aportes en línea

Resumen General de Pago

DATOS GENERALES DEL APORTANTE

Identificación	dv	Razon Social	Clase Aportante	Sucursal Principal	Direccion	Ciudad-Departamento	Teléfono	Exonerado SENA e ICBF
NIT 901337523	6	INTEGRAL V6 SAS	B - MENOS DE 200 COTIZANTES	COMFAMA	CALLE 49 SUR 45A 300	ENVIGADO-ANTIOQUIA	4898741	Si

LIQUIDACION DETALLADA DE APORTES

EMPLEADO				PENSION				SALUD				CCF				RIESGOS				PARAFISCALES		
No.	Identificación		Nombres	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Días	IBC	Aporte
Sucursal: COMFAMA (13 Afiliados)						$46,543,500	$7,555,000			$46,543,500	$1,861,800			$46,543,500	$1,861,800			$46,543,500	$243,300		$0	$0
Centro de Trabajo: CENTRO TRABAJO 1 (13 Afiliados)						$46,543,500	$7,555,000			$46,543,500	$1,861,800			$46,543,500	$1,861,800			$46,543,500	$243,300		$0	$0
Ciudad: ENVIGADO Depto: ANTIOQUIA (13 Afiliados)						$46,543,500	$7,555,000			$46,543,500	$1,861,800			$46,543,500	$1,861,800			$46,543,500	$243,300		$0	$0
1	CC	42775979	ARAQUE GARCIA CLAUDIA ELENA	231001	30	$2,700,000	$432,000	EPS010	30	$2,700,000	$108,000	CCF04	30	$2,700,000	$108,000	14-11	30	$2,700,000	$14,100	30	$0	$0
2	PT	1713760	ARRAIZ MARTINEZ YASMELI YOLANDA	230201	30	$1,620,000	$259,200	EPS037	30	$1,620,000	$64,800	CCF04	30	$1,620,000	$64,800	14-11	30	$1,620,000	$8,500	30	$0	$0
3	CC	42656050	COHA ALCARAZ MARIA ENCARNACION	25-14	30	$2,700,000	$432,000	EPS010	30	$2,700,000	$108,000	CCF04	30	$2,700,000	$108,000	14-11	30	$2,700,000	$14,100	30	$0	$0
4	CC	1047419443	CORTEZ BERROCAL CESAR EUGENIO	230201	30	$3,500,000	$560,000	EPS010	30	$3,500,000	$140,000	CCF04	30	$3,500,000	$140,000	14-11	30	$3,500,000	$18,300	30	$0	$0
5	CC	1040200073	DURANGO GARCIA MARIA CAMILA	230301	30	$1,423,500	$227,800	EPS037	30	$1,423,500	$57,000	CCF04	30	$1,423,500	$57,000	14-11	30	$1,423,500	$7,500	30	$0	$0
6	CC	42893847	GARCIA SIERRA CLAUDIA ELENA	230201	30	$5,300,000	$848,000	EPS010	30	$5,300,000	$212,000	CCF04	30	$5,300,000	$212,000	14-11	30	$5,300,000	$27,700	30	$0	$0
7	CC	1037580524	GARCIA OSORIO JUAN ESTEBAN	230201	30	$10,800,000	$1,836,000	EPS010	30	$10,800,000	$432,000	CCF04	30	$10,800,000	$432,000	14-11	30	$10,800,000	$56,400	30	$0	$0
8	CC	43153353	MAYA NIEVES ERIKA PATRICIA	25-14	30	$4,500,000	$720,000	EPS010	30	$4,500,000	$180,000	CCF04	30	$4,500,000	$180,000	14-11	30	$4,500,000	$23,500	30	$0	$0
9	CC	70878427	PARRA ANDRES ALEJANDRO	230201	30	$3,000,000	$480,000	EPS010	30	$3,000,000	$120,000	CCF04	30	$3,000,000	$120,000	14-11	30	$3,000,000	$15,700	30	$0	$0
10	CC	1082935118	PEREZ ALVIS ANNY CAROLINA	25-14	30	$3,500,000	$560,000	EPS005	30	$3,500,000	$140,000	CCF04	30	$3,500,000	$140,000	14-11	30	$3,500,000	$18,300	30	$0	$0
11	CC	1033375576	PUERTA ECHEVERRY JULIAN	230301	30	$1,800,000	$288,000	EPS010	30	$1,800,000	$72,000	CCF04	30	$1,800,000	$72,000	14-11	30	$1,800,000	$9,400	30	$0	$0
12	CC	98652238	RAMOS REBOLLEDO LUIS ALBERTO	231001	30	$3,000,000	$480,000	EPS010	30	$3,000,000	$120,000	CCF04	30	$3,000,000	$120,000	14-11	30	$3,000,000	$15,700	30	$0	$0
13	CC	43276154	VALENCIA ZULETA ILEANA	230201	30	$2,700,000	$432,000	EPS010	30	$2,700,000	$108,000	CCF04	30	$2,700,000	$108,000	14-11	30	$2,700,000	$14,100	30	$0	$0

