



**ASOCIACION PROFESIONALES
DE LA SALUD DE CAMPANA**

CASTELLI 112 - TELEFAX: (02499) 427521/424096
(2804) CAMPANA - BS. AS.

Liquidación N° :112196

Fecha:31/01/2025

Matrícula :058123/00

Hoja N° : 1

Prestador : **AYERBE MAXIMILIANO**

N° Insc. I.B.:20-28542639 D.G.I.:20-28542639-2

PRESTACIONES

| OBRA SOCIAL | FACT. | F.P. | HONORARIOS | GASTOS | FACTURADO |
|--|--------|---------|------------|------------|-------------------|
| 012/BANCO PROVINCIA- | 005190 | 10/24 | 11,395.74 | | 11,395.74 |
| 012/BANCO PROVINCIA- | 005190 | 11/24 | 12,000.00 | | 12,000.00 |
| 024/MEDIFE ASOCIACIO | 000987 | 10/24 | 13,185.33 | | 13,185.33 |
| 034/O.SOC.PAT.CABOTA | 005198 | 10/24 | 17,041.71 | 6,861.31 | 23,903.02 |
| 038/O.S.UNION PERSON | 000967 | 10/24 | 33,500.00 | 22,500.00 | 56,000.00 |
| 079/OSFATLYF | 005185 | 10/24 | 13,910.40 | | 13,910.40 |
| 082/HOSPITAL ITALIAN | 000972 | 10/24 | 17,945.25 | 53,835.77 | 71,781.02 |
| 094/OSMATA | 005162 | 10/24 | 8,204.14 | 24,612.40 | 32,816.54 |
| 097/O.S.P.E.D. Y C. | 005095 | 09/24 | 6,637.93 | | 6,637.93 |
| 097/O.S.P.E.D. Y C. | 005096 | 10/24 | 6,637.93 | | 6,637.93 |
| 124/OSPECON | 005105 | 08/24 | 6,739.58 | | 6,739.58 |
| 124/OSPECON | 005105 | 09/24 | 10,000.00 | | 10,000.00 |
| 164/COBERT INT DE ME | 005196 | 12/24 | 58,281.24 | 4,068.70 | 62,349.94 |
| 196/OMINT S.A. | 000974 | 10/24 | 6,257.25 | 18,771.75 | 25,029.00 |
| 223/OSDIPP | 000978 | 10/24 | 11,434.66 | 34,303.99 | 45,738.65 |
| 300/COBERT. INT DE M | 005197 | 12/24 | 23,096.36 | | 23,096.36 |
| 338/OBRA SOCIAL UNIO | 000966 | 10/24 | 13,000.00 | | 13,000.00 |
| 338/OBRA SOCIAL UNIO | 000984 | 10/24 | 4,459.92 | 13,379.78 | 17,839.70 |
| 431/SCIS | 005118 | 10/24 | 5,250.00 | 15,750.00 | 21,000.00 |
| A) Total Facturas | --- | --- | 278,977.44 | 194,083.70 | 473,061.14 |
| B) Total Créditos | --- | --- | 0.00 | 0.00 | 0.00 |
| 124/OSPECON | 005105 | 08/24 D | -333.12 | | -333.12 |
| 097/O.S.P.E.D. Y C. | 005095 | 09/24 D | -132.76 | | -132.76 |
| 097/O.S.P.E.D. Y C. | 005096 | 10/24 D | -132.76 | | -132.76 |
| 012/BANCO PROVINCIA- | 005190 | 12/24 D | -376.03 | | * 1 -376.03 |
| 079/OSFATLYF | 005185 | 10/24 D | -274.03 | | -274.03 |
| 034/O.SOC.PAT.CABOTA | 005198 | 01/25 D | -23,903.02 | | * 2 -23,903.02 |
| C) Total Débitos | --- | --- | -25,151.72 | 0.00 | -25,151.72 |
| Total Facturado | --- | --- | 253,825.72 | 194,083.70 | 447,909.42 |
| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | | | | DEBITO | CREDITO |
| CAJA DE PREV. Y SEGURO MEDICO | | | | 12,691.29 | |
| RET.GASTOS ADMINISTRAT. | | | | 22,395.47 | |



