

|                                                                                                                                 |                                                                                                                                             |  |                   |                  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|------------------|
|  <p><b>SERVICIO NACIONAL DE APRENDIZAJE</b></p> | DOCUMENTO SOPORTE EN ADQUISICIONES EFECTUADAS A NO OBLIGADOS A FACTURAR (POR CONCEPTO DE HONORARIOS Y/O PRESTACIÓN DE SERVICIOS PERSONALES) |  | Código Regional   | 63               |
|                                                                                                                                 | REGIONAL QUINDÍO                                                                                                                            |  | Código Centro     | 923110           |
|                                                                                                                                 | CENTRO PARA EL DESARROLLO TECNOLÓGICO DE LA CONSTRUCCIÓN Y LA INDUSTRIA - QUINDÍO-                                                          |  | Fecha Elaboración | Agosto de 2022   |
|                                                                                                                                 | Adquiriente: SERVICIO NACIONAL DE APRENDIZAJE SENA Nit adquiriente: 899.999.034-1                                                           |  | Versión           | MAYO 2022 - 2,22 |
|                                                                                                                                 | Resolución DIAN N° 18764024257695 autoriza desde 360,001 hasta 750,000 (Enero 18 de 2022)                                                   |  | ID de Proceso     | 12339-155087     |
|                                                                                                                                 |                                                                                                                                             |  | No. de documento  | 533779           |

| DATOS DEL CONTRATISTA                                                                                                |                                         |                                                                                        |                             |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------|-----------------------------|
| Nombres y apellidos contratista:                                                                                     | JORGE MARIO HERNÁNDEZ TORRES            | C.C.                                                                                   | 4.376.104                   |
| Correo electrónico contratista:                                                                                      | jhernandezt@sena.edu.co                 | IP/N° de contacto                                                                      | 62810                       |
| Régimen del IVA:                                                                                                     | <input type="checkbox"/> NO RESPONSABLE | Pertenece al régimen simple de tributación?                                            | <input type="checkbox"/> NO |
|                                                                                                                      |                                         | Es declarante de renta?                                                                | <input type="checkbox"/> NO |
|                                                                                                                      |                                         | Es Pensionado?                                                                         | <input type="checkbox"/> NO |
| Sus ingresos en el 2021 fueron iguales o superiores                                                                  | <input type="checkbox"/> NO             | Inducción SST                                                                          | <input type="checkbox"/> SI |
|                                                                                                                      |                                         | Presta Servicios Excluidos de IVA ?                                                    | <input type="checkbox"/> SI |
| Banco al cual consignar:                                                                                             | BANCOLOMBIA                             | Tipo de cta                                                                            | AHORROS                     |
|                                                                                                                      |                                         | N° Cuenta                                                                              | 75658499998                 |
| Ha contratado o vinculado dos o más trabajadores asociados a su actividad para cumplir con el objeto de su contrato? | <input type="checkbox"/> NO             | Sus ingresos del contrato suscrito con la Entidad en el 2022 supera los \$ 125'413.200 | <input type="checkbox"/> NO |

| DATOS DEL CONTRATO Y PERIODO OBJETO DE PAGO                                                   |               |                                     |                              |
|-----------------------------------------------------------------------------------------------|---------------|-------------------------------------|------------------------------|
| N° del contrato:                                                                              | 3376687/2022  | N° Compromiso SIIF                  | 10122                        |
| Valor Total del Contrato                                                                      | \$ 39.000.000 | N° Pago                             | 7                            |
| Saldo Anterior del Contrato                                                                   | \$ 15.600.000 | Periodo objeto de pago              | Del 01/08/2022 Al 31/08/2022 |
| Nuevo Saldo del Contrato                                                                      | \$ 11.700.000 | Legalización comisiones del periodo | \$ 0,00                      |
| INSTRUCTOR: ORIENTAR FORMACION TITULADA-COMPLEMENTARIA PRESENCIAL/VIRTUAL _NIS_2022-02-021557 |               |                                     |                              |

| OBJETO CONTRACTUAL:                 |  |  |  |
|-------------------------------------|--|--|--|
| (Descripción del servicio prestado) |  |  |  |

