

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

AGENDA DATE: August 3, 2021

PUBLIC HEARING DATE: N/A

CONTACT PERSON(S) NAME AND PHONE NUMBER: Maria O. Pasillas, (915) 212-1737

DISTRICT(S) AFFECTED: All

STRATEGIC GOAL: Goal 6 – Set the Standard for Sound Governance and Fiscal Management

SUBGOAL: 6.11 Provide efficient and effective services to taxpayers

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

That the tax refunds listed on the attachment posted with this agenda be approved. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments exceeding the three (3) year limit. (See Attachment B)

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Approve property tax overpayment refunds exceeding the statutory three (3) year limit, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? X YES NO

PRIMARY DEPARTMENT: Tax Office

SECONDARY DEPARTMENT: N/A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:

Sheryl R. Mack for Maria O. Pasillas

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

TAX REFUNDS OVER THREE (3) YEARS
August 3, 2021

1. Yolanda Martinez, in the amount of \$16.61, made an overpayment on March 08, 2017 of 2016 taxes.
(Geo. # 2002-000-2249-0059)
2. Lilia J. Hidalgo-Almonte, in the amount of \$25.00, made an overpayment on January 31, 2018 of 2017 taxes.
(Geo. #G686-999-0590-2200)
3. Irma Y. Pineda, in the amount of \$75.69, made an overpayment on April 30, 2018 of 2017 taxes.
(Geo. # R433-999-0010-3700)
4. Luis C. Saenz, in the amount of \$19.81, made an overpayment on January 19, 2017 of 2016 taxes.
(Geo. #L217-999-007E-2900)
5. Younis Revocable Trust, in the amount of \$20.00, made an overpayment on November 20, 2017 of 2017 taxes.
(Geo. #L447-999-0400-5100)
6. Leon Insurance, in the amount of \$22.29, made an overpayment on March 7, 2017 of 2016 taxes.
(Geo. #0602-999-1022-2334)
7. Leon Insurance, in the amount of \$29.18, made an overpayment on February 28, 2018 of 2017 taxes.
(Geo. #0602-999-1022-2334)
8. Sergio Pedraza, in the amount of \$58.01, made an overpayment on January 30, 2018 of 2017 taxes.
(Geo. #08SS-000-1083-6059)
9. Chaf's Auto Sales Inc., in the amount of \$97.87, made an overpayment on January 23, 2017 of 2016 taxes.
(Geo. #1994-999-1803-0042)
10. Royal Cup Inc., in the amount of \$9.27, made an overpayment on April 16, 2018 of 2017 taxes.
(Geo. #2003-999-3873-0042)

11. Lone Star Title Company, in the amount of \$23.32, made an overpayment on July 31, 2017 of 2016 taxes.
(Geo. #C849-999-0220-7100)
12. Lone Star Title Company, in the amount of \$93.00 made an overpayment on July 31, 2017 of 2016 taxes.
(Geo. #E275-000-0100-0260)
13. PTS Texas Title, in the amount of \$100.00, made an overpayment on December 13, 2016 of 2016 taxes.
(Geo. #P586-999-0150-0100)
14. Lone Star Title Company, in the amount of \$193.09, made an overpayment on May 1, 2017 of 2016 taxes.
(Geo. #P656-999-0050-0500)
15. Lone Star Title Co., in the amount of \$93.88, made an overpayment on November 13, 2017 of 2017 taxes.
(Geo. #T109-999-0010-4400)
16. Lone Star Title Co., in the amount of \$98.09, made an overpayment on February 28, 2018 of 2017 taxes.
(Geo. #X091-999-000B-4100)

Laura D. Prine
City Clerk


Maria O. Pasillas, RTA
Tax Assessor Collector



Internal Audit Office

MAYOR
Oscar Leoser

DATE: July 12, 2021

CITY COUNCIL

TO: Maria O. Pasillas, Tax Assessor/Collector

District 1
Peter Svarzbein

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor 

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

District 2
Alexsandra Annello

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

District 3
Cassandra Hernandez

District 4
Joe Molinar

The following Tax Overpayment Refunds that exceeded a three-year period were reviewed:

District 5
Isabel Salcido

YOLANDA MARTINEZ	2002-000-2249-0059	\$16.61
LILIA HIDALGO	G686-999-0590-2200	\$25.00
IRMA PINEDA	R433-999-0010-3700	\$75.69
LUIS SAENZ	L217-999-007E-2900	\$19.81

District 6
Claudia L. Rodriguez

District 7
Henry Rivera

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 1 to 3 days to process the applications received and send for review.

District 8
Cissy Lizarraga

Based on our review, the Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

CITY MANAGER
Tommy Gonzalez

cc: Tomas Gonzalez, City Manager
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

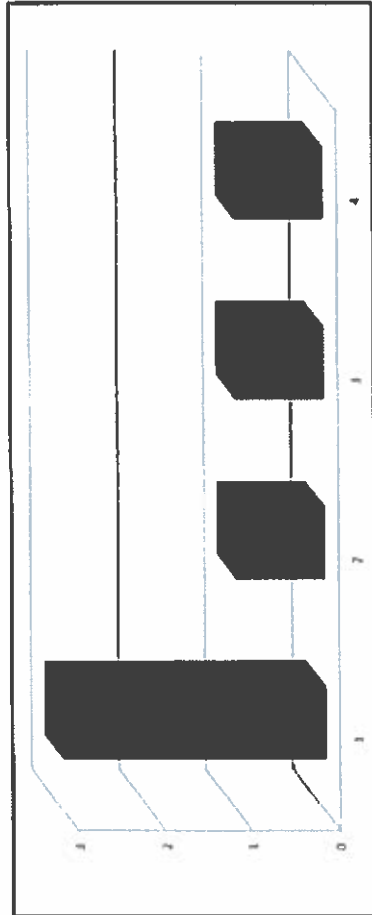
Edmundo S. Calderon – Chief Internal Auditor
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso
 Internal Audit Office
 Tax Office Refund Project
 Week of 07/05/2021 Reviews - Over Three Years

Rank	Refund No.	P.I.D. Number	Amount of Refund	Date Application was Received	Date of Proof of Payment was Received in the Tax Office	Date Application was approved by the Tax Office	Date Tax Office Sent to Internal Audit for Review	7 weeks Days from Date Proof of Payment to Date Received by Refund	Date Internal Audit Reviewed Application	Comments
1	YOLANDA MARTINEZ	2002-000-2249-0059	\$16.61	7/6/2021	7/6/2021	7/8/2021	7/9/2021	3	7/12/2021	
2	LILIA J. HIDALGO	6686-999-0590-2100	\$25.00	7/8/2021	7/8/2021	7/8/2021	7/9/2021	1	7/12/2021	
3	IRMA PINEDA	R433-999-0010-3700	\$75.69	7/8/2021	7/8/2021	7/8/2021	7/9/2021	1	7/12/2021	
4	LUIS SAENZ	1217-999-007E-2900	\$19.81	7/8/2021	7/8/2021	7/8/2021	7/9/2021	1	7/12/2021	
			\$137.11							

Legend
 0-30 Days
 31-60 Days
 61-90 Days





Internal Audit Office

MAYOR
Oscar Leeser

DATE: July 9, 2021

CITY COUNCIL

TO: Maria O. Pasillas, Tax Assessor/Collector

District 1
Peter Svarzbein

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor 

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

District 2
Alexsandra Anello

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement’s potential to improve management of risks, add value, and/or improve the organization’s operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

District 3
Cassandra Hernandez

District 4
Joe Molinar

The following Tax Overpayment Refunds that exceeded a three-year period were reviewed:

District 5
Isabel Salcido

YOUNIS REVOCABLE TRUST	L447-999-0400-5100	\$20.00
LEON INSURANCE	0602-999-1022-2334	\$22.29
LEON INSURANCE	0602-999-1022-2334	\$29.18
SERGIO PEDRAZA	08SS-000-1083-6059	\$58.01
CHAFS AUTO SALES INC	1994-999-1803-0042	\$97.87
ROYAL CUP INC	2003-999-3873-0042	\$9.27
LONE STAR TITLE COMPANY	C849-999-0220-7100	\$23.32
LONE STAR TITLE COMPANY	E275-000-0100-0260	\$93.00
PTS TEXAS TITLE	P586-999-0150-0100	\$100.00
LONE STAR TITLE	P656-999-0050-0500	\$193.09
LONE STAR TITLE	T109-999-0010-4400	\$93.88
LONE STAR TITLE	X091-999-000B-4100	\$98.09

District 6
Claudia L. Rodriguez

District 7
Henry Rivera

District 8
Cissy Lizarraga

CITY MANAGER
Tommy Gonzalez

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 5 to 13 days to process the applications received and send for review.

