

PLANILLA INTEGRADA AUTOLIQUIDACIÓN APORTES  
SOPORTE DE PAGO GENERAL

| DATOS GENERALES DEL APORTANTE                                             |  |     |                           |  |                      |  |                                                   |  |  | DATOS GENERALES DE LA PLANILLA |  |            |  |                   |  |                      |  |                           |  |
|---------------------------------------------------------------------------|--|-----|---------------------------|--|----------------------|--|---------------------------------------------------|--|--|--------------------------------|--|------------|--|-------------------|--|----------------------|--|---------------------------|--|
| TIPO IDENTIFICACIÓN:                                                      |  | NIT | NÚMERO DE IDENTIFICACIÓN: |  | 901855686            |  |                                                   |  |  | NÚMERO PLANILLA:               |  | 7987080137 |  | TIPO DE PLANILLA: |  | E-EMPLEADOS          |  |                           |  |
| NOMBRE O RAZÓN SOCIAL:                                                    |  |     | IBAGUE                    |  | DEPARTAMENTO:        |  | APOYO EMPRESARIAL D Y G SAS                       |  |  | PERIODO COTIZACIÓN OTROS       |  | MES        |  | agosto AÑO        |  | 2025                 |  | PERIODO COTIZACIÓN SALUD: |  |
| CIUDAD/MUNICIPIO:                                                         |  |     | MZ 8 CS 21                |  | TELÉFONO:            |  | TOLIMA                                            |  |  | DÍAS DE MORA:                  |  | 0          |  | 2025/09/15        |  | NÚMERO AUTORIZACIÓN: |  | 1777286256                |  |
| DIRECCIÓN:                                                                |  |     | 01-EMPLEADOR              |  | CLASE APORTANTE:     |  | B-MENOS DE 200 COTIZANTES                         |  |  | FECHA PAGO (aaaa/mm/dd):       |  |            |  |                   |  |                      |  |                           |  |
| TIPO APORTANTE:                                                           |  |     | PRIVADA                   |  | ACTIVIDAD ECONOMICA: |  | Otras actividades de servicio de apoyo a las empr |  |  |                                |  |            |  |                   |  |                      |  |                           |  |
| TIPO EMPRESA:                                                             |  |     | UNICO                     |  |                      |  |                                                   |  |  |                                |  |            |  |                   |  |                      |  |                           |  |
| FORMA DE PRESENTACIÓN:                                                    |  |     |                           |  |                      |  |                                                   |  |  |                                |  |            |  |                   |  |                      |  |                           |  |
| APORTANTE EXONERADO PAGO APORTES SALUD, SENA E ICBF (REFORMA TRIBUTARIA): |  |     |                           |  |                      |  | SI                                                |  |  |                                |  |            |  |                   |  |                      |  |                           |  |

| TOTAL APORTES A PENSIÓN |                    |                |            |                     |           |      |      |             |              |            |      |         |      |              |
|-------------------------|--------------------|----------------|------------|---------------------|-----------|------|------|-------------|--------------|------------|------|---------|------|--------------|
| ADMINISTRADORA          |                    | No. COTIZANTES | COTIZACIÓN | APORTES VOLUNTARIOS |           | FSP  | MORA | TOTALES     |              |            |      |         |      |              |
| CÓDIGO                  | NOMBRE             |                |            | EMPLEADOR           | COTIZANTE |      |      | SOLIDARIDAD | SUBSISTENCIA | COTIZACIÓN | FSP  | APORTES | MORA | VALOR PAGADO |
| 25-14                   | 25-14 COLPENSIONES | 1              | \$ 182.300 | \$ 0                | \$ 0      | \$ 0 | \$ 0 | \$ 0        | \$ 0         | \$ 182.300 | \$ 0 |         |      | \$ 182.300   |
| SUBTOTALES:             |                    |                |            |                     |           |      |      |             |              | \$ 182.300 | \$ 0 |         |      | \$ 182.300   |

| TOTAL APORTES A SALUD |                    |                   |                            |       |                     |       |               |       |             |             |            |             |           |      |           |              |
|-----------------------|--------------------|-------------------|----------------------------|-------|---------------------|-------|---------------|-------|-------------|-------------|------------|-------------|-----------|------|-----------|--------------|
| ADMINISTRADORA        |                    | No.<br>COTIZANTES | INCAPACIDAD POR ENFERMEDAD |       | LICENCIA MATERNIDAD |       | SALDO A FAVOR |       | LIQUIDACIÓN |             | MORA       |             | TOTALES   |      |           |              |
| CÓDIGO                | NOMBRE             |                   | NÚMERO AUTORIZACIÓN        | VALOR | NÚMERO AUTORIZACIÓN | VALOR | PLANILLA      | VALOR | COTIZACIÓN  | VALOR ADRES | COTIZACIÓN | VALOR ADRES | APORTES   | MORA | DESCUENTO | VALOR PAGADO |
| EPS002                | EPS002-SALUD TOTAL | 1                 |                            | \$ 0  |                     | \$ 0  |               | \$ 0  | \$ 45.600   | \$ 0        | \$ 0       | \$ 0        | \$ 45.600 | \$ 0 | \$ 0      | \$ 45.600    |
| SUBTOTALES:           |                    |                   |                            |       |                     |       |               |       |             |             |            |             | \$ 45.600 | \$ 0 | \$ 0      | \$ 45.600    |