| RESUMEN PAGOS GENERADOS EN EL PERIODO OBJETO DE PAGO |                     |                                           |             |
|------------------------------------------------------|---------------------|-------------------------------------------|-------------|
| Ingresos por honorarios                              | \$ 3.900.000        | Tarifa de Retención en la Fuente ART 383° | 0,00%       |
| Ingresos de otros meses cobrados en el mes           | \$ 0                | Retención en la Fuente del Periodo        | \$ 0        |
| <b>TOTAL INGRESOS DEL PERIODO</b>                    | <b>\$ 3.900.000</b> | Menos, Retefuente Otros Ingresos          | \$ 0        |
| <b>BASE PARA RETENCION EN LA FUENTE</b>              | <b>\$ 2.299.050</b> | <b>TOTAL RETEFUENTE PRESENTE PAGO</b>     | <b>\$ 0</b> |

| LIQUIDACIÓN DE PAGO A SEGURIDAD SOCIAL Y LIQUIDACIÓN DEL NETO A PAGAR |              |              |                                                    |
|-----------------------------------------------------------------------|--------------|--------------|----------------------------------------------------|
| N° Planilla PILA, o , N° Radicación pago SS                           | Agosto       | Julio        |                                                    |
| Ingreso Base de Cotización - IBC                                      | \$ 1.560.000 | \$ 1.560.000 | Valor Base retención en la fuente 2.299.050,00     |
| Aporte obligatorio a seguridad social salud                           | \$ 195.000   | \$ 195.000   | Valor Base retención en la fuente ICA 3.455.400,00 |
| Aporte obligatorio a seguridad social Pensión                         | \$ 249.600   | \$ 249.600   | Valor base IVA 0,00                                |
| Aporte obligatorio a Fondo de solidaridad Pensional                   | \$ -         | \$ 0         | IVA (Si es RESPONSABLE) 0,00                       |
| ARL                                                                   | \$ 8.200     | \$ 8.200     | Menos Retención en la Fuente 0,00                  |
| Aportes voluntarios a Fondo de pensiones Obligatorias                 | \$ -         | -            | Menos Retención IVA 0,00                           |
| Aportes voluntarios a cuentas AFC                                     | \$ -         | -            | Reteica - 8299 0,00                                |
| Aporte voluntario a Fondos de pensiones voluntarias \$7.522.064       | \$ -         | -            | 0,00%                                              |
| Intereses Prestamo de Vivienda \$ 3.800.400                           | \$ -         | -            | Otras Retenciones 0,00                             |
| Aportes pensión de ingresos de otros meses cobrados en el mes         | \$ -         | -            | Otras Retenciones 0,00                             |
| Aportes salud de ingresos de otros meses cobrados en el mes           | \$ -         | -            | Otras Retenciones 0,00                             |
| Aportes A.R.L de ingresos de otros meses cobrados en el mes           | \$ -         | -            | Otras Retenciones 0,00                             |
| Dependientes hasta \$ 1.216.128                                       | \$ 390.000   | -            | Descuentos de Libranza 0,00                        |
| Salud hasta \$ 608.064                                                | \$ -         | -            | Descuentos de embargo (Si tiene) 0,00              |
| Renta Exenta 25% \$ 9.120.960                                         | \$ 766.350   | -            | <b>VALOR A PAGAR \$ 3.900.000,00</b>               |
| Retención en la Fuente Contingente                                    | \$ -         | -            |                                                    |

