



SuAporte I REPORTE INDIVIDUAL

Fecha creación reporte 2023-12-06, 06:41:18 PM Tipo Planilla I Número Planilla 1042183978

Periodo Cotización 202311

Periodo Servicio 202312

Cliente:

PAGADA 2023-12-06

I. DATOS DEL APORTANTE

Razón Social	JUAN DIEGO RAMIREZ GOMEZ				
Documento	CC 70090879		Dirección	CALLE 21A #57 - 47	
Tipo de Empresa	INDEPENDIENTE		Teléfono		
Tipo Persona	NATURAL		Forma Presentación	ÚNICO	Total Afiliados 1
Ciudad	MEDELLIN		Departamento	ANTIOQUIA	
Representante Legal			Identificación		

II. DATOS DEL AFILIADO

Documento	CC 70090879		Residente	Exonerado	S	Apellidos y Nombres	Código Ciudad - Departamento	Centro de Trabajo	Ubicación Laboral
Tipo Cotizante	01	04				RAMIREZ GOMEZ JUAN DIEGO	5001000 - 5		ANTIOQUIA

III. APORTE POR CADA UNA DE LAS ADMINISTRADORAS ASOCIADAS AL AFILIADO:

Novedades														Estrato	Tipo salario	Salario	Pensión						Salud				Riesgos				Caja		Parafiscales			
Código AFP	Código Trans. AFP	Tarifa AFP	IBC	Total Aporte AFP	Total Aporte FSP	Total Aporte FSPS	Código EPS	Código Trans. EPS	Tarifa EPS	IBC EPS	Aporte Salud	Aporte UPC	Código ARL				Código Riesgo	Tarifa ARL	IBC ARL	Aporte Riesgo	Código CCF	Tarifa CCF	IBC CCF	Aporte Caja	Tarifa SENA	Aporte SENA	Tarifa ICBF	Aporte ICBF								
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IV. TOTALES

Total Aportes Pensión	Total Aportes FSP	Total Aportes FSPS	Total Aportes Salud	Total Aportes Riesgos	Total Aportes Cajas	Total Aportes SENA	Total Aportes ICBF	Total Aportes ESAP	Total Aportes MEN	Total Final
NINGUNA AFP	FSP SOLIDARIDAD	FSP SUBSISTENCIA	EPS SURA	SEGUROS BOLIVAR	COMFAMA	SENA	ICBF	ESAP	MEN	
\$ 0	\$ 0	\$ 0	\$ 113.600	\$ 39.500	\$ 16.200	\$ 0	\$ 0	\$ 0	\$ 0	\$ 171.300