



PLANILLA INTEGRADA AUTOLIQUIDACIÓN APORTES  
SOPORTE DE PAGO GENERAL



| DATOS GENERALES DEL APORTANTE                                                                                                                                                                                                |  |  |  |  |                                                                                               |  |  |  |  | DATOS GENERALES DE LA PLANILLA                                                                                                                                                    |  |  |  |  |                                                           |  |  |  |  |                                                                                                                                                   |  |  |  |  |
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| TIPO IDENTIFICACIÓN:<br>NOMBRE O RAZÓN SOCIAL:<br>CIUDAD/MUNICIPIO:<br>DIRECCIÓN:<br>TIPO APORTANTE:<br>TIPO EMPRESA:<br>FORMA DE PRESENTACIÓN:<br>APORTANTE EXONERADO PAGO APORTES SALUD, SENA E ICBF (REFORMA TRIBUTARIA): |  |  |  |  | CÉDULA DE CIUDADANÍA<br>BUGALAGRANDE<br>CL 10 NO 4-68<br>02-INDEPENDIENTE<br>PRIVADA<br>ÚNICO |  |  |  |  | NÚMERO DE IDENTIFICACIÓN:<br>YANIS ELIANA OSPINA CORREA<br>VALLE<br>2390423<br>I-INDEPENDIENTE<br>ACTIVIDAD ECONOMICA:<br>Actividades reguladoras y facilitadoras de la act<br>NO |  |  |  |  | 2025469<br>4599762209<br>MAYO AÑO 2025<br>0<br>2025/04/11 |  |  |  |  | TIPO DE PLANILLA:<br>PERIODO COTIZACIÓN OTROS<br>DÍAS DE MORA:<br>NÚMERO AUTORIZACIÓN:<br>MAYO AÑO 2025<br>I-INDEPENDIENTES<br>2025<br>5041141584 |  |  |  |  |

| TOTAL APORTES A PENSIÓN |                 |        |                |            |           |           |             |              |            |      |            |      |            |              |
|-------------------------|-----------------|--------|----------------|------------|-----------|-----------|-------------|--------------|------------|------|------------|------|------------|--------------|
| APORTES VOLUNTARIOS     |                 |        |                |            | FSP       |           |             |              |            | MORA |            |      |            |              |
| CÓDIGO                  | ADMINISTRADORA  | NOMBRE | Nº. COTIZANTES | COTIZACIÓN | EMPLEADOR | COTIZANTE | SOLIDARIDAD | SUBSISTENCIA | COTIZACIÓN | FSP  | APORTES    | MORA | TOTALES    | VALOR PAGADO |
| 230301                  | 230301-PORVENIR |        | 1              | \$ 227.800 | \$ 0      | \$ 0      | \$ 0        | \$ 0         | \$ 0       | \$ 0 | \$ 227.800 | \$ 0 | \$ 227.800 | \$ 227.800   |
| SUBTOTALES:             |                 |        |                |            |           |           |             |              |            |      |            |      |            |              |

| TOTAL APORTES A SALUD      |                |        |                |                            |                     |       |          |       |            |             |            |             |            |      |
|----------------------------|----------------|--------|----------------|----------------------------|---------------------|-------|----------|-------|------------|-------------|------------|-------------|------------|------|
| INCAPACIDAD POR ENFERMEDAD |                |        |                |                            | LICENCIA MATERNIDAD |       |          |       |            | LIQUIDACIÓN |            |             |            |      |
| CÓDIGO                     | ADMINISTRADORA | NOMBRE | Nº. COTIZANTES | INCAPACIDAD POR ENFERMEDAD | NÚMERO AUTORIZACIÓN | VALOR | PLANILLA | VALOR | COTIZACIÓN | VALOR ADRES | COTIZACIÓN | VALOR ADRES | APORTES    | MORA |
| EPS018                     | EPS018-S.O.S.  |        | 1              | \$ 0                       | \$ 0                | \$ 0  | \$ 0     | \$ 0  | \$ 178.000 | \$ 0        | \$ 0       | \$ 0        | \$ 178.000 | \$ 0 |
| SUBTOTALES:                |                |        |                |                            |                     |       |          |       |            |             |            |             |            |      |

| TOTAL APORTES A RIESGOS PROFESIONALES |                                         |        |                |                     |                      |          |       |            |             |             |             |          |      |           |
|---------------------------------------|-----------------------------------------|--------|----------------|---------------------|----------------------|----------|-------|------------|-------------|-------------|-------------|----------|------|-----------|
| INCAPACIDAD IRP                       |                                         |        |                |                     | PAGO A OTROS RIESGOS |          |       |            |             | LIQUIDACIÓN |             |          |      |           |
| CÓDIGO                                | ADMINISTRADORA                          | NOMBRE | Nº. COTIZANTES | NÚMERO AUTORIZACIÓN | VALOR                | PLANILLA | VALOR | COTIZACIÓN | VALOR ADRES | COTIZACIÓN  | VALOR ADRES | APORTES  | MORA | DESCUENTO |
| 14-23                                 | 14-23-POSITIVA COMPANIA DE SEGUROS S.A. |        | 1              | \$ 0                | \$ 0                 | \$ 0     | \$ 0  | \$ 7.500   | \$ 0        | \$ 7.500    | \$ 0        | \$ 7.500 | \$ 0 | \$ 0      |
| SUBTOTALES:                           |                                         |        |                |                     |                      |          |       |            |             |             |             |          |      |           |

