

| TIPO                  |                    | DATOS DEL APORTANTE         |        |                                                         |                    |                             |  |                                           |  |
|-----------------------|--------------------|-----------------------------|--------|---------------------------------------------------------|--------------------|-----------------------------|--|-------------------------------------------|--|
|                       | NÚMERO             | NOMBRE APORTANTE            |        | DIRECCIÓN                                               | TELÉFONO           | CORREO                      |  |                                           |  |
| CC                    | 1118549852         | WILLIAM ANDRES MALAGON DIAZ |        | CALLE 30 NO. 28-46<br>ALTOS MANARE 1 CAS<br>BOGOTÁ D.C. | 3124854165         | william.andress92@gmail.com |  | EXONERADO PAGO<br>PARAFISCALES Y<br>SALUD |  |
| FORMA<br>PRESENTACIÓN | CLASE<br>APORTANTE | NOMBRE<br>SUCURSAL          | CÓDIGO | DEPARTAMENTO                                            | CIUDAD / MUNICIPIO |                             |  |                                           |  |
| UNICA                 | 1 – Independiente  |                             |        | BOGOTÁ D. C.                                            | BOGOTÁ D.C.        |                             |  |                                           |  |
|                       |                    |                             |        |                                                         | NO                 |                             |  |                                           |  |

| DATOS DE LA PLANILLA |                                   |                   |               |                          |                 |               |     |
|----------------------|-----------------------------------|-------------------|---------------|--------------------------|-----------------|---------------|-----|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIA/MES/AÑO) |                   | TIPO PLANILLA | FECHA PAGO (DIA/MES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |     |
|                      |                                   |                   |               |                          |                 | EMPLEADOS     | UPC |
|                      |                                   |                   |               |                          |                 | 1             | 0   |
| PERIODO SALUD        |                                   | PERIODO PENSIONES |               |                          |                 | TOTAL A PAGAR |     |
| 2024-12              |                                   | 2024-12           | I             | 02/01/2025               | 83029824        | \$1,245,900   |     |

**TOTALES POR SUBSISTEMAS**

| TOTALES SALUD |             |             |                         |               |                  |       |                     |       |           |             |                |               |               |
|---------------|-------------|-------------|-------------------------|---------------|------------------|-------|---------------------|-------|-----------|-------------|----------------|---------------|---------------|
| Código EPS    | Nombre      | NIT         | Coltización Obligatoria | UPC Adicional | Incapacidades    |       | Licencia Maternidad |       | Días Mora | Valor Mora  | Valor Mora UPC | Total a Pagar | No. Afiliados |
|               |             |             |                         |               | No. Autorización | Valor | No. Autorización    | Valor |           | Coltización |                |               |               |
| EPS005        | Sanitas EPS | 800251440-6 | 505.000                 | 0             |                  | 0     |                     | 0     | 0         | 0           | 0              | 505.000       | 1             |

**TOTALES PENSIÓN**

| Código AFP | Nombre   | NIT         | Cotización Obligatoria | Aporte Voluntario Afiliado | Aporte Voluntario Aportante | Aporte FSP - Solidaridad | Aporte FSP - Subsistencia | Días Mora Cotización | Valor Mora Cotización | Valor Mora FSP | Total a Pagar | No. Afiliados |
|------------|----------|-------------|------------------------|----------------------------|-----------------------------|--------------------------|---------------------------|----------------------|-----------------------|----------------|---------------|---------------|
| 230301     | Porvenir | 800224808-8 | 646.400                | 0                          | 0                           | 0                        | 0                         | 0                    | 0                     |                | 646.400       | 1             |

**TOTALES RIESGOS LABORALES**

| Código ARL | Nombre   | NIT         | Cotización Obligatoria | Incapacidades    | Aportes Otros Sistemas | Valor Neto Cotización | Días Mora | Subtotal Cotización | No. Radicado Saldo a Favor | Fondo Solidaridad | Total a Pagar | No. Afiliados |
|------------|----------|-------------|------------------------|------------------|------------------------|-----------------------|-----------|---------------------|----------------------------|-------------------|---------------|---------------|
|            |          |             |                        | No. Autorización | Valor                  |                       |           |                     |                            |                   |               |               |
| 14-11      |          | 890903790-5 | 98.500                 |                  |                        | 98.500                | 0         | 98.500              |                            | 985               | 98.500        | 1             |
|            | ARL SURA |             |                        |                  |                        |                       | 0         |                     |                            |                   |               |               |

