



SOCIAL SECURITY BOARD
MONTHLY REMITTANCE FORM (Continued)

EMPLOYER_____

EMPLOYER
NUMBER

MONTH

YEAR

Employee's Registration Number	Name of Employees	S E X	EARNINGS AND CONTRIBUTION					Total Earnings For Month	Total 8 ½ % 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%									
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