Based on our review, the Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

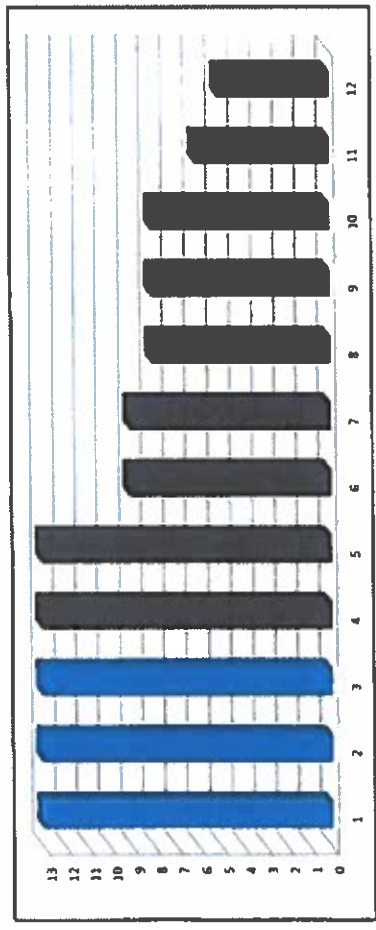
Edmundo S. Calderon – Chief Internal Auditor
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso
Internal Audit Office
Tax Office Refund Project
Week of 6/7/2021 Reviews-Over Three Years

Refund Tr.	P.I.D. Number	Amount of Refund	Date Application was Received	Date of Proof of Payment was Received in the Tax Office	Date Application was approved by the Tax Office	Dear Tax Office Sent to Internal Audit for Review	Total Days from Date Proof of Payment to Date Asked to be Reviewed	Date Internal Audit Reviewed Application	Comments	
1	849-999-0220-7100	\$33.32	6/23/2021	6/24/2021	7/6/2021	7/7/2021	13	6/27/2021		
2	75-000-0100-0260	\$93.00	6/23/2021	6/24/2021	6/29/2021	7/7/2021	13	6/28/2021		
3	656-999-0050-0500	\$193.09	6/23/2021	6/24/2021	6/29/2021	7/7/2021	13	6/30/2021		
4	109-999-0010-1400	\$93.88	6/23/2021	6/24/2021	6/29/2021	7/7/2021	13	7/1/2021		
5	091-999-0008-4100	\$98.09	6/23/2021	6/24/2021	6/29/2021	7/7/2021	13	7/2/2021		
6	855-000-1081-6059	\$58.01	6/23/2021	6/28/2021	6/30/2021	7/7/2021	9	6/24/2021		
7	999-999-1803-0042	\$97.87	6/15/2021	6/29/2021	7/1/2021	7/7/2021	8	6/25/2021		
8	602-999-1022-2334	\$29.18	6/23/2021	6/29/2021	7/1/2021	7/7/2021	8	6/23/2021		
9	602-999-1022-2334	\$29.18	6/23/2021	6/29/2021	7/1/2021	7/7/2021	8	6/23/2021		
10	003-999-3873-0042	\$9.27	6/23/2021	6/29/2021	7/1/2021	7/7/2021	8	6/26/2021		
11	447-999-0400-5100	\$30.00	7/1/2021	7/1/2021	7/7/2021	7/7/2021	6	6/21/2021		
12	586-999-0150-0100	\$100.00	6/24/2021	7/2/2021	7/2/2021	7/7/2021	5	6/29/2021		
		\$818.00								

Legend
■ 11-20 Days
■ 01-10 Days



RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Yolanda Martinez (“Taxpayer”) has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 08, 2017 in the amount of \$16.61 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Yolanda Martinez showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$16.61 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wald N. Vizcarra

APPROVED AS TO CONTENT:

Sheryl K. Mack for Maria O. Rosillas

Wendi N. Vineyard
Assistant City Attorney

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 www.elpasotexas.gov/tax-office

TAX OFFICE
RECEIVED
JUL 06 2021

MARTINEZ YOLANDA
PO BOX 1732
SAN ELIZARIO, TX 79849

R + 3yrs

Geo No. 2002-000-2249-0059	Prop ID 505429
Legal Description of the Property INV FF 896 S HORIZON BLVD	
OWNER: OSCAR'S BARBER SHOP	
2016 OVERAGE AMOUNT \$16.61	

4: CITY OF SOCORRO. 6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE. 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 9: SOCORRO ISD. 25: LWR VALLEY WTR DISTRICT. 27: EMERG. SERVICES DIST. #2

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: <i>YOLANDA MARTINEZ</i>			
	Address: <i>896 HORIZON BLVD</i>			
	City, State, Zip: <i>SOCORRO TX 79927</i>		Daytime Phone No.: <i>915/626-7840</i>	
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
		<i>0000115405</i>	<i>3/8/17</i>	<i>\$97.24</i>
	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.			
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>Yolanda Martinez</i>		PRINTED NAME & DATE <i>YOLANDA MARTINEZ</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>07/08/2021</i>

Notes

Go To:

LUZR
ACT80122 v1.90

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A03081779	200200022490059				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EB0106211000	01/06/2021	45798869	43615	CH	\$105.97	\$105.97	PA	200200022490059	OSCAR'S BARBER SHOF
	A12241981	12/24/2019	42398061	0000115775	CH	\$105.69	\$105.69	PA	200200022490059	25426426-MARTINEZ YOL
	A11201865	11/20/2018	38970521	0000115654	CH	\$80.24	\$80.24	PA	200200022490059	OSCAR'S BARBER SHOF
	A01101865	01/10/2018	36889144	115526	CH	\$85.56	\$85.56	PA	200200022490059	OSCAR'S BARBER SHOF
	A03081779	03/08/2017	35037142	0000115405	CH	\$97.24	\$80.63	PA	200200022490059	25426426-MARTINEZ YOL
	A03081779	03/08/2017	35037142	0000115405	CH	\$97.24	\$16.61	LG	200200022490059	25426426-MARTINEZ YOL
	A01271676	01/27/2016	31296570		CA	\$100.00	\$64.12	PA	200200022490059	OSCAR'S BARBER SHOF
	A01051448	01/05/2015	27653390		CA	\$2120.00	\$50.06	AA	200200022490059	OSCAR'S BARBER SHOF
	A03181469	03/18/2014	26023889	2626	CH	\$55.23	\$55.23	PA	200200022490059	OSCAR'S BARBER SHOF
	A03071354	02/28/2013	23216939	2543	CH	\$58.29	\$58.29	PA	200200022490059	OSCAR'S BARBER SHOF
*	X0130122010	01/30/2012	20245049	02464	CH	\$67.40	\$42.21	PA	200200022490059	OSCAR'S BARBER SHOF
*	X0106111000	01/06/2011	17470934	02347	CH	\$38.44	\$38.44	PA	200200022490059	OSCAR'S BARBER SHOF

Applied Total \$2,176.74

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Lilia J. Hidalgo-Almonte through Lilia J. Hidalgo (“Taxpayer”) has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on January 31, 2018 in the amount of \$25.00 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Lilia J. Hidalgo showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$25.00 is approved.

APPROVED this _____ day of _____ 2021.