**TOTALES CAJAS**

| Código CCF | Nombre | NIT | Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|
|------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|

**TOTALES PARAFISCALES**

| Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|--------------|-----------|-------------------|---------------|---------------|
| SENA         |           |                   |               |               |
| 0            | 0         | 0                 | 0             | 0             |
| ICBF         |           |                   |               |               |
| 0            | 0         | 0                 | 0             | 0             |
| ESAP         |           |                   |               |               |
|              |           |                   |               |               |
| MEN          |           |                   |               |               |
|              |           |                   |               |               |

**TOTALES POR SUBSISTEMA**

| Tipo Administradora | No. Administradoras Reportadas | Valor antes de IGE, LMA, IRP y Mora | Total a Pagar |
|---------------------|--------------------------------|-------------------------------------|---------------|
| Salud               | 1                              | 505.000                             | 505.000       |
| Pensión             | 1                              | 646.400                             | 646.400       |
| Riesgos Laborales   | 1                              | 98.500                              | 98.500        |
| CCF                 | 0                              | 0                                   | 0             |
| ESAP                | 0                              | 0                                   | 0             |
| ICBF                | 0                              | 0                                   | 0             |
| MEN                 | 0                              | 0                                   | 0             |
| SENA                | 0                              | 0                                   | 0             |
| <b>TOTALES</b>      | 3                              | 1.249.900                           | 1.249.900     |

| DATOS DEL APORTANTE |                   |                             |                                          |              |                             |                                     |  |  |  |
|---------------------|-------------------|-----------------------------|------------------------------------------|--------------|-----------------------------|-------------------------------------|--|--|--|
| TIPO                | NÚMERO            | NOMBRE APORTANTE            | DIRECCIÓN                                | TÉLEFONO     | CORREO                      | EXONERADO PAGO PARAFISCALES Y SALUD |  |  |  |
| CC                  | 1118549852        | WILLIAM ANDRES MALAGON DIAZ | CALLE 30 NO. 28-46<br>ALTOS MANARE T CAS | 3124854165   | william.andress92@gmail.com |                                     |  |  |  |
| FORMA PRESENTACIÓN  | CLASE APORTANTE   | NOMBRE SUCURSAL             | CÓDIGO                                   | DEPARTAMENTO | CIUDAD / MUNICIPIO          |                                     |  |  |  |
| UNICA               | I – Independiente |                             |                                          | BOGOTÁ, D.C. | BOGOTÁ, D.C.                | NO                                  |  |  |  |

| DATOS DE LA PLANILLA |                                   |               |                          |                 |               |     |
|----------------------|-----------------------------------|---------------|--------------------------|-----------------|---------------|-----|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIA/MES/AÑO) | TIPO PLANILLA | FECHA PAGO (DIA/MES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |     |
|                      |                                   |               |                          |                 | EMPLÉADOS     | UPC |
|                      |                                   |               |                          |                 | 1             | 0   |
|                      |                                   |               |                          |                 | TOTAL A PAGAR |     |
| PERIODO SALUD        | 2024-12                           |               |                          |                 | \$1,249,900   |     |
| PERIODO PENSIONES    | 2024-12                           | I             | 02/01/2025               | 83029624        |               |     |

| DETALLE POR COTIZANTE |      |                       |                     |                       |  |  |  |  |  |           |         |            |     |         |     |     |     |     |       |     |     |     |                   |     |     |     |     |     |     |              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    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| INFORMACIÓN COTIZANTE |      |                       |                     | INFORMACIÓN NOVEDADES |  |  |  |  |  |           |         |            |     | PENSIÓN |     |     |     |     | SALUD |     |     |     | RIESGOS LABORALES |     |     |     | CCF |     |     | PARAFISCALES |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    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