| SON: TRES MILLONES NOVECIENTOS MIL PESOS M/CTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| ACTIVIDADES DESARROLLADAS DURANTE EL PERIODO OBJETO DE PAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |
| <p>Impartir formación profesional integral en Ambientes Virtuales de Aprendizaje mediante el desarrollo de procesos Enseñanza-Aprendizaje-Evaluación, basados en Competencias Laborales y Aprendizaje por Proyectos en los programas asociados a la familia de Programación, aplicar estrategias de enseñanza, aprendizaje, seguimiento y evaluación en modalidad virtual y a distancia, de acuerdo a los lineamientos pedagógicos y metodológicos, emitir juicio valorativo sobre el nivel de cumplimiento de los resultados de aprendizajes de las competencias del programa en modalidad virtual, verificar que la totalidad de los aprendices seleccionados estén asociados a una ruta de aprendizaje y su estado sea matriculado, registrar juicios evaluativos, realizar reconocimiento de aprendizajes previos, para los aprendices nuevos, reintegrados o trasladados. Cumplir con los lineamientos de orientación de desempeño del instructor en ambientes virtuales de aprendizaje, participar activamente de las sesiones de acompañamiento convocadas por el equipo de soporte didáctico pedagógico (SDP).</p> |                                                                                                                       |
| <p><b>PARA LOS EFECTOS LEGALES CERTIFICO, BAJO LA GRAVEDAD DEL JURAMENTO, QUE:</b></p> <p>1. Cumplí a cabalidad las actividades del objeto contractual arriba descritas; 2. Los documentos soporte suministrados contienen el pago de Seguridad Social en Salud y Pensión, los aportes voluntarios a cuentas AFC y FVP, por los ingresos recibidos en el mes anterior del contrato objeto de cobro en esta planilla y certifico que no han sido utilizados en la disminución de la Base de Retención en la Fuente en ningún otro contrato; 3. El número de trabajadores contratados para cumplir con el desarrollo del objeto contractual corresponden a lo indicado en esta planilla; 4. Toda la información aquí suministra es verídica; 5. He leído y entendido la descripción de cada uno de los campos aquí diligenciados.</p>                                                                                                                                                                                                                                                                                        | <p><b>JORGE MARIO HERNÁNDEZ TORRES</b><br/>EL CONTRATISTA</p>                                                         |
| CERTIFICACION DEL SUPERVISOR DEL CONTRATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       |
| <p>En mi calidad de Supervisor del contrato de prestación de servicios personales aquí relacionado, CERTIFICO:</p> <p>1.- Que El Contratista cumplió a cabalidad las obligaciones contractuales pactadas;</p> <p>2.- Que El Contratista desarrolló las actividades descritas en el presente informe, dentro del período de cobro;</p> <p>3.- Que he verificado el pago de los aportes obligatorios al Sistema General de Seguridad Social realizados por el contratista por los ingresos recibidos en el mes anterior por medio de la planilla PILA relacionada en el presente informe y que los mismos han sido liquidados de conformidad con las normas vigentes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Autorizo el presente pago.<br/>El Supervisor,</p> <p><b>CLARA MARIA GARCIA CRUZ</b><br/>COORDINADORA ACADÉMICA</p> |
| <p>Teniendo en cuenta las certificaciones suscritas por el contratista y por el supervisor del contrato arriba relacionado, autorizo el presente pago:</p> <p><b>EL ORDENADOR DEL PAGO</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |
| <p><b>ANSTRONG ALBERTO GOMEZ RIOS</b><br/>SUBDIRECTOR DE CENTRO G02</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |

**CERTIFICACION DEPENDIENTES PARA CONTRATISTAS**

Armenia, 10 de febrero de 2022

SENA - CFP-639231

Radicacion Recibida

**No: 63-1-2022-000787**

11/02/2022 9:52:39 a. m.

Destinatario: 639231

Señores

**SERVICIO NACIONAL DE APREDIAJE (SENA)**

Ciudad

Asunto: Información de dependientes para efectos de hacer uso del beneficio tributario de deducible de la base gravable de retención en la fuente.

Bajo la gravedad del juramento, en mi calidad de contratista de prestación de servicios personales y en cumplimiento de lo previsto por el parágrafo segundo del artículo 387 del Estatuto Tributario y el artículo 1.2.4.1.18. del Decreto 1625 de 2016, informo que las personas relacionadas a continuación, tiene(n) la calidad de dependiente a mi cargo:

|      |            |                             |      |
|------|------------|-----------------------------|------|
| T.I. | 1092856665 | VIOLETA HERNÁNDEZ GUTIÉRREZ | HIJO |
|------|------------|-----------------------------|------|

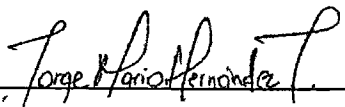
Toda vez que cumple con el siguiente requisito:

- Los hijos del contribuyente que tengan hasta 18 años de edad

Solicito se tome nota de la situación de dependencia que informo en la presente comunicación, para efecto del beneficio de deducible de la base gravable sujeta a retención en la fuente del 10% de mis ingresos laborales brutos, hasta un tope de 32 UVT mensuales, que me asiste en virtud de la normatividad arriba citada.