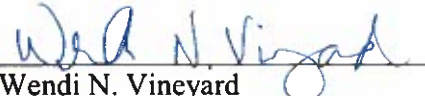
CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:


Laura D. Prine
City Clerk

APPROVED AS TO FORM:



Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:



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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUL 08 2021

HIDALGO LILIA J
 3617 IDALIA AVE
 EL PASO, TX 79930-5417

[Handwritten signature]

Geo No. G686-999-0590-2200	Prop ID 283393
Legal Description of the Property 59 GRANDVIEW 8 & 9 (6000 SQ FT)	
3617 IDALIA AVE 79930	
OWNER: HIDALGO LILIA J	

2017 OVERAGE AMOUNT \$25.00

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

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: <u>Lilia J. Hidalgo-Almonte</u>			
	Address: <u>529 Delaney</u>			
	City, State, Zip: <u>El Paso, TX 79938</u>			
Daytime Phone No.: <u>915-494-0594</u>		E-Mail Address:		
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
	<u>Check # 5313</u>	<u>03520</u>	<u>1/31/18</u>	<u>\$1,296.57</u>
	<u>deposited to checking acct</u>			
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)		PRINTED NAME & DATE	
<u>Lilia J. Hidalgo-Almonte</u>		<u>Lilia J. Hidalgo-Almonte</u>		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>07/08/2021</u>

Notes

Go To:

LUZR
ACT80122 v1.90

ACCOUNT NO (G68699905902200): PAID PAYMENT AGREEMENT #67952. BEGIN DATE: 04/30/2011,
END DATE: 01/31/2012. MONTHLY PAYMENT AMOUNT: \$207.69. NO OF ACCTS: 1

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
T02011840003	G68699905902200				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A02082195	02/01/2021	46851154	5084	CH	\$2,121.83	\$2,121.83	PA	G68699905902200	29513287-ALMONTE ARTI
	A02282092	02/28/2020	43819872		CA	\$2,301.66	\$2,241.66	PA	G68699905902200	HIDALGO LILIA J
	A02281986	02/28/2019	40854234	589	CH	\$2,061.70	\$2,061.70	PA	G68699905902200	HIDALGO LILIA J
	RC210708	01/31/2018	37638578	03520	CH	\$25.00	\$25.00	TR	G68699905902200	29911643-HIDALGO-ALMC
	RC210708	01/31/2018	37638578	03520	CH	\$25.00	\$25.00	TR	G68699905902200	HIDALGO LILIA J
*	T02011840003	01/31/2018	37638578	03520	CH	\$1,296.57	\$1,271.57	PA	G68699905902200	HIDALGO LILIA J
*	T02011840003	01/31/2018	37638578	03520	CH	\$1,296.57	\$25.00	LG	G68699905902200	HIDALGO LILIA J
	A10121765	10/12/2017	35715546	527699276	CH	\$25.00	\$25.00	PA	G68699905902200	HIDALGO LILIA J
	R92017	10/06/2017	35588657	516490468	CH	\$0.00	\$0.00	TR	G68699905902200	HIDALGO LILIA J
	R92017	10/06/2017	35423989	507330085	CH	\$0.00	\$0.00	TR	G68699905902200	HIDALGO LILIA J
	R92017	10/06/2017	35355516	504817344	CH	\$0.00	\$0.00	TR	G68699905902200	HIDALGO LILIA J
	R92017	10/06/2017	35232031	498541489	CH	\$0.00	\$0.00	TR	G68699905902200	HIDALGO LILIA J

Applied Total \$43,778.73

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Reymundo Gallardo and Irma Y. Pineda (“Taxpayer”) has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on April 30, 2018 in the amount of \$75.69 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Reymundo Gallardo and Irma Y. Pineda showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$75.69 is approved.

APPROVED this _____ day of _____ 2021.


CITY OF EL PASO:

Oscar Leoser
Mayor

ATTEST:


Laura D. Prine
City Clerk

APPROVED AS TO FORM:



Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:



Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED
JUL 08 2021

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 www.elpasotexas.gov/tax-office

Geo No. R433-999-0010-3700	Prop ID 53169
Legal Description of the Property RICHLAND GARDENS S 1/2 OF TR 19 (0.241 AC) 421 GRACE PL	
OWNER: GALLARDO REYMUENDO	

GALLARDO REYMUENDO
PINEDA IRMA Y
421 GRACE PL
EL PASO, TX 79915-3023

OP
x34ybs

2017 OVERAGE AMOUNT \$75.69

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:	Irma Pineda		
	Address:	421 Grace PL		
	City, State, Zip:	EL PASO TX 79915		
	Daytime Phone No.:	256-6161	E-Mail Address:	
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
		9327038369	4/30/18	\$470.00
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 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		
	<i>Irma Pineda</i>	Irma Pineda		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 07/08/2021

Notes

Go To :

LUZR
ACT80122 v1.90

ACCOUNT NO (R43399900103700)- PAID RESIDENTIAL PAYMENT AGREEMENT #88399. BEGIN DATE: 05/31/2017. END DATE: 04/30/2018. MONTHLY PAYMENT AMOUNT: \$466.46. YEARS: 2013,2014,2015.

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.						
A05021881	R43399900103700										
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	A03312195	03/31/2021	47214593	R209804622170	CH	\$110 00	\$110 00	PA	R43399900103700	GALLARDO REYMUNDO	
	A03312195	03/31/2021	47214592	R209804622160	CH	\$1,000 00	\$1,000 00	PA	R43399900103700	GALLARDO REYMUNDO	
	O020121243	02/01/2021	46766321		CA	\$1,200 00	\$1,200 00	PA	R43399900103700	29478163-GALLARDO RE	
	A05212075	05/21/2020	44195035	19-109320247	CH	\$380 00	\$380 00	PA	R43399900103700	GALLARDO REYMUNDO	
	R9202067	05/21/2020	44195035	19-109320247	CH	\$0 00	\$0 00	TR	R43399900103700	GALLARDO REYMUNDO	
	B04012081	03/31/2020	44010300	R208911580108	CH	\$400 00	\$400 00	PA	R43399900103700	GALLARDO REYMUNDO	
	A02062079	02/06/2020	43639839		CA	\$400 00	\$400 00	PA	R43399900103700	GALLARDO REYMUNDO	
	A01282079	01/28/2020	43270731		CA	\$1,100 00	\$1,100 00	PA	R43399900103700	GALLARDO REYMUNDO	
	O121218242	12/12/2018	39287099		CH	\$2,099 84	\$2,099 84	PA	R43399900103700	26758390-GALLARDO RE	
	A05021881	04/30/2018	38210216	9327038369	CH	\$470 00	\$75 69	LG	R43399900103700	GALLARDO REYMUNDO	
	A05021881	04/30/2018	38210216	9327038369	CH	\$470 00	\$394 31	PA	R43399900103700	GALLARDO REYMUNDO	
	A03301884	03/30/2018	38082328	9339026211	CH	\$470 00	\$470 00	PA	R43399900103700	GALLARDO REYMUNDO	
Applied Total								\$39,441 52			

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Luis C. Saenz ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 19, 2017 in the amount of \$19.81 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Luis C. Saenz showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$19.81 is approved.

APPROVED this _____ day of _____, 2021.

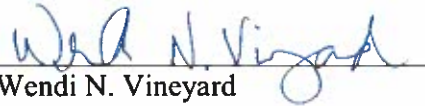
CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

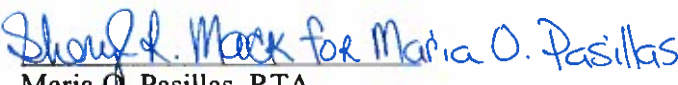
Laura D. Prine
City Clerk

APPROVED AS TO FORM:



Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:



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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUL 08 2021

SAENZ LUIS C
 9356 CANNES CIR
 EL PASO, TX 79907-3435

*OP
 + 3 yrs*

Geo No. L217-999-007E-2900	Prop ID 190137
Legal Description of the Property 7-E LE BARRON PARK REPLAT C LOT 15 9356 CANNES CIR 79907	
OWNER: SAENZ LUIS C	

2016 OVERAGE AMOUNT \$19.81

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: Luis C. Saenz			
	Address: 9356 Cannes Cir			
	City, State, Zip: El Paso Tx 79907			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915-257-7748		E-Mail Address: lcsaenz7@yahoo.com	
	Payment made by: Check No. Date Paid Amount Paid			
	24299904385 1/19/17 \$260.00			
	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 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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	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.)			
<i>June 7/16/21</i>	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<i>Luis Saenz</i>		Luis Saenz	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>07/08/2021</i>

Notes

Go To:

