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
NIT 900440998	7	PYMESONLINE S.A.S.	B - MENOS DE 200 COTIZANTES	PYMESONLINE	CRA 23 No 57 - 49	CALI-VALLE	3267691	Si

DATOS GENERALES DE LA LIQUIDACION

Periodo		Clave		Tipo	Fecha		Pago		
Pensión	Salud	Pago	Planilla	Planilla	Limite	Pago	Banco	Dias Mora	Valor
2025-05	2025-06	1577362731	9487714297	E	2025/06/25	2025/06/25	BANCOLOMBIA		$2,686,500

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	Días	IBC	Aporte	Codigo	Dias	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Tarifa	Aporte	Días	IBC	Aporte	Exonerado SENA e ICBF	Total Aportes
1	CC	1130660235	BENAVIDES LEISSY																		230301	30	$1,560,000	$249,600	EPS012	30	$1,560,000	$62,400	CCF57	30	$1,560,000	$62,400	14-11	30	$1,560,000	6.960%	$108,600	30	$0	$0	Si	$483,000
2	CC	1005783412	CASTILLO JOAN																		25-14	30	$1,423,500	$227,800	EPS037	30	$1,423,500	$57,000	CCF57	30	$1,423,500	$57,000	14-11	30	$1,423,500	6.960%	$99,100	30	$0	$0	Si	$440,900
3	CC	1193278553	PULIDO JUAN																		230301	30	$1,423,500	$227,800	EPS037	30	$1,423,500	$57,000	CCF57	30	$1,423,500	$57,000	14-11	30	$1,423,500	6.960%	$99,100	30	$0	$0	Si	$440,900
4	CC	6316686	SAAVEDRA BERNARDO																		230301	30	$1,423,500	$227,800	EPS005	30	$1,423,500	$57,000	CCF57	30	$1,423,500	$57,000	14-11	30	$1,423,500	6.960%	$99,100	30	$0	$0	Si	$440,900
5	CC	14650453	SAAVEDRA HECTOR																		231001	30	$1,656,232	$265,000	EPS018	30	$1,656,232	$66,300	CCF57	30	$1,656,232	$66,300	14-11	30	$1,656,232	6.960%	$115,300	30	$0	$0	Si	$512,900
6	CC	29533498	SAAVEDRA LUZ																		25-14	30	$1,500,000	$240,000	EPS018	30	$1,500,000	$60,000	CCF57	30	$1,500,000	$60,000	14-11	30	$1,500,000	0.522%	$7,900	30	$0	$0	Si	$367,900
Total	**Afiliados(6)**																						$8,986,732	$1,438,000			$8,986,732	$359,700			$8,986,732	$359,700			$8,986,732		$529,100		$0	$0		$2,686,500

RESUMEN DE PAGO

RIESGO	CODIGO	NIT	DV	AFILIADOS	VALOR LIQUIDADO
AFP (ADMINISTRADORAS: 3)				6	$1,438,000
COLFONDOS	231001	800,227,940	6	1	$265,000
COLPENSIONES	25-14	900,336,004	7	2	$467,800
PORVENIR	230301	800,224,808	8	3	$705,200
ARL (ADMINISTRADORAS: 1)				6	$529,100
ARL SURA	14-11	890,903,790	5	6	$529,100
CCF (ADMINISTRADORAS: 1)				6	$359,700
COMFANDI	CCF57	890,303,208	5	6	$359,700
EPS (ADMINISTRADORAS: 4)				6	$359,700
COMFENALCO VALLE	EPS012	890,303,093	5	1	$62,400
NUEVA E.P.S.	EPS037	900,156,264	2	2	$114,000
S.O.S. SERVICIO OCCIDENTAL DE SALUD S.A.	EPS018	805,001,157	2	2	$126,300
SANITAS	EPS005	800,251,440	6	1	$57,000
TOTAL				**6**	**$2,686,500**

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