Igualmente con mi firma declaro: que **NINGUNA PERSONA** ha solicitado disminución de su base gravable por concepto de dependientes, por las mismas personas arriba relacionadas.

Cordialmente,

  
FIRMA: \_\_\_\_\_

Nombre: JORGE MARIO HERNÁNDEZ TORRES

C.C. 4376104

**REPÚBLICA DE COLOMBIA**  
**IDENTIFICACIÓN PERSONAL**  
**TARJETA DE IDENTIDAD**

**NÚMERO** 1.092.856.665  
**HERNANDEZ GUTIERREZ**

**APELLIDOS**  
**VIOLETA**

**NOMBRES**  
*Violeta Hernandez*

**FIRMA**



**FECHA DE NACIMIENTO** 01-MAR-2013  
**ARMENIA**  
**(QUINDIO)**

**LUGAR DE NACIMIENTO**  
**01-MAR-2031**

**FECHA DE VENCIMIENTO**  
**15-JUN-2021 ARMENIA**

**FECHA Y LUGAR DE EXPEDICIÓN**

**INDICE DERECHO**

**REGISTRADOR NACIONAL**  
ALEXANDER VEGACOCOA

**0+** **F**  
**G S RH** **SEXO**



P-2600100-01245731-F-1092856665-20210721 0074990583A 1 8502201971

REPÚBLICA DE COLOMBIA



ORGANIZACIÓN ELECTORAL  
REGISTRADURÍA NACIONAL DEL ESTADO CIVIL  
DIRECCIÓN NACIONAL DE REGISTRO CIVIL

NUIP

1092856665

REGISTRO CIVIL  
DE NACIMIENTO

Indicativo  
Serial

51192555

Datos de la oficina de registro - Clase de oficina

Registraduría ☐

Notaria ☒

Número 05

Consulado ☐

Corregimiento ☐

Inspección de Policía ☐

Código

5011

País - Departamento - Municipio - Corregimiento e/o Inspección de Policía

COLOMBIA / QUINDÍO / ARMENIA

Datos del inscrito

Primer Apellido

HERNANDEZ

Segundo Apellido

GUTIERREZ

Nombre(s)

VIOLETA

Fecha de nacimiento

Año 2013

Mes

MAR

Día

01

Sexo (en letras)

FEMENINO

Grupo sanguíneo

O

Factor RH

POSITIVO

Lugar de nacimiento (País - Departamento - Municipio - Corregimiento e/o Inspección)

COLOMBIA / QUINDÍO / ARMENIA

Tipo de documento antecedente o Declaración de testigos

CERTIFICADO DE NACIDO VIVO \*\*\*\*\*

Número certificado de nacido vivo

11663383-4

Datos de la madre

Apellidos y nombres completos

GUTIERREZ ESCOBAR LAURA \*\*\*\*\*

Documento de identificación (Clase y número)

C.C. No. 1.094.909.700 ARMENIA, QUINDÍO \*\*\*\*\*

Nacionalidad

COLOMBIANA

Datos del padre

Apellidos y nombres completos

HERNANDEZ TORRES JORGE MARIO \*\*\*\*\*

Documento de identificación (Clase y número)

C.C. No. 4.376.104 ARMENIA, QUINDÍO \*\*\*\*\*

Nacionalidad

COLOMBIANA

Datos del declarante

Apellidos y nombres completos

HERNANDEZ TORRES JORGE MARIO \*\*\*\*\*

Documento de identificación (Clase y número)

C.C. No. 4.376.104 ARMENIA, QUINDÍO \*\*\*\*\*

Firma

*Jorge Mario Hernandez*

Datos primer testigo

Apellidos y nombres completos

\*\*\*\*\*

Documento de identificación (Clase y número)

\*\*\*\*\*

Firma

\*\*\*\*\*

Datos segundo testigo

Apellidos y nombres completos

\*\*\*\*\*

Documento de identificación (Clase y número)