LUZR
ACT80122 v1.90

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A01191775	L217999007E2900				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	EC01042198	01/03/2021	45676460	CC003362916	EC	\$925 89	\$925 89	PA	L217999007E2900	29036555-LUIS CESAR S/	
	EC01212098	01/18/2020	43047700	CC002782059	EC	\$926 73	\$926 73	PA	L217999007E2900	27971112-DANIEL R SAEI	
	EC05281998	05/24/2019	41247835	CC002514494	EC	\$779 21	\$779 21	PA	L217999007E2900	27412258-DANIEL SAENZ	
	A03261986	03/26/2019	41001596	2228	CH	\$210 00	\$210 00	PA	L217999007E2900	SAENZ LUIS C	
	A09041865	08/30/2018	38588626	25297353990	CH	\$132 76	\$132 76	PA	L217999007E2900	SAENZ LUIS C	
	A04191881	04/19/2018	38169708	25040330548	CH	\$333 34	\$333 34	PA	L217999007E2900	SAENZ LUIS C	
	A01241883	01/24/2018	37191118	25053200752	CH	\$333 34	\$333 34	PA	L217999007E2900	SAENZ LUIS C	
	A01191775	01/19/2017	34117399	24299904385	CH	\$260 00	\$19 81	LG	L217999007E2900	SAENZ LUIS C	
	A01191775	01/19/2017	34117399	24299904385	CH	\$260 00	\$240 19	PA	L217999007E2900	SAENZ LUIS C	
*	X1215161004	12/15/2016	33373346	17028	CH	\$260 00	\$260 00	PA	L217999007E2900	SAENZ LUIS C	
	A11081679	11/08/2016	32895841	24199904474	CH	\$260 00	\$260 00	PA	L217999007E2900	SAENZ LUIS C	
	A06061665	06/06/2016	32345626		CA	\$390 00	\$384 50	PA	L217999007E2900	SAENZ LUIS C	
Applied Total								\$23 195 19			

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Younis Revocable Trust (“Taxpayer”) has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on November 20, 2017 in the amount of \$20.00 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Younis Revocable Trust showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$20.00 is approved.

APPROVED this _____ day of _____ 2021.

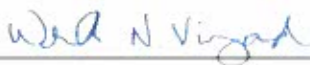
CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:


Laura D. Prine
City Clerk

APPROVED AS TO FORM:



Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:



Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED

JUL 01 2021

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 www.elpasotexas.gov/tax-office

Geo No. L447-999-0400-5100	Prop ID 317893
Legal Description of the Property 40 LOGAN HEIGHTS 19 & 20 (6000 SQ FT) 4024 FLORY AVE	
OWNER YOUNIS REVOCABLE TRUST	

YOUNIS REVOCABLE TRUST
PO BOX 1291
ALTO, NM 88312-1291

OP / 134yes

2017 OVERAGE AMOUNT \$20.00

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

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			
	Address:			
	City, State, Zip:			
	Daytime Phone No.:		E-Mail Address:	
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
		4486	11/20/17	\$2,480.61
	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 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	
	<i>[Signature]</i>		TRUSTEE MARIA PASILLAS G. YOUNIS	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 07/07/21

LUZR 07/26/2021 18:37:15
 ACT80122 v1.90 ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A11201775	L44799904005100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
*	T12102000004	12/10/2020	45223903	05912	CH	\$2,308.19	\$2,308.19	PA	L44799904005100	YOUNIS REVOCABLE TR
*	T11121900003	11/12/2019	41864716	05421	CH	\$2,272.19	\$2,272.19	PA	L44799904005100	YOUNIS REVOCABLE TR
	A12191865	12/19/2018	39356187	4983	CH	\$4,130.72	\$2,212.90	PA	L44799904005100	YOUNIS REVOCABLE TR
	A11201775	11/20/2017	36019066	4486	CH	\$2,480.61	\$20.00	LG	L44799904005100	YOUNIS REVOCABLE TR
	A11201775	11/20/2017	36019066	4486	CH	\$2,480.61	\$2,460.61	PA	L44799904005100	YOUNIS REVOCABLE TR
	A01041778	01/04/2017	33736436	4070	CH	\$2,341.74	\$2,341.74	PA	L44799904005100	YOUNIS REVOCABLE TR
	A01201623	01/20/2016	31052971	3638	CH	\$2,304.49	\$2,304.49	PA	L44799904005100	20393554-YOUNIS REVOC
	A12011472	11/30/2014	27067225	3080	CH	\$2,274.87	\$2,274.87	PA	L44799904005100	YOUNIS REVOCABLE TR
	A12241354	12/24/2013	24525622	2619	CH	\$2,232.44	\$2,232.44	PA	L44799904005100	YOUNIS REVOCABLE TR
*	X0110131004	01/10/2013	22327394	00575	CH	\$2,168.81	\$2,168.81	PA	L44799904005100	FERNANDEZ JESUS & JL
*	X0130122003	01/30/2012	20244577	00418	CH	\$3,337.79	\$2,130.31	PA	L44799904005100	FERNANDEZ JESUS & JL
*	X0112112000	01/12/2011	17538718	00271	CH	\$2,727.85	\$2,112.97	PA	L44799904005100	FERNANDEZ JESUS & JL

Applied Total \$50,766.60

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Leon Insurance (“Taxpayer”) has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 7, 2017 in the amount of \$22.29 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Leon Insurance showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$22.29 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wendi N. Vineyard

Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED JUN 29 2021

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 www.elpasotexas.gov/tax-office

LEON INSURANCE 5813 E PAISANO DR STE B EL PASO, TX 79925-3309

Handwritten: OP / +34125

Geo No. 0602-999-1022-2334 Prop ID 425752 Legal Description of the Property FLRN CMP MACH 5813 E PAISANO DR-B OWNER: LEON INSURANCE

2016 OVERAGE AMOUNT \$22.29

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

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.

APPLICATION FOR PROPERTY TAX REFUND:

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

Form with 4 steps: 1. Identify the refund recipient, 2. Provide payment information, 3. Provide reason for this refund, 4. Sign the form. Includes handwritten entries for check number 2640, date 3/7/17, amount 124.59, and signature of Jorge Leon dated 6/25/21.

Notes

Go To :

LUZR
ACT80122 v1.90

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A03071778	060299910222334				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12232075	12/23/2020	45432862	560	CH	\$158.22	\$158.22	PA	060299910222334	28950572-LEON GUADAL
	R80093020MP	09/30/2020	29180868	2412	CH	\$72.06	\$72.06	TR	060299910222334	LEON INSURANCE
	R80092920MP	09/29/2020	29180868	2412	CH	\$0.00	\$0.00	TR	060299910222334	LEON INSURANCE
	A04212065	04/21/2020	44082536	3289	CH	\$207.47	\$207.47	PA	060299910222334	LEON INSURANCE
	A11281875	11/28/2018	39047786	2747	CH	\$131.90	\$131.90	PA	060299910222334	LEON INSURANCE
	A03051865	02/28/2018	37933169	2709	CH	\$150.54	\$29.18	LG	060299910222334	LEON INSURANCE
	A03051865	02/28/2018	37933169	2709	CH	\$150.54	\$121.36	PA	060299910222334	LEON INSURANCE
	A03071778	03/07/2017	35032167	2640	CH	\$124.59	\$102.30	PA	060299910222334	LEON INSURANCE
	A03071778	03/07/2017	35032167	2640	CH	\$124.59	\$22.29	LG	060299910222334	LEON INSURANCE
*	X0125161003	01/25/2016	31217726	02520	CH	\$80.29	\$80.29	PA	060299910222334	LEON INSURANCE
	A05111548	05/11/2015	29180868	2412	CH	\$72.06	\$72.06	LG	060299910222334	LEON INSURANCE
*	X1028141009	10/28/2014	26743480	02335	CH	\$62.66	\$62.66	PA	060299910222334	LEON INSURANCE

Applied Total \$1,439.41

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Leon Insurance (“Taxpayer”) has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on February 28, 2018 in the amount of \$29.18 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Leon Insurance showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$29.18 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wendi N. Vineyard

Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED JUN 29 2021

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 www.elpasotexas.gov/tax-office

LEON INSURANCE 7500 VISCOUNT BLVD STE 125 EL PASO, TX 79925-5633

Handwritten: OP / +3345

Geo No. 0602-999-1022-2334 Prop ID 425752 Legal Description of the Property FURN CMP MACH 5813 E PAISANO DR-B OWNER: LEON INSURANCE

