

SOCIAL SECURITY BOARD

SELF-EMPLOYED MONTHLY REMITTANCE

- A) NAME _____
- B) REGISTRATION NUMBER _____
- C) MONTH FOR WHICH CONTRIBUTIONS IS DUE _____
- D) INSURABLE EARNINGS \$ _____
- E) CONTRIBUTIONS DUE (8½% OF D)* \$ _____
- F) SURCHARGE (5% OF E) ** \$ _____
- G) AMOUNT REMITTED \$ _____

SIGNATURE _____

DATE _____

****Contributions are due on or before the 15th of each month. Payments being made after the deadline must be accompanied with a 5% surcharge.**

OFFICIAL USE ONLY

Cashier _____	Receipt No. _____	Date _____	Verified _____
Posted _____	Date _____	Checked _____	