TAX REFUNDS December 17, 2024

1.	Roberto Vielma, in the amount of \$3,689.08, made an overpayment on November 10, 2024 of 2024 taxes. (Geo. #S804-999-0190-5500)
2.	Eduardo Chavez, in the amount of \$4,338.54, made an overpayment on November 20, 2024 o 2024 taxes. (Geo. # V897-999-0580-2300)
	Laura D. Prine Maria O. Pasillas PTA

Laura D. Prine City Clerk Maria O. Pasillas, RTA Tax Assessor Collector



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

NOV 15 2024

Geo No. \$804-999-0190-5500 Prop ID 216837

Legal Description of the Property 19 SUMMIT PLACE 24 TO 26 (9360 FT)

3000 TYLER AVE 79930

ROBERTO VIELMA 3000 TYLER EL PASO, TX 79930

OWNER: VIELMA ROBERTO & IBARRA EVELYN

2024 OVERAGE AMOUNT \$3,689.08

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

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. 15-76-90 (1987) 200, 19370 4

APPLICATION FOR PROPER	TY TAX REFUND: This application mu	st he completed, signed, an	d submitted with sup	porting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:							
recipient.	Name: Riberto Vielma							
Show information for whomever will be receiving	Address: 3000 Tuler	Address: 3000 Tyler Ave						
the refund.	City, State, Zip: El Paso Tx 79930							
And the second s	Daytime Phone No.: 9/5-873	-6712	E-Mail Address:	betov60 @yahio cor				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled	Credit Card Payment	CC006326140	11/10/2024	\$3,689.08				
check, original receipt, online		93						
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)							
Step 3. Provide reason for	Please check one of the following:	10 (1815) 10 (1815)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
this refund.	I paid this account in error and I am entitled to the refund.							
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.							
with this overage.	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 refault 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 misdement of a state jud felony under the Texas Penal Code, Sec. 37.10.)							
	SIGNATURE OF REQUESTOR (REQ	PI PI	7/-05-7	The state of the s				
Ollholo								
TAX OFFICE USE ONLY:	Approved Denied	Ву: 10.14	Date:	11-15-24				



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

CITY TAX OFFICE

NOV 2 7 2024

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

Geo No. V897-999-0580-2300

Legal Description of the Property 58 VISTA HILLS #30 LOT 23 (7338.05 SQ

FT)

1804 ROSE GATE WAY 79936

1804 ROSE GATE WAY 79936

OWNER: CHAVEZ EDUARDO

EDUARDO CHAVEZ 1804 ROSE GATE WAY EL PASO , TX 79936

+2500

2024 OVERAGE AMOUNT \$4,338.54

Prop ID

164239

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 9: SOCORRO ISD

Dear Taxpayer:

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TY TAX REFUND:	his application n	nust be com	pleted, signed, an	nd submitted with sur	pporting documentati	on to be valid.
Who should the refund	d be issued to:				YEAR TO BE THE BEAT	
Name: Eduacdo	Chavez				a Maria de Maria de	
			7992		h	2002/200
Daytime Phone No.:	915/497	-3181	14101			of mail-ca
Payment made by:		2191	Check No.	Date Paid		
Credit Card Payment		C	CC006349776	11/20/2024	\$4	,338.54100 1
TOTAL AMOUNT PAID (sum of the above amounts)						
Please check one of the following:						
I paid this account in error and I am entitled to the refund.						
I overpaid this account. Please refund the excess to the address listed in Step 1.						
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):						
4						and the second
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 mixlemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
SIGNATURE OF REC	LEGICR (RI	EQUIRED)	P	RINTED NAME &	Chavez	o versit pody i
	,					/
Approved	Derlied	By:	NH	Date:	11-27:24	
	Who should the refund Name: Eduacdo Address: 1804 City, State, Zip: EDaytime Phone No.: Payment made by: Credit Card Payment I paid this acco I overpaid this I want this payment some paym	Who should the refund be issued to: Name: Eduacdo Charles Address: 1804 Rosa City, State, Zip: Rosa Daytime Phone No.: (15) 497 Payment made by: Credit Card Payment TOTAL AM Please check one of the following: I paid this account in error and I overpaid this account. Pleas I want this payment applied to This payment should have been By signing below, I hereby apply for have given on this form is true and coguilty of a Class A mislemeanor or SIGNATURE OF REQUEST RANGE.	Who should the refund be issued to: Name: Eduacdo Chavez Address: 1804 Rosa Coad City, State, Zip: Roso Ty Daytime Phone No.: (115) 497-2181 Payment made by: Credit Card Payment I paid this account in error and I am entire I overpaid this account. Please refund the I want this payment applied to next year This payment should have been applied By signing below, I hereby apply for the refund have given on this form is true and correct. (If guilty of a Class A mistemeanor or a state jail of the state of the stat	Who should the refund be issued to: Name: Eduacdo Chara City, State, Zip: Paso, Ty 1993 Daytime Phone No.: (15) 491-2181 Payment made by: Check No. Credit Card Payment CC006349776 TOTAL AMOUNT PAID (sum of the Please check one of the following: I paid this account in error and I am entitled to the refundant this payment applied to next year's taxes. This payment should have been applied to other tax accounts and the payment applied to other tax accounts are payment applied to other tax accounts and the payment applied to other tax accounts and the payment applied to other tax accounts are payment applied to other tax accounts and the payment applied to other tax accounts are payment applied to account applied to the payment applied to account applied to a	Who should the refund be issued to: Name: Eduacdo Chavez Address: 1004 Rosa Conta Way City, State, Zip: Elemon Tymogab Daytime Phone No.: (115) 497-2181 E-Mail Address Payment made by: Check No. Date Paid Credit Card Payment CC006349776 11/20/2024 TOTAL AMOUNT PAID (sum of the above amounts Please check one of the following: I paid this account in error and I am entitled to the refund. I overpaid this account. Please refund the excess to the address listed in S I want this payment applied to next year's taxes. This payment should have been applied to other tax account(s) and/or year By signing below, I hereby apply for the refund of the above-described taxes and have given on this form is true and correct. (If you make a false statement on this guilty of a Class A mistemenaror or a state jail felony under the Texas Penal Coctor of the Council of the C	Who should the refund be issued to: Name: Eduacio Chara Address: 1804 Rosa Coda Way City, State, Zip: Repair Ty 1993 E-Mail Address 1992 Amount Payment made by: Credit Card Payment CC006349776 11/20/2024 S4 TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following: I paid this account in error and I am entitled to the refund. I overpaid this account. Please refund the excess to the address listed in Step 1. 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 that the payment applied to the refund of the above-described taxes and certify that the inflave given on this form is true and correct. (If you make a false statement on this application, you guilty of a Class A maternation or a state jail felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUEST Re(REQUIRED) PRINTED NAME & DATE Total Address 1942 - Coda Amount P. E-Mail Address 1942 - Co