2017 OVERAGE AMOUNT \$29.18

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

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. Who should the refund be issued to: Name, Address, City, State, Zip, Daytime Phone No., E-Mail Address. Step 2. Provide payment information. Payment made by: Check No. 2709, Date Paid 2/28/18, Amount Paid 150.54. TOTAL AMOUNT PAID (sum of the above amounts). Step 3. Provide reason for this refund. 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):. Step 4. Sign the form. Signed by Jorge Leon on 6/25/21. TAX OFFICE USE ONLY: Approved, Denied, By: [Signature], Date: 07/01/2021

Notes

Go To:

LUZR
ACT80122 v1.90

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.
 A03051865 060299910222334

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12232075	12/23/2020	45432862	560	CH	\$158 22	\$158 22	PA	060299910222334	28950572-LEON GUADAL
	R80093020MP	09/30/2020	29180868	2412	CH	\$72 06-	\$72 06-	TR	060299910222334	LEON INSURANCE
	R80092920MP	09/29/2020	29180868	2412	CH	\$0 00	\$0 00	TR	060299910222334	LEON INSURANCE
	A04212065	04/21/2020	44082536	3289	CH	\$207 47	\$207 47	PA	060299910222334	LEON INSURANCE
	A11281875	11/28/2018	39047786	2747	CH	\$131 90	\$131 90	PA	060299910222334	LEON INSURANCE
	A03051865	02/28/2018	37933169	2709	CH	\$150 54	\$29 18	LG	060299910222334	LEON INSURANCE
	A03051865	02/28/2018	37933169	2709	CH	\$150 54	\$121 36	PA	060299910222334	LEON INSURANCE
	A03071778	03/07/2017	35032167	2640	CH	\$124 59	\$102 30	PA	060299910222334	LEON INSURANCE
	A03071778	03/07/2017	35032167	2640	CH	\$124 59	\$22 29	LG	060299910222334	LEON INSURANCE
*	X0125161003	01/25/2016	31217726	02520	CH	\$80 29	\$80 29	PA	060299910222334	LEON INSURANCE
	A05111548	05/11/2015	29180868	2412	CH	\$72 06	\$72 06	LG	060299910222334	LEON INSURANCE
*	X1028141009	10/28/2014	26743480	02335	CH	\$62 66	\$62 66	PA	060299910222334	LEON INSURANCE

Applied Total \$1,439.41

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Sergio Pedraza through Sergio's Auto Center C/O Sergio L. Pedraza ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on January 30, 2018 in the amount of \$58.01 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Sergio's Auto Center C/O Sergio L. Pedraza showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$58.01 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wendi N. Vineyard

Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:

Shouf R. Mack for Maria O. Pasillas

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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUN 28 2021

SERGIO'S AUTO CENTER
 C/O SERGIO L PEDRAZA
 10109 N LOOP DR
 SOCORRO, TX 79927-5052

*OT
 +3485*

Geo No. 08SS-000-1083-6059	Prop ID 518074
Legal Description of the Property DEALER MOTOR VEH INV P103438 10109 NORTH LOOP DR	
OWNER: SERGIO'S AUTO CENTER	

2017 OVERAGE AMOUNT **\$58.01** ✓

4. CITY OF SOCORRO. 6. COUNTY OF EL PASO. 7. EL PASO COMMUNITY COLLEGE. 8. UNIVERSITY MEDICAL CENTER OF EL PASO. 9. SOCORRO ISD. 25. LWR VALLEY WTR DISTRICT. 27. EMERG SERVICES DIST #2

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: <i>Sergio Pedraza</i>			
	Address: <i>333 Grambling</i>			
	City, State, Zip: <i>El Paso TX 79907</i>			
	Daytime Phone No: <i>915-240-4036</i>	E-Mail Address:		
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
		<i>377</i>	<i>1/30/18</i>	<i>4084.49</i>
	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.			
<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	
<i>[Signature]</i>		<i>SERGIO PEDRAZA</i> ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i>	Date: <i>6-25-2021</i> ✓	

Notes

Go To :

LUZR
ACT80122 v1.90

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.
 X0131182004 08SS00010836059

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	R030218398	01/31/2018	37523672	00377	CH	\$0 00	\$61 96	TR	08SS00010836059	SERGIO'S AUTO CENTER
	R030218398	01/31/2018	37523672	00377	CH	\$0 00	\$61 96	LG	08SS00010836059	SERGIO'S AUTO CENTER
	R03021898VIT	01/31/2018	37523672		MI	\$0 00	\$58 01	LG	08SS00010836059	400000-COUNTY TAX OFF
	R03021898VIT	01/31/2018	37523672		MI	\$0 00	\$58 01	TR	08SS00010836059	400000-COUNTY TAX OFF
	RC180824	01/31/2018	37523672		MI	\$58 01	\$58 01	TR	08SS00010836059	400000-COUNTY TAX OFF
	RC180824	01/31/2018	37523672		MI	\$58 01	\$58 01	LG	08SS00010836059	SERGIO'S AUTO CENTER
	RC210701	01/31/2018	37523672	00377	CH	\$58 01	\$58 01	TR	08SS00010836059	SERGIO'S AUTO CENTER
	RC210701	01/31/2018	37523672	00377	CH	\$58 01	\$58 01	LG	08SS00010836059	23960827-PEDRAZA SER
*	X0131182004	01/30/2018	37523672	00377	CH	\$4 084 49	\$188 75	PA	082700027330059	SERGIO'S TIRE REPAIR
*	X0131182004	01/30/2018	37523672	00377	CH	\$4 084 49	\$61 96	PA	08SS00010836059	SERGIO'S AUTO CENTER
*	X0131182004	01/30/2018	37523672	00377	CH	\$4 084 49	\$2 059 51	PA	B10000000020015	PEDRAZA SERGIO & MA
*	X0131182004	01/30/2018	37523672	00377	CH	\$4 084 49	\$1 774 27	PA	E88099900801900	PEDRAZA SERGIO & MA

Applied Total \$4 084 49

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Chaf's Auto Sales Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 23, 2017 in the amount of \$97.87 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Chaf's Auto Sales Inc. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$97.87 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wendi N. Vineyard

Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUN 28 2021

CHAFS AUTO SALES INC
 2009 BRUSHY CREEK RD
 ROUND ROCK, TX 78664

*OP
 +3245*

Geo No. 1994-999-1803-0042	Prop ID 485075
Legal Description of the Property DEALER MOTOR VEH INV 10110 MONTANA AVE OWNER: CHAFS ALTO SALES INC	
2016 OVERAGE AMOUNT \$97.87	

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: CHAFS AUTO SALES INC			
	Address: 2009 BRUSHY CREEK RD			
	City, State, Zip: ROUND ROCK, TX 78664			
	Daytime Phone No.: 915 591-3848	E-Mail Address: chaf@chafsautosales.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
		01107	1/23/17	\$218.07
	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.		
	<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		
	<i>Chafic Massaad</i>	Chafic Massaad 6-15-21		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 6/30/21

LUZR 07/26/2021 18:37:15
 ACT80122 v1.90 ACTEP

DEPOSIT **Remittance** Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	P20180001	01/31/2019	40753029	88888	CH	\$5,173,266.47	\$91.58	PA	199499918030042	88888-COUNTY TAX OFFI
	P20184000001	01/31/2018	37801560	88888	CH	\$5,173,530.45	\$108.34	PA	199499918030042	88888-COUNTY TAX OFFI
	P201740001	01/31/2017	34881384	1713	CH	\$4,984,903.08	\$97.87	PA	199499918030042	88888-COUNTY TAX OFFI
	R030217698	01/31/2017	34217631	01107	CH	\$0.00	\$120.20	TR	199499918030042	CHAF'S AUTO SALES INC
	R030217698	01/31/2017	34217631	01107	CH	\$0.00	\$120.20	LG	199499918030042	CHAF'S AUTO SALES INC
	R030117698	01/23/2017	34217631	01107	CH	\$0.00	\$218.07	LG	199499918030042	CHAF'S AUTO SALES INC
	R030117698	01/23/2017	34217631	01107	CH	\$0.00	\$218.07	TR	199499918030042	CHAF'S AUTO SALES INC
	RC190604	01/23/2017	34217631	01107	CH	\$97.87	\$97.87	LG	199499918030042	27426650-CHAFS AUTO S
	RC190604	01/23/2017	34217631	01107	CH	\$97.87	\$97.87	TR	199499918030042	CHAF'S AUTO SALES INC
	X0123171007	01/23/2017	34217631	01107	CH	\$218.07	\$218.07	PA	199499918030042	CHAF'S AUTO SALES INC
	P201640001	01/31/2016	31792814	88888	CH	\$4,619,874.73	\$204.08	PA	199499918030042	88888-COUNTY TAX OFFI
	R030216598	01/31/2016	31763108	01002	CH	\$0.00	\$840.95	TR	199499918030042	CHAF'S AUTO SALES INC

