

TAX REFUNDS
October 24, 2023

1. Cheddar's Casual Café c/o Ryan Tax Compliance Services LLC, in the amount of \$10,370.14 made an overpayment on January 24, 2023 of 2022 taxes.
(Geo. #2000-999-0227-0042)
2. Weststar Title, in the amount of \$4,928.87 made an overpayment on March 10, 2023 of 2022 taxes.
(Geo. #F609-999-0180-2500)



Laura D. Prine

Laura D. Prine
City Clerk

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED
OCT 05 2023

MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901
PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Received

SEP 18 2023

Ryan
PTS - Houston

RYAN TAX COMPLIANCE SERVICES LLC
16220 NORTH SCOTTSDALE ROAD SUITE
450
SCOTTSDALE, AZ 85254

OP ✓
+2500

Geo No. 2000-999-0227-0042	Prop ID 500153
Legal Description of the Property INV FURN MACH SIGN 11895 W GATEWAY BLVD OWNER: CHEDDAR'S #2016	
2022 OVERAGE AMOUNT \$10,370.14 ✓	

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Cheddar's Casual Cafe c/o Ryan Tax Compliance Services LLC			
	Address: 16220 North Scottsdale Road Suite 450 ✓			
	City, State, Zip: Scottsdale, AZ, 85254			
Daytime Phone No.: 866-866-4186		E-Mail Address: ptscompliance@ryan.com		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Ryan Tax	CK 45328	1/24/23	242,064.33
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.		
	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1. ✓		
	<input type="checkbox"/>	I want this payment applied to next year's taxes.		
This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED) <i>Chasity Hanson</i>		PRINTED NAME & DATE Chasity Hanson 09/26/2023 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.H.</i> Date: <i>10-5-23</i> ✓				



CITY TAX OFFICE
OCT 02 2023

MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

WESTSTAR TITLE LLC
601 N MESA SUITE
EL PASO, TX 79901

OP ✓
+2500

Geo No. F609-999-0180-2500	Prop ID 222210
Legal Description of the Property 18 FRANKLIN HILLS #4 LOT 25 (5979.00 SQ FT) 6320 FRANKLIN GATE DR 79912	
OWNER: WILKSON MATTHEW M & ALEJANDRA A	

2022 OVERAGE AMOUNT \$4,928.87 ✓

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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APPLICATION FOR PROPERTY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: WestStar Title			
	Address: 601 N Mesa Suite 1025 ✓			
	City, State, Zip: El Paso, TX 79901 ✓			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915-849-5546		E-Mail Address:	
	Payment made by: Check No. Date Paid Amount Paid			
	Ck-20221465 3/10/23 8,340.20 ✓			
	TOTAL AMOUNT PAID (sum of the above amounts)			
	Please check one of the following:			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	Sandra L. Swift WestStar Title		Sandra L. Swift 9/29/23 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 10-2-23 ✓				