER NUMBER	023836-2			SS NU	UMBER (10 DIGITS)	CON	MMON RE	FERENCE NUMBER (IF ANY, 1	2 DIGITS)	
	J2303U-2			212245						
EMPLOYER NAME	ETIMO INO			NAME	E					
KOLIN MARK	ETING INC.		30 55 50 1 50 OUT DV 50		AND MENUBULAL DA					
ADDRESS (RM./FLR./L	INIT NO. & BLDG. NAM	ME) (HOU	TO BE FILLED OUT BY EN ISE/LOT & BLK. NO.) (STREET N			YOR DIVISION)	(BARA	NGAY/DISTRICT/LOCALITY)		
			AGALLANES AVE. M		•	•	(=	.,		
(CITY/MUNI	·	JUI. IVIA	(PROVINCE)	IAGA			TIFICATIO	ON NUMBER (IF ANY)		
MAKAT	,		(110011102)		1232	IAV IDEIA	HEIGATIC	JN NUIVIDEN (IF AINT)	J	
TELEPHONE NUMBE		IMOE	BILE/CELLPHONE NUMBER		E-MAIL ADDR	1500		WEBSITE (FOR BUSINESS EMPLO		
TELEFTIONE NOWIDE	K (AKEA CODE+TEL. NO.,	, INIOL	NLE/CELLFTIONE INCIDENT		F-INIVIE VPPV	ESS		WEDSITE (FUR BUSINESS EINIF LO	YEK)	
			PAVI	MENT	DETAILS					
APPLICABLE	PERION		SS CONTRIBUTION	MEIVI .	EC CONTRIBUTIO	N		TOTAL		
		(TO BE FI	ILLED OUT BY EMPLOYER & INDIVIDU	UAL	(TO BE FILLED OUT BY			(TO BE FILLED OUT BY	Į.	
MONTH	YEAR	<u> </u>	PAYOR)	-+	EMPLOYER ONLY)			EMPLOYER ONLY)		
January	2018	P	4,895.00	<u> </u>	P 50.00		P	4,945.00		
February		<u> </u>		\dashv						
March										
April										
May										
June			-							
July										
August				-						
September		\vdash		-+						
October				-						
				-+						
November	,			+						
December				+	_		_			
A Penalty		₽		 !	P		₽			
D Underpayment										
SUB-TOTAL		₽			P		₽			
TOTAL AMOUNT O	F PAYMENT						P	4,945.00		
FORM OF PAYMENT			AMOUNT PAID IN FIGURES	3	TOTAL AMOUNT PAID	IN WORD	os	,		
☐ Cash ☐ Postal Money Order ☐ Check ☐ Check				FOUR THOUSAND NINE HUNDRED FORTY FIVE ONLY						
Check Number	141051	14			PAID BY					
Check Date	02-03-1	18								
Bank & Branch N	Name BPI-Mag	gallanes			ERNEST IVAN R	. SERE	NILLA			
TOTAL AMOUNT	PAID		P 4,945.00		PRINTED	NAME		SIGNATURE		
(₽) as my monthly	y earnings	DECLARATION OF EAR 19-A of the Social Security s, which shall be the basis of m t this declaration has been man	ty Law	nthly salary credit to be effe	ective until				
	PRINTED N	NAME OF	MEMBER			SIGNAT	URE OF N	MEMBER		

COA's COPY

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