aportes en línea

# Planilla Resumen

DATOS GENERALES DEL APORTANTE

| Identificación | dv | Razon Social | Clase Aportante | Sucursal Principal | Direccion | Ciudad-Departamento | Teléfono | Exonerado SENA e ICBF |
|---|---|---|---|---|---|---|---|---|
| CC 1010104395 | | RENTERIA CASTILLO ANA CRISTINA | INDEPENDIENTE | PRINCIPAL | CALLE 1 OESTE # 52-370 APTO 121 Saman | CALI-VALLE | 3433731 | No |

DATOS GENERALES DE LA LIQUIDACION

| Periodo | | Clave | | Tipo | Fecha | | Pago | | |
|---|---|---|---|---|---|---|---|---|---|
| Pensión | Salud | Pago | Planilla | Planilla | Limite | Pago | Banco | Dias Mora | Valor |
| 2024-07 | 2024-07 | 816190433 | 9469585883 | I | 2024/08/26 | 2024/08/01 | NEQUI | 0 | $383,100 |

**LIQUIDACION DETALLADA DE APORTES**

| EMPLEADO | | | NOVEDADES | | | | | | | | | | | | | | | | PENSION | | | | SALUD | | | | CCF | | | | RIESGOS | | | | | PARAFISCALES | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. | Identificación | Nombre | ing | ret | tde | tae | tdp | tap | vsp | cor | vst | sln | ige | lma | vac | avp | vct | irl | vip | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Tarifa | Aporte | Dias | IBC | Aporte | Exonerado SENA e ICBF | Total Aportes |
| **SUCURSAL: PRINCIPAL (1 Afiliados)** | | | | | | | | | | | | | | | | | | | | | $1,320,000 | $211,200 | | | $1,320,000 | $165,000 | | | $0 | $0 | | | $1,320,000 | | $6,900 | | $0 | $0 | | $383,100 |
| **Centro de Trabajo: PRINCIPAL (1 Afiliados)** | | | | | | | | | | | | | | | | | | | | | $1,320,000 | $211,200 | | | $1,320,000 | $165,000 | | | $0 | $0 | | | $1,320,000 | | $6,900 | | $0 | $0 | | $383,100 |
| Ciudad: CALI Depto: VALLE (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | $1,320,000 | $211,200 | | | $1,320,000 | $165,000 | | | $0 | $0 | | | $1,320,000 | | $6,900 | | $0 | $0 | | $383,100 |
| 1 | CC | 1010104395 | RENTERIA ANA | | | | | | | | | | | | | | | | 23020 1 | 30 | $1,320,000 | $211,200 | EPS018 | 30 | $1,320,000 | $165,000 | | 0 | $0 | $0 | 14-23 | 30 | $1,320,000 | 0.522% | $6,900 | 0 | $0 | $0 | No | $383,100 |
| **Total** | | **Afiliados( 1)** | | | | | | | | | | | | | | | | | | | $1,320,000 | $211,200 | | | $1,320,000 | $165,000 | | | $0 | $0 | | | $1,320,000 | | $6,900 | | $0 | $0 | | $383,100 |


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|---|---|---|---|---|---|---|---|---|---|
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**RESUMEN DE PAGO**

| RIESGO | CODIGO | NIT | DV | AFILIADOS | VALOR LIQUIDADO | INTERESES MORA | SALDOS E INCAPACIDADES | VALOR A PAGAR |
|---|---|---|---|---|---|---|---|---|
| AFP (ADMINISTRADORAS: 1) | | | | 1 | $211,200 | $0 | $0 | $211,200 |
| PROTECCION | 230201 | 800,229,739 | 0 | 1 | $211,200 | $0 | $0 | $211,200 |
| ARL (ADMINISTRADORAS: 1) | | | | 1 | $6,900 | $0 | $0 | $6,900 |
| POSITIVA COMPAÑIA DE SEGUROS | 14-23 | 860,011,153 | 6 | 1 | $6,900 | $0 | $0 | $6,900 |
| EPS (ADMINISTRADORAS: 1) | | | | 1 | $165,000 | $0 | $0 | $165,000 |
| S.O.S. SERVICIO OCCIDENTAL DE SALUD S.A. | EPS018 | 805,001,157 | 2 | 1 | $165,000 | $0 | $0 | $165,000 |
| **TOTAL** | | | | **1** | **$383,100** | **$0** | **$0** | **$383,100** |