



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

17

01181 (05-2014)

(THIS IS YOUR OFFICIAL RECEIPT WHEN VALIDATED)

PAYOR's COPY

BILLER : Social Security System (SSS)
 LOAN ACCT NO. : N/A
 SS NO. : 0633761017
 CASH : P990.00

CASHIER: DCO0698

ACKNOWLEDGMENT RECEIPT #000005563

STR#0840032 TRM#719 TRX#000005942

10:28

April 08, 2015

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

TO BE FILLED OUT BY INDIVIDUAL PAYOR

Business

Household

Self-Employed

Non-Working Spouse

Voluntary

Farmer/Fisherman

OFW (Foreign Address - City, Country _____)

EMPLOYER NUMBER

SS NUMBER (10 DIGITS)

COMMON REFERENCE NUMBER (IF ANY, 12 DIGITS)

0633761017

EMPLOYER NAME

NAME

ONG OH, RAISSA ALEXANDRA BALDO

ONG OH, RAISSA ALEXANDRA BALDO

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)

55 - C RAHMANN EXTENSION, BREGY CAMPANAW, CEBU CITY

(CITY/MUNICIPALITY)

(PROVINCE)

ZIP CODE

TAX IDENTIFICATION NUMBER (IF ANY)

CEBU

6000

313-815-649-0000

TELEPHONE NUMBER (AREA CODE+TEL. NO.)

MOBILE/CELLPHONE NUMBER

E-MAIL ADDRESS

WEBSITE (FOR BUSINESS EMPLOYER)

266-9521

0915-390-8611

alxongoh@gmail.com

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	P	P	P
January				
February				
March				
April	2015	P 330.00		
May	2015	P 330.00		
June	2015	P 330.00		
July				
August				
September				
October				
November				
December				
Penalty		P	P	P
Underpayment				
B-TOTAL		P	P	P
TOTAL AMOUNT OF PAYMENT				P

FORM OF PAYMENT

AMOUNT PAID IN FIGURES

TOTAL AMOUNT PAID IN WORDS

Cash P _____

NINE HUNDRED AND NINETY PESOS

Postal Money Order _____

Check _____

PAID BY

Check Number _____

Check Date _____

Bank & Branch Name _____

ONG OH, RAISSA ALEXANDRA

Olivia Ong

TOTAL AMOUNT PAID P 990.00

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 _____ (P _____) 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