| TOTAL APORTES A RIESGOS PROFESIONALES |                  |  |                |                     |       |                      |          |             |            |           |      |           |              |
|---------------------------------------|------------------|--|----------------|---------------------|-------|----------------------|----------|-------------|------------|-----------|------|-----------|--------------|
| ADMINISTRADORA                        |                  |  | No. COTIZANTES | INCAPACIDAD IRP     |       | SALDO A FAVOR        |          | LIQUIDACIÓN | TOTALES    |           |      |           |              |
| CÓDIGO                                | NOMBRE           |  |                | NÚMERO AUTORIZACIÓN | VALOR | PAGO A OTROS RIESGOS | PLANILLA | VALOR       | COTIZACIÓN | APORTES   | MORA | DESCUENTO | VALOR PAGADO |
| 14-11                                 | 14-11 - ARL SURA |  | 1              |                     | \$ 0  | \$ 0                 |          |             | \$ 49.600  | \$ 49.600 | \$ 0 | \$ 0      | \$ 49.600    |
| SUBTOTALES:                           |                  |  |                |                     |       |                      |          |             |            | \$ 49.600 | \$ 0 | \$ 0      | \$ 0         |

| TOTAL APORTES A CAJA DE COMPENSACIÓN FAMILIAR |  |                   |  |        |  |                |           |      |              |
|-----------------------------------------------|--|-------------------|--|--------|--|----------------|-----------|------|--------------|
| CÓDIGO                                        |  | ADMINISTRADORA    |  | NOMBRE |  | No. COTIZANTES | TOTALES   |      |              |
|                                               |  |                   |  |        |  |                | APORTES   | MORA | VALOR PAGADO |
| CCF48                                         |  | CCF48-CONFATOLIMA |  |        |  | 1              | \$ 45.600 | \$ 0 | \$ 45.600    |
| SUBTOTALES:                                   |  |                   |  |        |  |                | \$ 45.600 | \$ 0 | \$ 45.600    |

| DATOS DEL COTIZANTE |                |         |                |                   |                |                 |            |            |                    | NOVEDADES |     |     |     |     |     |     |     |     |     |     |     | LIQUIDACIÓN DETALLADA APORTES |     |     |     |              |             |                     |          |                           |              |       |           |     |            |                  |              |       |           |     |            |              |     |       |           |              |                   |              |      |      |      |        |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |            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| Nº                  | IDENTIFICACIÓN | NOMBRES | TIPO COTIZANTE | SUBTIPO COTIZANTE | SALARIO BÁSICO | TIPO DE SALARIO | COLOMBIANO | EXTRANJERO | REFORMA TRIBUTARIA | ING       | RET | TDE | TDP | TAP | COR | VSP | VST | SLN | COM | IGE | LMA | VAC                           | AVP | VCT | IRP | PENSIÓN      |             |                     |          |                           |              |       |           |     |            | SEGURIDAD SOCIAL |              |       |           |     |            |              |     |       |           | PARAFISCALES |                   |              |      |      |      |        |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |            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|                     |                |         |                |                   |                |                 |            |            |                    |           |     |     |     |     |     |     |     |     |     |     |     |                               |     |     |     | FSP          |             | APORTES VOLUNTARIOS |          | INDICADOR TARIFA ESPECIAL | TOTAL APORTE | ADMIN | SALUD     |     |            |                  |              | ARP   |           |     |            |              | IBC | CCF   |           |              |                   |              | SENÁ | ICBF | ESAP | MINEDU |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |              |       |           |     |            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|                     |                |         |                |                   |                |                 |            |            |                    |           |     |     |     |     |     |     |     |     |     |     |     |                               |     |     |     | SUBSISTENCIA | SOLIDARIDAD | EMPLEADOR           | EMPLEADO |                           |              |       | DÍAS COT. | IBC | COTIZACIÓN | VALOR ADRES      | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | COTIZACIÓN | TOTAL APORTE |     | ADMIN | DÍAS COT. | IBC          | CENTRO DE TRABAJO | TOTAL APORTE |      |      |      |        | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL APORTE | ADMIN | DÍAS COT. | IBC | TOTAL 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TOTAL PAGADO: \$ 323.100