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 900969814	2	NUESTRO ALIADO OUTSOURCING SAS	B - MENOS DE 200 COTIZANTES	NUESTRO ALIADO	CR 1 F 59 160	CALI-VALLE	3713589	Si

DATOS GENERALES DE LA LIQUIDACION

Periodo		Clave		Tipo	Fecha		Pago		
Pensión	Salud	Pago	Planilla	Planilla	Limite	Pago	Banco	Dias Mora	Valor
2025-10	2025-11	1919013543	9494595683	E	2025/11/06	2025/11/10	SCOTIABANK COLPATRIA		$1,816,500

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
SUCURSAL: NUESTRO ALIADO (4 Afiliados)																							$6,702,875	$1,072,600			$6,347,000	$254,000			$6,002,875	$240,300			$7,770,500		$244,600		$0	$0		$1,811,500
Centro de Trabajo: RIESGO I (2 Afiliados)																							$1,779,375	$284,800			$1,423,500	$57,000			$1,779,375	$71,300			$2,847,000		$15,000		$0	$0		$428,100
Ciudad: CALI Depto: VALLE (2 Afiliados)																							$1,779,375	$284,800			$1,423,500	$57,000			$1,779,375	$71,300			$2,847,000		$15,000		$0	$0		$428,100
1	CC	1111667538	CORTES YONIER																		25-14	30	$1,423,500	$227,800	ESSC18	30	$1,423,500	$57,000	CCF57	30	$1,423,500	$57,000	14-11	30	$1,423,500	0.522%	$7,500	30	$0	$0	Si	$349,300
2	CC	1064430023	PUYO MARIA																		230201	1	$355,875	$57,000		0	$0	$0	CCF57	1	$355,875	$14,300	14-11	30	$1,423,500	0.522%	$7,500	1	$0	$0	No	$78,800
Centro de Trabajo: RIESGO III (1 Afiliados)																							$1,423,500	$227,800			$1,423,500	$57,000			$1,423,500	$57,000			$1,423,500		$34,700		$0	$0		$376,500
Ciudad: CALI Depto: VALLE (1 Afiliados)																							$1,423,500	$227,800			$1,423,500	$57,000			$1,423,500	$57,000			$1,423,500		$34,700		$0	$0		$376,500
3	CC	1130643244	MURIEL NATALIA																		230301	30	$1,423,500	$227,800	EPS018	30	$1,423,500	$57,000	CCF57	30	$1,423,500	$57,000	14-11	30	$1,423,500	2.436%	$34,700	30	$0	$0	Si	$376,500
Centro de Trabajo: RIESGO V (1 Afiliados)																							$3,500,000	$560,000			$3,500,000	$140,000			$2,800,000	$112,000			$3,500,000		$194,900		$0	$0		$1,006,900
Ciudad: CALI Depto: VALLE (1 Afiliados)																							$3,500,000	$560,000			$3,500,000	$140,000			$2,800,000	$112,000			$3,500,000		$194,900		$0	$0		$1,006,900
4	CC	1143842330	HO CAMILO											X							25-14	6	$700,000	$112,000	EPS010	6	$700,000	$28,000	CCF57	0	$0	$0	14-11	6	$700,000	0.000%	$0	0	$0	$0	Si	$140,000
5	CC	1143842330	HO CAMILO																		25-14	24	$2,800,000	$448,000	EPS010	24	$2,800,000	$112,000	CCF57	24	$2,800,000	$112,000	14-11	24	$2,800,000	6.960%	$194,900	24	$0	$0	Si	$866,900
Total	**Afiliados(4)**																						$6,702,875	$1,072,600			$6,347,000	$254,000			$6,002,875	$240,300			$7,770,500		$244,600		$0	$0		$1,811,500

RESUMEN DE PAGO

RIESGO	CODIGO	NIT	DV	AFILIADOS	VALOR LIQUIDADO
AFP (ADMINISTRADORAS: 3)				4	$1,072,600
COLPENSIONES	25-14	900,336,004	7	2	$787,800
PORVENIR	230301	800,224,808	8	1	$227,800
PROTECCION	230201	800,229,739	0	1	$57,000
ARL (ADMINISTRADORAS: 1)				4	$244,600
ARL SURA	14-11	890,903,790	5	4	$244,600
CCF (ADMINISTRADORAS: 1)				4	$240,300
COMFANDI	CCF57	890,303,208	5	4	$240,300
EPS (ADMINISTRADORAS: 3)				3	$254,000
EMSSANAR	ESSC18	901,021,565	8	1	$57,000
EPS SURA (ANTES SUSALUD)	EPS010	800,088,702	2	1	$140,000
S.O.S. SERVICIO OCCIDENTAL DE SALUD S.A.	EPS018	805,001,157	2	1	$57,000
TOTAL				4	$1,811,500