



SOCIAL SECURITY BOARD
MONTHLY REMITTANCE FORM

EMPLOYER_____

EMPLOYER
NUMBER

MONTH

YEAR

Employee's Registration Number	Name of Employees	SEX	EARNINGS AND CONTRIBUTION						Total Earnings For Month	Total 8 1/2 Contribution	No. of Weeks Worked	COMMENTS
				Week No. 1	Week No. 2	Week No. 3	Week No. 4	Week No. 5 or Monthly Salary				
			Earnings									
			Employee 4%									
			Employer 4.5%									
			Earnings									
			Employee 4%									
			Employer 4.5%									
			Earnings									
			Employee 4%									
			Employer 4.5%									
			Earnings									
			Employee 4%									
			Employer 4.5%									
			Earnings									
			Employee 4%									
			Employer 4.5%									
			Earnings									
			Employee 4%									
			Employer 4.5%									

I certify that the above contributions are due in respect of the employees listed, for the periods shown and I enclose cheque/cash in payment.

TOTALS

Surcharge (5% Total Contributions)

GRAND TOTALS

Signature of Employer_____ Date_____

OFFICIAL USE ONLY

Cashier _____ Receipt No. _____ Date _____ Verified _____

Posted _____ Date _____ Checked _____

CHEQUE NUMBER