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Liquidación N° :112196

Fecha:31/01/2025

Matrícula :058123/00

Hoja N° : 2

Prestador : **AYERBE MAXIMILIANO**

N° Insc. I.B.:20-28542639 D.G.I.:20-28542639-2

| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | DEBITO | CREDITO |
|--|-------------------|-------------|
| LEY BANCARIA 25413 | 4,298.84 | |
| DSI | 4,500.00 | |
| GASTOS PAPELERIA | 2,000.00 | |
| IMPUESTO A LAS GANANCIAS | 83,888.27 | |
| D) TOTAL DEBITOS/CREDITOS Y RETENCIONES | 129,773.87 | 0.00 |

FECHA DE ENTREGA DE HONORARIOS: EL DIA 10 DE C/MES (INAMOVIBLE)
SI COINCIDE FIN DE SEMANA O FERIADO PASA AL 1° DIA HABIL POSTERIOR.-

LOS DEBITOS SE CONTESTAN A PARTIR DEL 15 DE C/MES. Enviar reclamos al mail
contaduria@asocprof.com.ar

FECHA DE ENTREGA DE LIQUIDACION: LUNES A JUEVES 14.00 HS A 16.30 HS.
VIERNES 13.30 HS A 15.30 HS.

* 1 DIF DE ARANCEL

* 2 PTE. NOUYU SILVIA PRESRACION FUERA DE TERMINO

Neto a Pagar

318,135.55

Son \$ trescientos dieciocho mil ciento treinta y cinco con 55/Cien.

C.P.S.M.

COMPROBANTE DE RETENCIONES

NRO.: 112196

| AGENTE DE RETENCION | NUMERO ASOC. PROF. DE LA SALUD CAMPANA | AP. Y NOMBRE O RAZON SOCIAL DATOS DE LA OPERACION | N° LIQUIDACION | FECHA | IMPORTE |
|------------------------|---|---|----------------|------------|------------|
| | 30-65576850-1 | | 00112196 | 31/01/2025 | 253,825.72 |

| DATOS DEL DEPOSITO | FECHA | NRO. DE COMPROBANTE | IMPORTE RETENIDO |
|-----------------------|-------|---------------------|------------------|
| | / / | 00112196 | 12,691.29 |

| CONTRIBUYENTE | MATRICULA | CUIT | APELLIDO Y NOMBRE O RAZON SOCIAL |
|---------------|-------------|---------------|----------------------------------|
| | 058123 | 20-28542639-2 | AYERBE MAXIMILIANO |
| | DOMICILIO | | LOCALIDAD-PARTIDO |
| | BERUTTI 235 | | CAMPANA |

OBSERVACIONES

DR. ROMANO PEDRO
PRESIDENTE

31/01/2025

FECHA ASOC. DE PROF. DE LA SALUD

CERTIFICADO DE RETENCION DE IMPUESTO A LAS GANACIAS R.G. 2784

AGENTE DE RETENCION

Numero Razon Social Domicilio
30-65576850-1 ASOC. PROF. SALUD DE CAMPANA Castelli 112 Campana (2804)

Declaracion Jurada en la que se informara la retencion : 1er Cuatrim de 2025

CONTRIBUYENTE

Numero Apellido y Nombres Domicilio
20-28542639-2 AYERBE MAXIMILIANO BERUTTI Nro 235 CAMPANA 2804

