

**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 _____	