EMPLEADO				PENSION				SALUD				CCF				RIESGOS				PARAFISCALES		
No.	Identificación		Nombres	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Días	IBC	Aporte
Sucursal: COMFANDI (3 Afiliados)						$7,700,000	$1,232,000			$7,700,000	$308,000			$7,700,000	$308,000			$7,700,000	$40,300		$0	$0
Centro de Trabajo: 6201 (3 Afiliados)						$7,700,000	$1,232,000			$7,700,000	$308,000			$7,700,000	$308,000			$7,700,000	$40,300		$0	$0
Ciudad: CALI Depto: VALLE (3 Afiliados)						$7,700,000	$1,232,000			$7,700,000	$308,000			$7,700,000	$308,000			$7,700,000	$40,300		$0	$0
14	CE	8086979	ARAS ARTURO ARIEL	230301	30	$2,500,000	$400,000	EPS010	30	$2,500,000	$100,000	CCF57	30	$2,500,000	$100,000	14-11	30	$2,500,000	$13,100	30	$0	$0
15	CC	1115189456	HERRERA OSSA JUAN CAMILO	25-14	30	$2,500,000	$400,000	EPS005	30	$2,500,000	$100,000	CCF57	30	$2,500,000	$100,000	14-11	30	$2,500,000	$13,100	30	$0	$0
16	CC	16230997	LOPEZ ROJAS DIEGO ALEXANDER	25-14	30	$2,700,000	$432,000	EPS018	30	$2,700,000	$108,000	CCF57	30	$2,700,000	$108,000	14-11	30	$2,700,000	$14,100	30	$0	$0

EMPLEADO				PENSION				SALUD				CCF				RIESGOS				PARAFISCALES		
No.	Identificación		Nombres	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Días	IBC	Aporte
Sucursal: COMFACAUCA (1 Afiliados)						$1,800,000	$288,000			$1,800,000	$72,000			$1,800,000	$72,000			$1,800,000	$9,400		$0	$0
Centro de Trabajo: COMFACAUCA (1 Afiliados)						$1,800,000	$288,000			$1,800,000	$72,000			$1,800,000	$72,000			$1,800,000	$9,400		$0	$0
Ciudad: POPAYAN Depto: CAUCA (1 Afiliados)						$1,800,000	$288,000			$1,800,000	$72,000			$1,800,000	$72,000			$1,800,000	$9,400		$0	$0
17	CC	1059988787	BALANTA RENGIFO YENCY MELISA	230301	30	$1,800,000	$288,000	EPS018	30	$1,800,000	$72,000	CCF14	30	$1,800,000	$72,000	14-11	30	$1,800,000	$9,400	30	$0	$0

EMPLEADO				PENSION				SALUD				CCF				RIESGOS				PARAFISCALES		
No.	Identificación		Nombres	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Días	IBC	Aporte
Sucursal: COMFAMILIAR RISARALDA (1 Afiliados)						$4,860,000	$777,600			$4,860,000	$194,400			$4,860,000	$194,400			$4,860,000	$25,400		$0	$0
Centro de Trabajo: RIESGO 1 (1 Afiliados)						$4,860,000	$777,600			$4,860,000	$194,400			$4,860,000	$194,400			$4,860,000	$25,400		$0	$0
Ciudad: PEREIRA Depto: RISARALDA (1 Afiliados)						$4,860,000	$777,600			$4,860,000	$194,400			$4,860,000	$194,400			$4,860,000	$25,400		$0	$0
18	CC	10007693	TREJOS POSADA HERNANDO ANTONIO	230201	30	$4,860,000	$777,600	EPS018	30	$4,860,000	$194,400	CCF44	30	$4,860,000	$194,400	14-11	30	$4,860,000	$25,400	30	$0	$0
Total			**Afiliados(18)**			$60,903,500	$9,852,600			$60,903,500	$2,436,200			$60,903,500	$2,436,200			$60,903,500	$318,400		$0	$0

aportes en línea

Resumen General de Pago

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	9496073051	9496073051	E	2025/12/05	2025/12/05	BANCO DE BOGOTA	0	$15,043,400

RESUMEN DE PAGO

RIESGO	CODIGO	NIT	DV	AFILIADOS	VALOR LIQUIDADO	INTERESES MORA	SALDOS E INCAPACIDADES	VALOR A PAGAR
AFP (ADMINISTRADORAS: 4)				18	$9,852,600	$0	$0	$9,852,600
COLFONDOS	231001	800,227,940	6	2	$912,000	$0	$0	$912,000
COLPENSIONES	25-14	900,336,004	7	5	$2,544,000	$0	$0	$2,544,000
PORVENIR	230301	800,224,808	8	4	$1,203,800	$0	$0	$1,203,800
PROTECCION	230201	800,229,739	0	7	$5,192,800	$0	$0	$5,192,800
ARL (ADMINISTRADORAS: 1)				18	$318,400	$0	$0	$318,400
ARL SURA	14-11	890,903,790	5	18	$318,400	$0	$0	$318,400
CCF (ADMINISTRADORAS: 4)				18	$2,436,200	$0	$0	$2,436,200
COMFACAUCA	CCF14	891,500,182	0	1	$72,000	$0	$0	$72,000
COMFAMA	CCF04	890,900,841	9	13	$1,861,800	$0	$0	$1,861,800
COMFAMILIAR RISARALDA	CCF44	891,480,000	1	1	$194,400	$0	$0	$194,400
COMFANDI	CCF57	890,303,208	5	3	$308,000	$0	$0	$308,000
EPS (ADMINISTRADORAS: 4)				18	$2,436,200	$0	$0	$2,436,200
EPS SURA (ANTES SUSALUD)	EPS010	800,088,702	2	11	$1,700,000	$0	$0	$1,700,000
NUEVA E.P.S.	EPS037	900,156,264	2	2	$121,800	$0	$0	$121,800
S.O.S. SERVICIO OCCIDENTAL DE SALUD S.A.	EPS018	805,001,157	2	3	$374,400	$0	$0	$374,400
SANITAS	EPS005	800,251,440	6	2	$240,000	$0	$0	$240,000
TOTAL				**18**	**$15,043,400**	**$0**	**$0**	**$15,043,400**