Número de Liquidación: 112196

IMPORTE RETENIDO EN CONCEPTO DE HONORARIOS

MONTO BRUTO: 447,909.42 IMP RETENIDO: 83,888.27

31/01/2025

Lugar y Fecha

DR. ROSALES BERNARDO
Presidente

Detalle de Prestaciones Liquidadas, Fecha: 31/01/2025

Prestador : 058123/00 AYERBE MAXIMILIANO

| Obra Social | FACT. | Fecha | N.N. | Cant | Afiliado | HONORARIOS | GASTOS | FACTURADO |
|---------------------------|-------------|------------|---------|------|--------------------------------|------------|------------|------------|
| 012-BANCO PROVINCIA-PREST | 0003-005190 | 01/10/2024 | 4201010 | 1 | | 11,395.74 | 0.00 | 11,395.74 |
| 012-BANCO PROVINCIA-PREST | 0003-005190 | 01/11/2024 | 4201010 | 1 | | 12,000.00 | 0.00 | 12,000.00 |
| 024-MEDIFE ASOCIACION CIV | 0004-000987 | 01/10/2024 | 4250160 | 1 | | 13,185.33 | 0.00 | 13,185.33 |
| 034-O.SOC.PAT.CABOTAJE RI | 0003-005198 | 01/10/2024 | 1701010 | 1 | NOUYU SILVIA 0141067300 483074 | 2,287.11 | 6,861.31 | 9,148.42 |
| 034-O.SOC.PAT.CABOTAJE RI | 0003-005198 | 01/10/2024 | 4201010 | 1 | NOUYU SILVIA 0141067300 483057 | 14,754.60 | 0.00 | 14,754.60 |
| 038-O.S.UNION PERSONAL DE | 0004-000967 | 01/10/2024 | 4201010 | 2 | | 26,000.00 | 0.00 | 26,000.00 |
| 038-O.S.UNION PERSONAL DE | 0004-000967 | 01/10/2024 | 9999999 | 1 | MARTI HECTOR CONTROL MARCAPASO | 7,500.00 | 22,500.00 | 30,000.00 |
| 079-OSFATLYF | 0003-005185 | 01/10/2024 | 4201010 | 1 | | 13,910.40 | 0.00 | 13,910.40 |
| 082-HOSPITAL ITALIANO | 0004-000972 | 01/10/2024 | 1701200 | 1 | GARAVANI NORMA 347381 31/10 | 17,945.25 | 53,835.77 | 71,781.02 |
| 094-OSMATA | 0003-005162 | 01/10/2024 | 1701180 | 1 | MANZO LUIS | 8,204.14 | 24,612.40 | 32,816.54 |
| 097-O.S.P.E.D. Y C. | 0003-005095 | 01/09/2024 | 4201010 | 1 | | 6,637.93 | 0.00 | 6,637.93 |
| 097-O.S.P.E.D. Y C. | 0003-005096 | 01/10/2024 | 4201010 | 1 | | 6,637.93 | 0.00 | 6,637.93 |
| 124-OSPECON | 0003-005105 | 01/08/2024 | 4201010 | 1 | | 6,739.58 | 0.00 | 6,739.58 |
| 124-OSPECON | 0003-005105 | 01/09/2024 | 4201010 | 1 | | 10,000.00 | 0.00 | 10,000.00 |
| 164-COBERT INT DE MED ASI | 0003-005196 | 01/12/2024 | 1701010 | 2 | | 1,356.24 | 4,068.70 | 5,424.94 |
| 164-COBERT INT DE MED ASI | 0003-005196 | 01/12/2024 | 4201010 | 5 | | 56,925.00 | 0.00 | 56,925.00 |
| 196-OMINT S.A. | 0004-000974 | 01/10/2024 | 1701180 | 1 | ALTOBELLI ROSANA 1966949831022 | 6,257.25 | 18,771.75 | 25,029.00 |
| 223-OSDIPP | 0004-000978 | 01/10/2024 | 1701180 | 1 | ERBA MIGUEL | 11,434.66 | 34,303.99 | 45,738.65 |
| 300-COBERT. INT DE MED AS | 0003-005197 | 01/12/2024 | 1701091 | 1 | | 15,732.33 | 0.00 | 15,732.33 |
| 300-COBERT. INT DE MED AS | 0003-005197 | 01/12/2024 | 4201010 | 1 | SIN IDENTIFICAR | 7,364.03 | 0.00 | 7,364.03 |
| 338-OBRA SOCIAL UNION PER | 0004-000966 | 01/10/2024 | 4201010 | 1 | | 13,000.00 | 0.00 | 13,000.00 |
| 338-OBRA SOCIAL UNION PER | 0004-000984 | 01/10/2024 | 1701290 | 1 | | 4,459.92 | 13,379.78 | 17,839.70 |
| 431-SCIS | 0003-005118 | 01/10/2024 | 1701210 | 1 | | 5,250.00 | 15,750.00 | 21,000.00 |
| Total | | | | | | 278,977.44 | 194,083.70 | 473,061.14 |