Republic of the Philippines
SOCIAL SECURITY SYSTEM

# R-5

REV. 02-98

# CONTRIBUTIONS PAYMENT RETURN

(TO BE SUBMITTED IN QUADRUPLICATE)

| SBR NO. | POST MARK/SBR | DATE | TELLER'S INITIAL |
|---|---|---|---|
| | | | |

AMOUNT

DATE
(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

**EMPLOYER'S ID NUMBER**

**EMPLOYER'S REGISTERED NAME**

**ADDRESS** *(NO. & STREET)* *(BARANGAY)*

**POSTAL CODE**

*(TOWN/DISTRICT)* *(CITY/PROVINCE)*

**TEL. NO.**

## INSTRUCTIONS

1. CHECK THE BOX TO INDICATE THE TYPE OF PAYOR
   - ☐ REGULAR EMPLOYER
   - ☐ HOUSEHOLD EMPLOYER
2. INDICATE THE YEAR FOR WHICH PAYMENT IS APPLICABLE.
3. REMIT YOUR EMPLOYEE'S/HOUSEHOLD HELPER'S MONTHLY CONTRIBUTIONS ON OR BEFORE THE 5TH DAY OF THE FOLLOWING MONTH TO AVOID THE 3% PENALTY PER MONTH FOR LATE PAYMENT.
4. REMIT YOUR PAYMENT EITHER:
   a) THROUGH SSS ACCREDITED BANK; OR
   b) BY REGISTERED MAIL
5. MAKE ALL CHECKS AND POSTAL MONEY ORDERS PAYABLE TO SSS

PENALTY REFERENCE NUMBER

6. ATTACH YOUR EXTRA COPY OF THIS FORM AND SPECIAL BANK RECEIPT WHEN SUBMITTING THE CORRESPONDING CONTRIBUTION FORM R-3 (CONTRIBUTION COLLECTION LIST) OR R-3 TAPE/ DISKETTE.
7. SUBMIT YOUR FORM R-3 WITHIN FIVE (5) DAYS AFTER THE APPLICABLE QUARTER OR YOUR R-3 TAPE/DISKETTE ON OR BEFORE THE 10TH DAY OF THE MONTH FOLLOWING THE APPLICABLE MONTH TO THE NEAREST SSS OFFICE OR THROUGH POSTAL SERVICES OFFICE.
8. INDICATE YOUR PENALTY REFERENCE NUMBER, IF ANY, FOR PAYMENT OF PENALTIES.

| APPLICABLE PERIOD | | SOCIAL SECURITY CONTRIBUTION | EMPLOYEE COMPENSATION CONTRIBUTION | TOTAL |
|---|---|---|---|---|
| MONTH | YEAR | | | |
| JANUARY | | | | |
| FEBRUARY | | | | |
| MARCH | | | | |
| APRIL | | | | |
| MAY | | | | |
| JUNE | | | | |
| JULY | | | | |
| AUGUST | | | | |
| SEPTEMBER | | | | |
| OCTOBER | | | | |
| NOVEMBER | | | | |
| DECEMBER | | | | |
| ADD UNDER PAYMENT | | | | |
| ADD PENALTY | | | | |
| LESS OVER PAYMENT | | | | |
| **TOTAL REMITTANCE** | | ₱ | ₱ | ₱ |

FORM OF PAYMENT AMOUNT

- ☐ **CASH** P_____
- ☐ **CHECK** P_____

**BANK NAME :** _____

**CHECK NO. :** _____

**DATE :** _____

**TOTAL** P_____

**TOTAL AMOUNT IN WORDS:**

**CERTIFIED CORRECT:**

**SIGNATURE OVER PRINTED NAME**