| LIQUIDACIÓN DETALLADA APORTES |                |         |                |                   |                |                 |            |            |                    |           |     |     |     |     |     |     |     |     |     |                  |    |     |     |     |     |     |     |         |     |              |     |                     |                           |               |       |     |            |             |               |       |     |                   |               |       |     |               |       |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               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| DATOS DEL COTIZANTE           |                |         |                |                   |                |                 |            |            |                    | NOVEDADES |     |     |     |     |     |     |     |     |     | SEGURIDAD SOCIAL |    |     |     |     |     |     |     |         |     | PARAFISCALES |     |                     |                           |               |       |     |            |             |               |       |     |                   |               |       |     |               |       |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               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| Nº                            | IDENTIFICACION | NOMBRES | TIPO COTIZANTE | SUBTIPO COTIZANTE | SALARIO BÁSICO | TIPO DE SALARIO | COLOMBIANO | EXTRANJERO | REFORMA TRIBUTARIA | ING       | RET | IDE | TPD | TPA | TPB | TPC | TPD | TPE | VSP | VST              | SN | COM | LUA | VAC | ASP | VCT | IRP | PENSIÓN |     |              |     |                     | SALUD                     |               |       |     |            | ARP         |               |       |     |                   | CCF           |       |     |               |       | SENA          |               |               |               |               | ICBF          |               |               |               |               | ESAP          |               |               |               |               | MINEDU        |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |        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|                               |                |         |                |                   |                |                 |            |            |                    |           |     |     |     |     |     |     |     |     |     |                  |    |     |     |     |     |     |     | ADMIN   | IBC | COTIZACIÓN   | FSP | APORTES VOLUNTARIOS | INDICADOR TARIFA ESPECIAL | TOTAL APORTES | ADMIN | IBC | COTIZACIÓN | VALOR ADRES | TOTAL APORTES | ADMIN | IBC | CENTRO DE TRABAJO | TOTAL APORTES | ADMIN | IBC | TOTAL APORTES | ADMIN | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES | TOTAL APORTES 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TOTAL PAGADO: \$ 413.300

OK D.m  
# planilla 459 976 2209

| DATOS GENERALES DEL APORTANTE                                             |                            |                                                |
|---------------------------------------------------------------------------|----------------------------|------------------------------------------------|
| TIPO IDENTIFICACIÓN:                                                      | CÉDULA DE CIUDADANÍA       | NÚMERO DE IDENTIFICACIÓN: 29285659             |
| NOMBRE Ó RAZÓN SOCIAL:                                                    | YANIS ELIANA OSPINA CORREA |                                                |
| CIUDAD/MUNICIPIO:                                                         | BUGALAGRANDE               | DEPARTAMENTO: VALLE                            |
| DIRECCIÓN:                                                                | CL 10 NO 4-68              | TELÉFONO: 2390423                              |
| TIPO APORTANTE:                                                           | 02-INDEPENDIENTE           | CLASE APORTANTE: I-INDEPENDIENTE               |
| TIPO EMPRESA:                                                             | PRIVADA                    | ACTIVIDAD ECONOMICA: Actividades reguladoras y |
| FORMA DE PRESENTACIÓN:                                                    | ÚNICO                      |                                                |
| APORTANTE EXONERADO PAGO APORTES SALUD, SENA E ICBF (REFORMA TRIBUTARIA): |                            | NO                                             |

| DATOS GENERALES DE LA PLANILLA |            |                                    |
|--------------------------------|------------|------------------------------------|
| NÚMERO PLANILLA:               | 4599762209 | TIPO DE PLANILLA: I-INDEPENDIENTES |
| PERIODO COTIZACIÓN             | MES: marzo | PERIODO COTIZACIÓN MES: marzo      |
| OTROS SUBSISTEMAS:             | AÑO: 2025  | SALUD: AÑO: 2025                   |
| DÍAS DE MORA:                  | 0          |                                    |
| FECHA PAGO (aaaa/mm/dd):       | 2025/04/11 | NÚMERO AUTORIZACIÓN: 5041141584    |

| NOVEDADES |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ING       | RET | TDE | TAE | TDP | TAP | COR | VSP | VST | SLN | COM | IGE | LMA | VAC | AVP | VCT |
|           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

| LIQUIDACIÓN GENERAL   |        |                                         |  |  |            |              |
|-----------------------|--------|-----------------------------------------|--|--|------------|--------------|
|                       |        |                                         |  |  | TOTALES    |              |
|                       |        |                                         |  |  | COTIZANTES | TOTAL PAGADO |
| PENSIÓN               |        |                                         |  |  |            |              |
|                       |        | ADMINISTRADORA                          |  |  |            |              |
| NIT                   | CÓDIGO | NOMBRE                                  |  |  |            |              |
| 8002248088            | 230301 | 230301-PORVENIR                         |  |  | 1          | \$ 227.800   |
| SUBTOTAL:             |        |                                         |  |  | 1          | \$ 227.800   |
| SALUD                 |        |                                         |  |  |            |              |
|                       |        | ADMINISTRADORA                          |  |  |            |              |
| NIT                   | CÓDIGO | NOMBRE                                  |  |  |            |              |
| 8050011572            | EPS018 | EPS018-S.O.S.                           |  |  | 1          | \$ 178.000   |
| SUBTOTAL:             |        |                                         |  |  | 1          | \$ 178.000   |
| RIESGOS PROFESIONALES |        |                                         |  |  |            |              |
|                       |        | ADMINISTRADORA                          |  |  |            |              |
| NIT                   | CÓDIGO | NOMBRE                                  |  |  |            |              |
| 8600111536            | 14-23  | 14-23-POSITIVA COMPAÑIA DE SEGUROS S.A. |  |  | 1          | \$ 7.500     |
| SUBTOTAL:             |        |                                         |  |  | 1          | \$ 7.500     |

|                 |            |
|-----------------|------------|
| VALOR SIN MORA: | \$ 413.300 |
| VALOR MORA:     | \$ 0       |
| TOTAL PAGADO:   | \$ 413.300 |

*[Handwritten signature]*