

PLANILLA INTEGRADA DE AUTOLIQUIDACION DE APORTES

PAG 2 de 2

| DATOS DEL APORTANTE |                        |               |                     |                    |
|---------------------|------------------------|---------------|---------------------|--------------------|
| 0                   | NOMBRE APORTANTE       | DIRECCION     | TELEFONO            | CONEDO             |
| 47                  | LUZ MARITZA GAMA MUÑOZ | Dg de # 16G18 | 6012823171          | mufmgpam@gmail.com |
| NOMBRE EMPRESARIAL  | CÓDIGO                 | DEPARTAMENTO  | CUIDADO / MUNICIPIO |                    |
| empresa             |                        | BOGOTÁ D.C.   | BOGOTÁ D.C.         |                    |

| DATOS DE LA PLANILLA |                                  |                 |                         |                    |
|----------------------|----------------------------------|-----------------|-------------------------|--------------------|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DD/MM/AAAA) | NÚMERO PLANILLA | FECHA PAGO (DD/MM/AAAA) | CANTIDAD EMPLEADOR |
|                      |                                  | 67191598        | 11/03/2026              | 1                  |
| PERIODO SALUD        | PERIODO PENSION                  | TIPO PLANILLA   | TOTAL NOMINA            | CANTIDAD UPC       |
| 2026-02              | 2026-02                          | 1               | \$0                     | 0                  |
|                      |                                  |                 | TOTAL A PAGAR           |                    |
|                      |                                  |                 | \$517,400               |                    |

| INFORMACION NOVEDADES |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|
| PENSION               |   |   |   |   |   |   |   |   |   |   |   |
| 0                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 38                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 39                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 41                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 43                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 47                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 53                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 54                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 61                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 62                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 64                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 66                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 67                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 68                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 69                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| DATOS DEL APORTANTE |                         |               |              |                       |                                     | DATOS DE LA PLANILLA |                                   |                 |                          |                    |
|---------------------|-------------------------|---------------|--------------|-----------------------|-------------------------------------|----------------------|-----------------------------------|-----------------|--------------------------|--------------------|
| Nº                  | NOMBRE APORTANTE        | DIRECCIÓN     | TELÉFONO     | CORREO                | EXONERADO PAGO PARAFISCALES Y SALUD | PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIAS/SEMANA) | NÚMERO PLANILLA | FECHA PAGO (DIAS/SEMANA) | CANTIDAD EMPLEADOS |
| 17                  | LUIZ MARITZA GAMA MUÑOZ | Dg 46 # 16318 | 6012823171   | muerfogomez@gmail.com |                                     |                      |                                   | 67181598        | 1703/2026                | 1                  |
| NOMBRE              | NOMBRE FISCAL           | CÓDIGO        | DEPARTAMENTO | CUANDO / NUMERO       |                                     | PERIODO SALUD        | PERIODO PENSION                   | TIPO PLANILLA   | TOTAL NOMINA             | TOTAL A PAGAR      |
| Jenis               |                         |               | BOGOTÁ D. C. | BOGOTÁ D.C.           | NO                                  | 2026-02              | 2026-02                           | 1               | 50                       | 517,400            |

SISTEMAS

| TOTALES SALUD    |              |                        |               |                  |       |                     |       |                       |               |
|------------------|--------------|------------------------|---------------|------------------|-------|---------------------|-------|-----------------------|---------------|
| Nombre           | NIT          | Cotización Obligatoria | UPC Adicional | Incapacidades    |       | Licencia Maternidad |       | Valor Mora Cotización | No. Afiliados |
|                  |              |                        |               | No. Autorización | Valor | No. Autorización    | Valor |                       |               |
| GP Capital Salud | 8002983172-9 | 218.900                | 0             | 0                | 0     | 0                   | 0     | 0                     | 1             |

| TOTALES PENSION |             |                        |                            |                             |                          |                           |                      |                       |               |
|-----------------|-------------|------------------------|----------------------------|-----------------------------|--------------------------|---------------------------|----------------------|-----------------------|---------------|
| Nombre          | NIT         | Cotización Obligatoria | Aporte Voluntario Afiliado | Aporta Voluntario Aportante | Aporta FSP - Solidaridad | Aporta FSP - Substitución | Días Mora Cotización | Valor Mora Cotización | No. Afiliados |
|                 |             |                        |                            |                             |                          |                           |                      |                       |               |
| Pensioner       | 800224608-8 | 280.200                | 0                          | 0                           | 0                        | 0                         | 0                    | 0                     | 1             |

| TOTALES RIESGOS LABORALES |             |                        |                  |       |                        |                       |                      |                       |               |
|---------------------------|-------------|------------------------|------------------|-------|------------------------|-----------------------|----------------------|-----------------------|---------------|
| Nombre                    | NIT         | Cotización Obligatoria | Incapacidades    |       | Aportes Otros Sistemas | Valor Neto Cotización | Días Mora Cotización | Valor Mora Cotización | No. Afiliados |
|                           |             |                        | No. Autorización | Valor |                        |                       |                      |                       |               |
| RL SURA                   | 889030790-5 | 18.300                 |                  |       | 18.300                 | 0                     | 0                    | 0                     | 1             |

| TOTALES CAJAS |  |  |  |  |     |              |           |                   |               |
|---------------|--|--|--|--|-----|--------------|-----------|-------------------|---------------|
| Nombre        |  |  |  |  | NIT | Valor Aporte | Días Mora | Valor Mora Aporte | No. Afiliados |

| ES PARAFISCALES   |               |               | TOTALES POR SUBSISTEMA |                                |                                     |               |
|-------------------|---------------|---------------|------------------------|--------------------------------|-------------------------------------|---------------|
| Valor Mora Aporte | Total a Pagar | No. Afiliados | Tipo Administradora    | No. Administradoras Reportadas | valor antes de ISE, LMA, IIP y Mora | Total a Pagar |
| SENA              |               |               | Salud                  | 1                              | 218.900                             | 218.900       |
| 0                 | 0             | 0             | Pensión                | 1                              | 280.200                             | 280.200       |
| ICBF              |               |               | Riesgos Laborales      | 1                              | 18.300                              | 18.300        |
| 0                 | 0             | 0             | CCF                    | 0                              | 0                                   | 0             |
| ESAP              |               |               |                        | 0                              | 0                                   | 0             |
|                   |               |               | ICBF                   | 0                              | 0                                   | 0             |
| MEN               |               |               |                        | 0                              | 0                                   | 0             |
|                   |               |               | SENA                   | 0                              | 0                                   | 0             |

|                        |  |                                |  |                                     |  |               |
|------------------------|--|--------------------------------|--|-------------------------------------|--|---------------|
| TOTALES POR SUBSISTEMA |  |                                |  |                                     |  |               |
| Tipo Administradora    |  | No. Administradoras Reportadas |  | valor antes de ISE, LMA, IIP y Mora |  | Total a Pagar |
| Salud                  |  | 1                              |  | 218.900                             |  | 218.900       |
| Pensión                |  | 1                              |  | 280.200                             |  | 280.200       |
| Riesgos Laborales      |  | 1                              |  | 18.300                              |  | 18.300        |
| CCF                    |  | 0                              |  | 0                                   |  | 0             |
| ESAP                   |  | 0                              |  | 0                                   |  | 0             |
| ICBF                   |  | 0                              |  | 0                                   |  | 0             |
| MEN                    |  | 0                              |  | 0                                   |  | 0             |
| SENA                   |  | 0                              |  | 0                                   |  | 0             |