

PLANILLA INTEGRADA AUTOLIQUIDACIÓN APORTES  
SOPORTE DE PAGO GENERAL



| DATOS GENERALES DEL APORTANTE                                             |  |  |  |  |                                          |  |  |  |  | DATOS GENERALES DE LA PLANILLA |  |  |  |  |                                                   |  |  |  |  |
|---------------------------------------------------------------------------|--|--|--|--|------------------------------------------|--|--|--|--|--------------------------------|--|--|--|--|---------------------------------------------------|--|--|--|--|
| TIPO IDENTIFICACIÓN:                                                      |  |  |  |  | CEDULA DE CIUDADANIA                     |  |  |  |  | NÚMERO DE IDENTIFICACIÓN:      |  |  |  |  | 53105233                                          |  |  |  |  |
| NOMBRE Ó RAZÓN SOCIAL:                                                    |  |  |  |  | BOGOTA DISTRITO CAPITAL                  |  |  |  |  | DEPARTAMENTO:                  |  |  |  |  | SONIA MARCELA TRONCOSO GUATAQUI TRONCOSO GUATAQUI |  |  |  |  |
| CIUDAD/MUNICIPIO:                                                         |  |  |  |  | AV CARRERA 80 NO. 8-11 APTO 1507 INTERIO |  |  |  |  | TELEFONO:                      |  |  |  |  | BOGOTA - DISTRITO CAPITAL                         |  |  |  |  |
| DIRECCIÓN:                                                                |  |  |  |  | 02-INDEPENDIENTE                         |  |  |  |  | CLASE APORTANTE:               |  |  |  |  | 7538232                                           |  |  |  |  |
| TIPO APORTANTE:                                                           |  |  |  |  | PRIVADA                                  |  |  |  |  | ACTIVIDAD ECONOMICA:           |  |  |  |  | I-INDEPENDIENTE                                   |  |  |  |  |
| TIPO EMPRESA:                                                             |  |  |  |  | ÚNICO                                    |  |  |  |  | Actividades jurídicas.         |  |  |  |  |                                                   |  |  |  |  |
| FORMA DE PRESENTACIÓN:                                                    |  |  |  |  |                                          |  |  |  |  |                                |  |  |  |  |                                                   |  |  |  |  |
| APORTANTE EXONERADO PAGO APORTES SALUD, SENA E ICBF (REFORMA TRIBUTARIA): |  |  |  |  |                                          |  |  |  |  | NO                             |  |  |  |  |                                                   |  |  |  |  |

| TOTAL APORTES A PENSIÓN |                    |                |            |                     |           |             |              |            |      |            |      |              |
|-------------------------|--------------------|----------------|------------|---------------------|-----------|-------------|--------------|------------|------|------------|------|--------------|
| ADMINISTRADORA          |                    | No. COTIZANTES | COTIZACIÓN | APORTES VOLUNTARIOS |           | FSP         |              | MORA       |      | TOTALES    |      |              |
| CÓDIGO                  | NOMBRE             |                |            | EMPLEADOR           | COTIZANTE | SOLIDARIDAD | SUBSISTENCIA | COTIZACIÓN | FSP  | APORTES    | MORA | VALOR PAGADO |
| 25-14                   | 25-14 COLPENSIONES | 1              | \$ 640.000 | \$ 0                | \$ 0      | \$ 0        | \$ 0         | \$ 0       | \$ 0 | \$ 640.000 | \$ 0 | \$ 640.000   |
| SUBTOTALES:             |                    |                |            |                     |           |             |              |            |      | \$ 640.000 | \$ 0 | \$ 640.000   |