\*\*\*\*\*

Firma

\*\*\*\*\*

Fecha de inscripción

Año

2013

Mes

MAR

Día

08

Nombre y firma del funcionario que autoriza

JOSE RAMIRO GARCIA LADINO

Nombre y firma

- SEGUNDA COPIA PARA EL USUARIO -

# PLANILLA INTEGRADA AUTOLIQUIDACIÓN APORTES COMPROBANTE DE PAGO

| DATOS GENERALES DEL APORTANTE                                             |                              |                                             |
|---------------------------------------------------------------------------|------------------------------|---------------------------------------------|
| TIPO IDENTIFICACIÓN:                                                      | CEDULA DE CIUDADANIA         | NÚMERO DE IDENTIFICACIÓN: 4376104           |
| NOMBRE Ó RAZÓN SOCIAL:                                                    | JORGE MARIO HERNANDEZ TORRES |                                             |
| CIUDAD/MUNICIPIO:                                                         | ARMENIA                      | DEPARTAMENTO: QUINDIO                       |
| DIRECCIÓN:                                                                | CALLE 22 # 33-20 LAS         | TELÉFONO: 5555555                           |
| TIPO APORTANTE:                                                           | 02-INDEPENDIENTE             | CLASE APORTANTE: I-INDEPENDIENTE            |
| TIPO EMPRESA:                                                             | PRIVADA                      | ACTIVIDAD ECONOMICA: Educación tecnológica. |
| FORMA DE PRESENTACIÓN:                                                    | ÚNICO                        |                                             |
| APORTANTE EXONERADO PAGO APORTES SALUD, SENA E ICBF (REFORMA TRIBUTARIA): | NO                           |                                             |

| DATOS GENERALES DE LA PLANILLA |            |                                    |
|--------------------------------|------------|------------------------------------|
| NÚMERO PLANILLA:               | 7845272834 | TIPO DE PLANILLA: I-INDEPENDIENTES |
| PERIODO COTIZACIÓN             | MES: julio | PERIODO COTIZACIÓN MES: julio      |
| OTROS SUBSISTEMAS:             | AÑO: 2022  | SALUD: AÑO: 2022                   |
| DÍAS DE MORA:                  | 9          |                                    |
| FECHA PAGO (aaaa/mm/dd):       | 2022/08/11 | NÚMERO AUTORIZACIÓN: 1598804591    |

| LIQUIDACIÓN GENERAL   |        |                                         |            |            |
|-----------------------|--------|-----------------------------------------|------------|------------|
|                       |        |                                         | TOTALES    |            |
|                       |        |                                         | COTIZANTES | TOTAL      |
| PENSIÓN               |        |                                         |            |            |
| ADMINISTRADORA        |        |                                         |            |            |
| NIT                   | CÓDIGO | NOMBRE                                  |            |            |
| 800229739             | 230201 | 230201- PROTECCION                      | 1          | \$ 251.600 |
| SUBTOTAL:             |        |                                         | 1          | \$ 251.600 |
| SALUD                 |        |                                         |            |            |
| ADMINISTRADORA        |        |                                         |            |            |
| NIT                   | CÓDIGO | NOMBRE                                  |            |            |
| 800251440             | EPS005 | EPS005-SANITAS S.A.                     | 1          | \$ 196.600 |
| SUBTOTAL:             |        |                                         | 1          | \$ 196.600 |
| RIESGOS PROFESIONALES |        |                                         |            |            |
| ADMINISTRADORA        |        |                                         |            |            |
| NIT                   | CÓDIGO | NOMBRE                                  |            |            |
| 860011153             | 14-23  | 14-23-POSITIVA COMPAÑIA DE SEGUROS S.A. | 1          | \$ 8.300   |
| SUBTOTAL:             |        |                                         | 1          | \$ 8.300   |

|               |            |
|---------------|------------|
| TOTAL PAGADO: | \$ 456.500 |
|---------------|------------|