Applied Total

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Royal Cup Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on April 16, 2018 in the amount of \$9.27 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Royal Cup Inc. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$9.27 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wend N. Vizcarra

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

Wendi N. Vineyard
Assistant City Attorney

Maria O. Pasillas, RTA
Tax Assessor/Collector

Vendor # 29661



TAX OFFICE RECEIVED JUN 29 2021

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 www.elpasotexas.gov/tax-office

ROYAL CUP INC PO BOX 170971 BIRMINGHAM, AL 35217-0971

OP 3yr ✓

Geo No. 2003-999-3873-0042 Prop ID 510495 Legal Description of the Property LEASED MACH IN TDC 42 MISC FILE NO. 42 OWNER: ROYAL CUP INC

2017 OVERAGE AMOUNT \$9.27

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.

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. Step 2. Provide payment information. Step 3. Provide reason for this refund. Step 4. Sign the form. Includes fields for Name, Address, City, State, Zip, Daytime Phone No., E-Mail Address, Payment made by, Check No., Date Paid, Amount Paid, and Signature of Requestor.

Notes

Go To :

LUZR
ACT80122 v1.90

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A04161865	200399938730042				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A02252179	02/25/2021	46974585	1489191	CH	\$1,252.40	\$413.27	AA	200399938730042	ROYAL CUP INC
	T02052000005	01/31/2020	43636610	81335	CH	\$1,049.76	\$341.18	PA	200399938730042	ROYAL CUP INC
	T01221900009	01/22/2019	40155392	66885	CH	\$959.88	\$350.65	PA	200399938730042	ROYAL CUP INC
	A04161865	04/16/2018	38159141	1456051	CH	\$16.81	\$9.27	LG	200399938730042	ROYAL CUP INC
	A04161865	04/16/2018	38159141	1456051	CH	\$16.81	\$0.01	AA	200399938730042	ROYAL CUP INC
	A02151884	02/15/2018	37813224	1453632	CH	\$922.71	\$318.29	AA	200399938730042	ROYAL CUP INC
	X0130172011	01/30/2017	34479254	34957	CH	\$635.28	\$250.40	PA	200399938730042	ROYAL CUP INC
	X0201162003	02/01/2016	31505902	11373	CH	\$616.39	\$237.31	PA	200399938730042	ROYAL CUP INC
	X0121152004	01/21/2015	28081343	85198	CH	\$789.76	\$237.19	PA	200399938730042	ROYAL CUP INC
	X0128142002	01/28/2014	25351914	56407	CH	\$681.92	\$204.13	PA	200399938730042	ROYAL CUP INC
	X0204132021	01/31/2013	22959274	27881	CH	\$753.79	\$232.28	PA	200399938730042	ROYAL CUP INC
	X0201122002	01/31/2012	20344001	98682	CH	\$831.74	\$280.29	PA	200399938730042	ROYAL CUP INC
Applied Total							\$4,652.57			

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Lone Star Title Company (“Taxpayer”) has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on July 31, 2017 in the amount of \$23.32 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer’s application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Lone Star Title Company showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$23.32 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leoser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wald N. Vizcarra

APPROVED AS TO CONTENT:

Shayla R Mack for Maria O. Pasillas

Wendi N. Vineyard
Assistant City Attorney

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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUN 24 2021

LONE STAR TITLE CO
 6701 N MESA
 EL PASO, TX 79912

Handwritten: P
 X-33125

Geo No. C849-999-0220-7100	Prop ID 83296
Legal Description of the Property 22 COTTON 27 TO 29 (9000 SQ FT) 2108 GRANT AVE	
OWNER: GUTIERREZ EDUARDO JR & LUCERO JOHANNA S	

2016 OVERAGE AMOUNT **\$23.32**

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

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: <u>Lone Star Title Company</u>			
	Address: <u>1368 N. Zaragoza, Suite J</u>			
	City, State, Zip: <u>El Paso, TX 79936</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>915-295-4448</u>		E-Mail Address: <u>jfernandez@lonestar.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	<u>Lone Star Title</u>	<u>23294</u>	<u>7/31/17</u>	<u>\$2,775.10</u>
	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.		
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	
<u>Joe Fernandez</u>		<u>Joe Fernandez 6/23/2021</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				By: <u>[Signature]</u> Date: <u>07/16/21</u>

Notes 07/26/2021 18:37:15 ACTEP

LUZR ACCOUNT NO (C84999902207100): PAID PAYMENT AGREEMENT #87412. BEGIN DATE: 04/15/2017. END DATE: 01/15/2018. MONTHLY PAYMENT AMOUNT: \$1,209.51. YEARS: 2016, NO OF ACCTS: 4

ACT80122 v1.90

DEPOSIT **Remittance** Detail Summary

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
B08011765	C84999902207100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M20800000001	12/15/2020	45278757	201214123540	EF	241,485,823.54	\$5,010.59	PA	C84999902207100	800000-CORELOGIC
	M19800000001	12/16/2019	42270898	191213175283	EF	220,479,351.04	\$4,938.72	PA	C84999902207100	800000-CORELOGIC
	M18800000001	12/14/2018	39295991	181213099087	EF	198,523,744.87	\$4,794.60	PA	C84999902207100	800000-CORELOGIC
	M17RE1800001	12/18/2017	36356004	171215192214	EF	232,569,225.62	\$4,653.60	PA	C84999902207100	800000-CORELOGIC
	B08011765	07/31/2017	35581180	23294	CH	\$2,775.10	\$2,751.78	PA	C84999902207100	22530840-LONE STAR TIT
	B08011765	07/31/2017	35581180	23294	CH	\$2,775.10	\$23.32	LG	C84999902207100	22530840-LONE STAR TIT
	RC210629	07/31/2017	35581180	23294	CH	\$23.32	\$23.32	TR	C84999902207100	22530840-LONE STAR TIT
	RC210629	07/31/2017	35581180	23294	CH	\$23.32	\$23.32	LG	C84999902207100	22475302-LONE STAR TIT
	A07131741	07/13/2017	35521720		CA	\$1,220.00	\$472.14	AA	C84999902207100	VILLAGRANA ALFONSO .
	A06151778	06/15/2017	35445615		CA	\$1,220.00	\$472.14	AA	C84999902207100	VILLAGRANA ALFONSO .
	A05151777	05/15/2017	35323063		CA	\$1,220.00	\$472.14	AA	C84999902207100	VILLAGRANA ALFONSO .
	A04111777	04/11/2017	35219672		CA	\$1,210.00	\$472.14	AA	C84999902207100	VILLAGRANA ALFONSO .

Applied Total \$75,507.50

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Lone Star Title Company through Lone Star Title Company of El Paso ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on July 31, 2017 in the amount of \$93.00 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Lone Star Title Company of El Paso showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$93.00 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wald N. Vizcarra

APPROVED AS TO CONTENT:

Shouf R. Mack for Maria O. Pasillas

Wendi N. Vineyard
Assistant City Attorney

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED JUN 24 2021

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 www.elpasotexas.gov/tax-office

LONE STAR TITLE COMPANY OF EL PASO 6701 N MESA EL PASO, TX 79912

Handwritten signature/initials: J. Fernandez

Geo No. E275-000-0100-0260 Prop ID 228710 Legal Description of the Property 10 EL CAMPESTRE LOT 26 (HISTORICAL DISTRICT) (10010 SQ FT) 11552 SOCORRO RD OWNER: ORTEGA MANUEL J JR

2016 OVERAGE AMOUNT \$93.00

4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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.