| TOTAL APORTES A SALUD |                                        |  |  |                |                            |       |                     |       |               |            |             |             |            |             |         |      |            |              |
|-----------------------|----------------------------------------|--|--|----------------|----------------------------|-------|---------------------|-------|---------------|------------|-------------|-------------|------------|-------------|---------|------|------------|--------------|
| ADMINISTRADORA        |                                        |  |  | No. COTIZANTES | INCAPACIDAD POR ENFERMEDAD |       | LICENCIA MATERNIDAD |       | SALDO A FAVOR |            | LIQUIDACIÓN |             | MORA       |             | TOTALES |      |            |              |
| CÓDIGO                | NOMBRE                                 |  |  |                | NÚMERO AUTORIZACIÓN        | VALOR | NÚMERO AUTORIZACIÓN | VALOR | PLANILLA      | VALOR      | COTIZACIÓN  | VALOR ADRES | COTIZACIÓN | VALOR ADRES | APORTES | MORA | DESCUENTO  | VALOR PAGADO |
| EPS010                | CIA SURAMERICANA DE SERVICIOS DE SALUD |  |  | 1              | \$ 0                       |       | \$ 0                |       | \$ 0          | \$ 500.000 | \$ 0        | \$ 0        | \$ 0       | \$ 500.000  | \$ 0    | \$ 0 | \$ 500.000 |              |
| SUBTOTALES:           |                                        |  |  |                |                            |       |                     |       |               |            |             |             |            | \$ 500.000  | \$ 0    | \$ 0 | \$ 500.000 |              |

| TOTAL APORTES A RIESGOS PROFESIONALES |                                         |                |                     |       |                      |               |       |             |           |      |           |              |
|---------------------------------------|-----------------------------------------|----------------|---------------------|-------|----------------------|---------------|-------|-------------|-----------|------|-----------|--------------|
| ADMINISTRADORA                        |                                         | No. COTIZANTES | INCAPACIDAD IRP     |       |                      | SALDO A FAVOR |       | LIQUIDACIÓN | TOTALES   |      |           |              |
| CÓDIGO                                | NOMBRE                                  |                | NÚMERO AUTORIZACIÓN | VALOR | PAGO A OTROS RIESGOS | PLANILLA      | VALOR | COTIZACIÓN  | APORTES   | MORA | DESCUENTO | VALOR PAGADO |
| 14-23                                 | 14-23-POSITIVA COMPAÑIA DE SEGUROS S.A. | 1              |                     | \$ 0  | \$ 0                 |               | \$ 0  | \$ 20.900   | \$ 20.900 | \$ 0 | \$ 0      | \$ 20.900    |
| SUBTOTALES:                           |                                         |                |                     |       |                      |               |       |             | \$ 20.900 | \$ 0 | \$ 0      | \$ 20.900    |

| LIQUIDACIÓN DETALLADA APORTES |                |         |                |                   |                |                 |            |            |                    |           |     |     |     |     |     |     |     |     |     |     |     |     |     |               |     |     |       |          |     |            |              |             |           |          |                           |              |       |          |     |            |             |              |       |          |     |                   |              |          |     |       |              |       |              |       |      |      |      |        |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |      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| DATOS DEL COTIZANTE           |                |         |                |                   |                |                 |            |            |                    | NOVEDADES |     |     |     |     |     |     |     |     |     |     |     |     |     | SEGURO SOCIAL |     |     |       |          |     |            |              |             |           |          |                           | PARAFISCALES |       |          |     |            |             |              |       |          |     |                   |              |          |     |       |              |       |              |       |      |      |      |        |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |      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| Nº                            | IDENTIFICACIÓN | NOMBRES | TIPO COTIZANTE | SUBTIPO COTIZANTE | SALARIO BÁSICO | TIPO DE SALARIO | COLOMBIANO | EXTRANJERO | REFORMA TRIBUTARIA | ING       | RET | TDE | TAE | TDP | TAP | COR | VSP | VST | SLN | COM | IGE | LMA | VAC | AVP           | VCT | IRP | ADMIN | DÍAS COT | IBC | COTIZACIÓN | PENSIÓN      |             |           |          | INDICADOR TARIFA ESPECIAL | TOTAL APORTE | ADMIN | DÍAS COT | IBC | COTIZACIÓN | VALOR ADRES | TOTAL APORTE | ADMIN | DÍAS COT | IBC | CENTRO DE TRABAJO | TOTAL APORTE | DÍAS COT | IBC | CCF   |              |       |              |       | SENA | ICBF | ESAP | MINEDU |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |       |              |      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|                               |                |         |                |                   |                |                 |            |            |                    |           |     |     |     |     |     |     |     |     |     |     |     |     |     |               |     |     |       |          |     |            | SUBSISTENCIA | SOLIDARIDAD | EMPLEADOR | EMPLEADO |                           |              |       |          |     |            |             |              |       |          |     |                   |              |          |     | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN |      |      |      |        | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | TOTAL APORTE | ADMIN | 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TOTAL \$ 1.160.900