

Planilla Resumen

| DATOS GENERALES DEL APORTANTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|------------|---------------|-----------------------------|-----|------------|-----|----------|-----------------|------------|-----|------------|-----|--------------------|-------------|-----|-----|-----------------------|-----------|-----|---------------------|------|-------------|-----------|----------|---------|-----------------------|-----------|--------|------|--------------|----------|--------|------|-------------|--------|----------|------|-----|--------|-----------------------|
| Identificación | | | dv | Razon Social | | | | | Clase Aportante | | | | | Sucursal Principal | | | | Direccion | | | Ciudad-Departamento | | | | Teléfono | | Exonerado SENA e ICBF | | | | | | | | | | | | | | |
| CC 1116245500 | | | | JESICA JOHANA URREGO MONROY | | | | | INDEPENDIENTE | | | | | Principal | | | | carrera 68 # 13B - 61 | | | CALI-VALLE | | | | 4857918 | | No | | | | | | | | | | | | | | |
| DATOS GENERALES DE LA LIQUIDACION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Periodo | | | Clave | | | | | Tipo | | Fecha | | | | | Pago | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pensión | | Salud | Pago | | | Planilla | | Planilla | | Limite | | Pago | | | Banco | | | | Dias Mora | | Valor | | | | | | | | | | | | | | | | | | | | |
| 2026-03 | | 2026-03 | 206155727 | | | 9501609225 | | I | | 2026/04/06 | | 2026/04/08 | | | BANCOLOMBIA | | | | 2 | | \$621,600 | | | | | | | | | | | | | | | | | | | | |
| LIQUIDACION DETALLADA DE APORTES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLEADO | | | | NOVEDADES | | | | | | | | | | PENSION | | | | SALUD | | | | CCF | | | | RIESGOS | | | | | PARAFISCALES | | | | | | | | | | |
| No. | Identificación | | Nombre | ing | ret | del | tae | tdt | ptap | vspl | cor | vst | sln | lge | lma | vac | avp | vct | lrr | vip | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Aporte | Codigo | Dias | IBC | Tarifa | Aporte | Dias | IBC | Aporte | Exonerado SENA e ICBF |
| SUCURSAL: Principal (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Centro de Trabajo: Principal (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ciudad: CALI Depto: VALLE (1 Afiliados) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | CC | 1116245500 | URREGO JESICA | | | | | | | | | | | | | | | | | | 25-14 | 30 | \$2,000,000 | \$320,000 | EPS018 | 30 | \$2,000,000 | \$250,000 | CCF57 | 30 | \$2,000,000 | \$40,000 | 14-23 | 30 | \$2,000,000 | 0.522% | \$10,500 | 30 | \$0 | No | |
| Total Afiliados(1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| RESUMEN DE PAGO | | | | | | | | |
|--|--------|-------------|----|-----------|------------------|----------------|------------------------|------------------|
| RIESGO | CODIGO | NIT | DV | AFILIADOS | VALOR LIQUIDADO | INTERESES MORA | SALDOS E INCAPACIDADES | VALOR A PAGAR |
| AFP (ADMINISTRADORAS: 1) | | | | 1 | \$320,000 | \$500 | \$0 | \$320,500 |
| COLPENSIONES | 25-14 | 900,336,004 | 7 | 1 | \$320,000 | \$500 | \$0 | \$320,500 |
| ARL (ADMINISTRADORAS: 1) | | | | 1 | \$10,500 | \$100 | \$0 | \$10,600 |
| POSITIVA COMPAÑIA DE SEGUROS | 14-23 | 860,011,153 | 6 | 1 | \$10,500 | \$100 | \$0 | \$10,600 |
| CCF (ADMINISTRADORAS: 1) | | | | 1 | \$40,000 | \$100 | \$0 | \$40,100 |
| COMFANDI | CCF57 | 890,303,208 | 5 | 1 | \$40,000 | \$100 | \$0 | \$40,100 |
| EPS (ADMINISTRADORAS: 1) | | | | 1 | \$250,000 | \$400 | \$0 | \$250,400 |
| S.O.S. SERVICIO OCCIDENTAL DE SALUD S.A. | EPS018 | 805,001,157 | 2 | 1 | \$250,000 | \$400 | \$0 | \$250,400 |
| TOTAL | | | | 1 | \$620,500 | \$1,100 | \$0 | \$621,600 |