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

Application form with sections: Step 1. Identify the refund recipient, Step 2. Provide payment information, Step 3. Provide reason for this refund, Step 4. Sign the form. Includes handwritten entries for name, address, phone, payment amount, and signature.

Notes

Go To:

LUZR
ACT80122 v1.90

ACCOUNT NO (E27500001000260); YEAR = 2016, LEGAL STATUS = CLOSED BANKRUPTCY,
BANKRUPTCY NUMBER = 17-30192, 5-5-17 RECONFIL

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.
 A07311775 E27500001000260

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12102065	12/10/2020	45212919	2796	CH	\$63,796.32	\$3,494.02	AA	E27500001000260	25959829-TEXSTAR ESCF
	A01162081	01/16/2020	42938882	4972	CH	\$3,629.82	\$3,629.82	PA	E27500001000260	20191798-MALOOKY ROI
	EC01301998P	01/31/2019	40460977	CC002357469	EC	\$811,118.21	\$3,317.45	PA	E27500001000260	24360739-ROBERT MALO
	EC01301898K	01/31/2018	37452935	CC001914474	EC	\$743,151.67	\$3,136.83	PA	E27500001000260	20779147-ROBERT MALO
	A07311775	07/31/2017	35575698	23364	CH	\$38,579.20	\$38,486.20	PA	E27500001000260	1495513-LONE STAR TITL
	A07311775	07/31/2017	35575698	23364	CH	\$38,579.20	\$93.00	LG	E27500001000260	1495513-LONE STAR TITL
	RC210629	07/31/2017	35575698	23364	CH	\$93.00	\$93.00	TR	E27500001000260	1495513-LONE STAR TITL
	RC210629	07/31/2017	35575698	23364	CH	\$93.00	\$93.00	LG	E27500001000260	22475302-LONE STAR TIT
	A10061154	10/06/2011	18826952	4381	CH	\$1,000.00	\$1,000.00	PA	E27500001000260	PULIDO DAVID & GLORIA
	A10071041	10/07/2010	16551046		CA	\$300.00	\$290.87	PA	E27500001000260	PULIDO DAVID & GLORIA
	A06281056	06/28/2010	16372463	4208	CH	\$581.74	\$581.74	PA	E27500001000260	20927824-ALAMO DISCOI
	A04291056	04/29/2010	16230553	4184	CH	\$581.74	\$581.74	PA	E27500001000260	20927824-ALAMO DISCOI

Applied Total \$86,592.71

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, PTS Texas Title ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on December 13, 2016 in the amount of \$100.00 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that PTS Texas Title showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$100.00 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wend N. Vizcarra

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

Wendi N. Vineyard
Assistant City Attorney

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED
JUL 02 2021

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 www.elpasotexas.gov/tax-office

PTS TEXAS TITLE
6404 INTERNATIONAL PARKWAY SUITE
2050
PLANO, TX 75093

*OP
+ 3/2/21*

Geo No. P586-999-0150-0100	Prop ID 85144
Legal Description of the Property 15 PASEOS DEL SOL #2 AMENDING LOT 1 (7018.00 SQ FT)	
12528 PASEO ALEGRE AVE	
OWNER: CARDENAS CESAR & NANCY	

2016 OVERAGE AMOUNT \$100.00

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

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: PTS Texas Title			
	Address: 6404 International Pkwy #2050 ✓			
	City, State, Zip: Plano TX 75093			
	Daytime Phone No.:	915-975-3515		E-Mail Address: noemi.mitchell@altisource.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
	PTS Texas Title	254666	12/13/16	\$4,118.18
	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.			
<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		
<i>Noemi Mitchell</i>	Noemi Mitchell 6/28/21 ✓			
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 07/02/21 ✓		

Notes

Go To:

LUZR
ACT80122 v1.90

ACCOUNT NO (P58699901500100): *** PLEASE DO NOT POST CHECKS FROM LARRY L. VASQUEZ TO THIS ACCOUNT. THEY BELONG TO PID # 155963 2017 ESCROW***

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A12131677	P58699901500100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	R030817398	07/18/2017	35531935	0000115181	CH	\$0 00	\$100 00	TR	P58699901500100	CARDENAS CESAR & NA
	A07051775	06/29/2017	35497608	0000115176	CH	\$100 00	\$100 00	PA	P58699901500100	25584459-VASQUEZ LARI
	R030817398	06/29/2017	35497608	0000115176	CH	\$0 00	\$100 00	TR	P58699901500100	25584459-VASQUEZ LARI
	A06151775	06/15/2017	35445701	0000115173	CH	\$100 00	\$100 00	PA	P58699901500100	25584459-VASQUEZ LARI
	R030817398	06/15/2017	35445701	0000115173	CH	\$0 00	\$100 00	TR	P58699901500100	25584459-VASQUEZ LARI
	A05021778	05/02/2017	35279578	0000115163	CH	\$100 00	\$100 00	PA	P58699901500100	CARDENAS CESAR & NA
	R030817398	05/02/2017	35279578	0000115163	CH	\$0 00	\$100 00	TR	P58699901500100	CARDENAS CESAR & NA
	A04181778	04/18/2017	35235781	0000115160	CH	\$100 00	\$100 00	PA	P58699901500100	CARDENAS CESAR & NA
	R030817398	04/18/2017	35235781	0000115160	CH	\$0 00	\$100 00	TR	P58699901500100	CARDENAS CESAR & NA
	A12131677	12/13/2016	33305397	25666	CH	\$4 118 18	\$100 00	LG	P58699901500100	24953652-PTS TEXAS TIT
	A12131677	12/13/2016	33305397	25666	CH	\$4 118 18	\$4 018 18	PA	P58699901500100	24953652-PTS TEXAS TITI
	A12051665	11/29/2016	33187133	115133	CH	\$100 00	\$100 00	PA	P58699901500100	BENEFICIAL FINANCIAL I
Applied Total							\$57 499 14			

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Lone Star Title through Lone Star Title Company of El Paso Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on May 01, 2017 in the amount of \$193.09 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Lone Star Title Company of El Paso Inc. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$193.09 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wend N. Vizcarra

APPROVED AS TO CONTENT:

Shouf R. Mack for Maria O. Basilas

Wendi N. Vineyard
Assistant City Attorney

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 www.elpasotexas.gov/tax-office

TAX OFFICE
RECEIVED
JUN 24 2021

LONE STAR TITLE COMPANY OF EL PASO
INC
6701 N MESA
EL PASO, TX 79912

Handwritten: P. 12/24/15

Geo No. P656-999-0050-0500	Prop ID 217979
Legal Description of the Property 5 PECAN GROVE LOT 3 1009 BUTTERFLY PL	
OWNER: SOUTHWEST RAY PROPERTIES LLC	

2016 OVERAGE AMOUNT \$193.09

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: Lone Star Title			
	Address: 1368 N. Zaragoza, Ste J			
	City, State, Zip: El Paso TX 79936			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	915-298-4448	E-Mail Address:	J. Fernandez @ lonestartitle.com
	Payment made by:	Check No.	Date Paid	Amount Paid
	Lone Star Title	14006	5/1/17	\$25,756.51
	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.		
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	
	<i>Handwritten signature</i>		JOB FERNANDEZ 6/23/2021	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Handwritten signature</i> Date: 06/29/2021				

Notes

Go To :

LUZR
ACT80122 v1.90

ACCOUNT NO (P65699900500500); YEAR - 2008, LEGAL STATUS = CLOSED BANKRUPTCY,
BANKRUPTCY NUMBER = 08-30958, 3.12.9 SARA CLOSED BK FEB 2009 REPORT

