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
2025-11	2025-12	1976949752	9495931313	E	2025/12/03	2025/12/03	SCOTIABANK COLPATRIA		$1,888,200

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			$6,702,875	$268,300			$7,770,500		$293,300		$0	$0		$1,888,200
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	6	$355,875	$57,000		0	$0	$0	CCF57	6	$355,875	$14,300	14-11	30	$1,423,500	0.522%	$7,500	6	$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			$3,500,000	$140,000			$3,500,000		$243,600		$0	$0		$1,083,600
Ciudad: CALI Depto: VALLE (1 Afiliados)							$3,500,000	$560,000			$3,500,000	$140,000			$3,500,000	$140,000			$3,500,000		$243,600		$0	$0		$1,083,600
4	CC	1143842330	HO CAMILO		25-14	30	$3,500,000	$560,000	EPS010	30	$3,500,000	$140,000	CCF57	30	$3,500,000	$140,000	14-11	30	$3,500,000	6.960%	$243,600	30	$0	$0	Si	$1,083,600
Total			**Afiliados(4)**				$6,702,875	$1,072,600			$6,347,000	$254,000			$6,702,875	$268,300			$7,770,500		$293,300		$0	$0		$1,888,200

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	$293,300
ARL SURA	14-11	890,903,790	5	4	$293,300
CCF (ADMINISTRADORAS: 1)				4	$268,300
COMFANDI	CCF57	890,303,208	5	4	$268,300
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**	**$1,888,200**

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