# Comprobante

## de pago en línea



### SOI ACH

**Pago realizado por:** JORGE MARIO HERNANDEZ TORRES

**Nro. de recibo:** 7845272834

**Descripción del pago:** Pago de la Planilla Integrada de Seguridad Social y Parafiscales

**Identificación del contribuyente:** 10.80.25.34

**Concepto:** CC

**Razón Social:** 4376104

**Fecha y hora de la transacción:** Jueves 11 de Agosto de 2022 02:19:15 PM

**Nro. de comprobante:** 0000080214

**Valor pagado:** \$ 456,500.00

**Cuenta:** \*\*\*\*\*9998

BANCOLOMBIA S.A. Institución Bancaria

Superintendencia Financiera  
de Colombia

VIGILADO

**Bancolombia S.A.**

Comuníquese con nuestra Sucursal Telefónica Bancolombia: Bogotá 343 0000 - Medellín 510 9000 - Cali 554 0505 - Barranquilla 361 8888 - Cartagena 693 4400 - Bucaramanga 697 2525 - Pereira 340 1213 - El resto del país 01 800 09 12345 - Sucursales Telefónicas en el exterior: España 900 995 717 - Estados Unidos 1866 379 9714, en caso de recibir una alerta o notificación de una transacción que presenta alguna irregularidad.

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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: |  |                              |  | 4376104 |  | NÚMERO PLANILLA:               |  | 7845272834 |  | TIPO DE PLANILLA:         |  | I-INDEPENDIENTES |  |  |  |
| NOMBRE Ó RAZÓN SOCIAL:                                                    |  | ARMENIA                       |  | DEPARTAMENTO:             |  | JORGE MARIO HERNANDEZ TORRES |  |         |  | PERIODO COTIZACIÓN OTROS       |  | MES        |  | julio AÑO                 |  | 2022             |  |  |  |
| CIUDAD/MUNICIPIO:                                                         |  | CALLE 22 # 33-20 LAS AMERICAS |  | TELÉFONO:                 |  | QUINDIO                      |  |         |  | DÍAS DE MORA:                  |  | 9          |  | PERIODO COTIZACIÓN SALUD: |  | MES              |  |  |  |
| DIRECCIÓN:                                                                |  | 02-INDEPENDIENTE              |  | CLASE APORTANTE:          |  | I-INDEPENDIENTE              |  |         |  | FECHA PAGO (aaaa/mm/dd):       |  | 2022/08/11 |  | NÚMERO AUTORIZACIÓN:      |  | 1598804591       |  |  |  |
| TIPO APORTANTE:                                                           |  | PRIVADA                       |  | ACTIVIDAD ECONOMICA:      |  | Educación tecnológica.       |  |         |  |                                |  |            |  |                           |  |                  |  |  |  |
| TIPO EMPRESA:                                                             |  | ÚNICO                         |  |                           |  |                              |  |         |  |                                |  |            |  |                           |  |                  |  |  |  |
| 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 |
| 230201                  | 230201- PROTECCION | 1              | \$ 249.600 | \$ 0                | \$ 0      | \$ 0        | \$ 0         | \$ 2.000   | \$ 0 | \$ 249.600 | \$ 2.000 | \$ 251.600   |
| SUBTOTALES:             |                    |                |            |                     |           |             |              |            |      | \$ 249.600 | \$ 2.000 | \$ 251.600   |

| TOTAL APORTES A SALUD |                     |  |  |                   |                            |       |                     |       |               |            |             |             |            |             |          |      |            |              |
|-----------------------|---------------------|--|--|-------------------|----------------------------|-------|---------------------|-------|---------------|------------|-------------|-------------|------------|-------------|----------|------|------------|--------------|
| ADMINISTRADORA        |                     |  |  | No.<br>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 |
| EPS005                | EPS005-SANITAS S.A. |  |  | 1                 | \$ 0                       |       | \$ 0                |       | \$ 0          | \$ 195.000 | \$ 0        | \$ 1.600    | \$ 0       | \$ 195.000  | \$ 1.600 | \$ 0 | \$ 196.600 |              |
| SUBTOTALES:           |                     |  |  |                   |                            |       |                     |       |               |            |             |             |            | \$ 195.000  | \$ 1.600 | \$ 0 | \$ 196.600 |              |

| 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  | \$ 8.200    | \$ 8.200 | \$ 100 | \$ 0      | \$ 8.300     |
| SUBTOTALES:                           |                                         |                |                     |       |                      |               |       |             | \$ 8.200 | \$ 100 | \$ 0      | \$ 8.300     |

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