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.
A05021777 P65699900500500

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	IP12232098	12/21/2020	45438194	CC003301748	CR	\$2,725.12	\$2,725.12	PA	P65699900500500	28952798-BRAXTON B ME
	IP12231998	12/20/2019	42392908	CC002688283	CR	\$2,648.00	\$2,648.00	PA	P65699900500500	27777527-BRAXTON MER
	IP01231998	01/22/2019	40091630	CC002293932	CR	\$2,631.11	\$2,631.11	PA	P65699900500500	26965433-BRAXTON B ME
	IP12271798	12/26/2017	36476791	CC001783209	CR	\$2,607.09	\$2,607.09	PA	P65699900500500	25868715-BRAXTON MER
	A11211775	11/21/2017	36038706	14675	CH	\$329.52	\$329.52	PA	P65699900500500	1495513-LONE STAR TITL
	A05021777	05/01/2017	35279609	14006	CH	\$25,756.51	\$193.09	LG	P65699900500500	23972437-LONE STAR TIT
	A05021777	05/01/2017	35279609	14006	CH	\$25,756.51	\$25,563.42	PA	P65699900500500	23972437-LONE STAR TIT
	RC210629	05/01/2017	35279609	14006	CH	\$193.09	\$193.09	LG	P65699900500500	22475302-LONE STAR TIT
	RC210629	05/01/2017	35279609	14006	CH	\$193.09	\$193.09	TR	P65699900500500	23972437-LONE STAR TIT
	N0780001	12/20/2007	10252303	667211	CH	\$40,350.60586	\$1,163.54		P65699900500500	800000-CORELOGIC
	N0680001	12/27/2006	8074849	62012137	CH	\$98,649.22359	\$1,220.11		P65699900500500	800000-CORELOGIC
	M0580001	12/19/2005	1148699		CH	\$1,261.95	\$1,261.95	PA	P65699900500500	800000-CORELOGIC

Applied Total \$48,555.02

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Lone Star Title through Lone Star Title Co. ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on November 13, 2017 in the amount of \$93.88 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Lone Star Title Co. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$93.88 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leaser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wend N. Vizcarra

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

Wendi N. Vineyard
Assistant City Attorney

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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUN 24 2021

LONE STAR TITLE CO
 6701 N MESA
 EL PASO, TX 79912

OP
 + 34125 ✓

Geo No. T109-999-0010-4400	Prop ID 52984
Legal Description of the Property 1 TEJAS LOT 44 5943 TROWBRIDGE DR	
OWNER: LUEVANO MARGARITA	

2017 OVERAGE AMOUNT **593.88** ✓

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

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: Lone Star Title			
	Address: 1368 N. Zaragoza, Ste J. ✓			
	City, State, Zip: El Paso, TX 79936			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915-298-4448	E-Mail Address: jfernandez@lonestartitle.com		
	Payment made by: Lone Star Title	Check No.: 26070	Date Paid: 11/13/17	Amount Paid: \$13,755.56
	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.			
	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	
	[Signature]		Joe Fernandez 6/23/2021 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 06/29/2021 ✓				

Notes

Go To :

LUZR
ACT80122 v1.90

ACCOUNT NO (T10999900104400) Bankruptcy 10-32506 has been closed

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A11131741	T10999900104400				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC12242098A	12/28/2020	45451706	CC003310666	EC	\$839,047.96	\$1,792.90	PA	T10999900104400	28529842-PRIME ESCRO'
	EC12231998J	12/24/2019	42398485	CC002693595	EC	\$3,213.19	\$1,764.93	PA	T10999900104400	27235399-PRIME ESCRO'
	EC12171898A	12/18/2018	39328611	CC002182107	EC	\$443,342.42	\$1,726.78	PA	T10999900104400	26271925-PRIME ESCRO'
	A11141765	11/14/2017	35971384	26066	CH	\$1,785.33	\$1,785.33	PA	T10999900104400	22530840-LONE STAR TIT
	A11131741	11/13/2017	35968517	26070	CH	\$13,755.56	\$93.88	LG	T10999900104400	22530840-LONE STAR TIT
	A11131741	11/13/2017	35968517	26070	CH	\$13,755.56	\$13,661.68	PA	T10999900104400	22530840-LONE STAR TIT
	RC210629	11/13/2017	35968517	26070	CH	\$93.88	\$93.88	TR	T10999900104400	22530840-LONE STAR TIT
	RC210629	11/13/2017	35968517	26070	CH	\$93.88	\$93.88	LG	T10999900104400	22475302-LONE STAR TIT
	IP09051798	09/01/2017	35642800	CC001701413	CR	\$400.00	\$400.00	PA	T10999900104400	25662251-PATRICIA URBI
	R031117398	09/01/2017	35642800	CC001701413	CR	\$0.00	\$93.00	TR	T10999900104400	BRACEWELL E L & ELSII
	R031117398	09/01/2017	35642800	CC001701413	CR	\$0.00	\$93.00	TR	T10999900104400	BRACEWELL E L & ELSII
	RF171027	09/01/2017	35642800	CC001701413	CR	\$0.00	\$0.00	DA	T10999900104400	25662251-PATRICIA URBI
Applied Total							\$27,261.26			

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Lone Star Title through Lone Star Title Co. ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on February 28, 2018 in the amount of \$98.09 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Lone Star Title Co. showed a good cause to extend the deadline to apply for a refund of the overpayment of the 201 taxes and the tax refund in the amount of \$98.09 is approved.

APPROVED this _____ day of _____ 2021.

CITY OF EL PASO:

Oscar Leeser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wend N. Vizcarra

APPROVED AS TO CONTENT:

Sheryl R. Mack for Maria O. Pasillas

Wendi N. Vineyard
Assistant City Attorney

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 www.elpasotexas.gov/tax-office

TAX OFFICE
 RECEIVED
 JUN 24 2021

LONE STAR TITLE CO
 6701 N MESA
 EL PASO, TX 79912

OP
+34125

Geo No. X091-999-000B-4100	Prop ID 35903
Legal Description of the Property GEORGE L WILSON SUR 91 ABST 2716 TR 22-A (0.147 AC)	
4038 DONIPHAN DR	
OWNER: HERRERA INVESTMENT PROPERTIES LLC - SERI	

2017 OVERAGE AMOUNT \$98.09

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

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: <i>Lone Star Title</i>			
	Address: <i>1368 N. Zaragoza, Ste J.</i>			
	City, State, Zip: <i>El Paso, TX 79936</i>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	<i>915-298-4448</i>	E-Mail Address:	<i>Fernandez@lonestar-title.com</i>
	Payment made by:	Check No.	Date Paid	Amount Paid
	<i>Lone Star Title</i>	<i>28246</i>	<i>2/28/18</i>	<i>\$489.10</i>
	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.		
Step 4. Sign the form. Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	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	
<i>[Signature]</i>		<i>Joe Fernandez 6/23/2021</i>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i> Date: <i>06/29/2021</i>		

Notes

Go To

LUZR
ACT80122 v1.90

ACCOUNT NO (X091999000B4100): Lien ID H.015499426 inserted amount = 319.89, file_date 06/02/2015 on 10/03/2016

07/26/2021 18:37:15
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A03011865	X091999000B4100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC01311998C	01/31/2019	40488082	CC002365187	EC	\$59,909.79	\$332.39	PA	X091999000B4100	25241963-HERRERA INVE
	A10151879	10/15/2018	38671327		CA	\$10.00	\$10.00	TC	X091999000B4100	HERRERA INVESTMENT
	A03011865	02/28/2018	37913963	28246	CH	\$489.10	\$391.01	PA	X091999000B4100	22530840-LONE STAR TIT
	A03011865	02/28/2018	37913963	28246	CH	\$489.10	\$98.09	LG	X091999000B4100	22530840-LONE STAR TIT
	RC210629	02/28/2018	37913963	28246	CH	\$98.09	\$98.09	TR	X091999000B4100	22530840-LONE STAR TIT
	RC210629	02/28/2018	37913963	28246	CH	\$98.09	\$98.09	LG	X091999000B4100	22475302-LONE STAR TIT
	B02051875	01/31/2018	37627544	17-694511652	CH	\$136.94	\$136.94	PA	X091999000B4100	DURAN HECTOR
	A09111775	09/11/2017	35655182	17-609352173	CH	\$112.24	\$112.24	PA	X091999000B4100	DURAN HECTOR
	R030917298	09/11/2017	35655182	17-609352173	CH	\$0.00	\$112.24	TR	X091999000B4100	DURAN HECTOR
	R030917298	09/11/2017	35655182	17-609352173	CH	\$112.24	\$112.24	TR	X091999000B4100	DURAN HECTOR
	A09111775	08/31/2017	35655150	17-609352173	CH	\$754.96	\$754.96	PA	X091999000B4100	DURAN HECTOR
	R030917298	08/31/2017	35655182	17-609352173	CH	\$112.24	\$112.24	TR	X091999000B4100	DURAN HECTOR

Applied Total \$10,588.86