

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

**DEPARTMENT:** Tax Office

**AGENDA DATE:** January 19, 2021

**PUBLIC HEARING DATE:** N/A

**CONTACT PERSON 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 greater than \$2,500.00. (See Attachment A)

**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 greater than \$2,500.00, 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?**

N/A

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

*Shawn R. Mack for Maria O. Pasillas*

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

TAX REFUNDS  
January 19, 2021

1. Accumatch, in the amount of \$5,685.26, made an overpayment on December 14, 2020 of 2020 taxes.  
(Geo. #V854-003-0180-1600)
2. Accumatch, in the amount of \$ 6,530.22, made an overpayment on December 14, 2020 of 2020 taxes.  
(Geo. # H762-000-0050-0700)
3. Accumatch, in the amount of \$ 4,339.21, made an overpayment on December 11, 2020 of 2020 taxes.  
(Geo. # T287-999-2740-3400)
4. Thomas and Esther Cunningham, in the amount of \$ 9,340.16, made an overpayment on December 18, 2020 of 2020 taxes.  
(Geo. # M344-999-0030-1300)
5. Lower Valley Housing Corp., in the amount of \$ 2,635.62, made an overpayment on May 27, 2020 of 2019 taxes.  
(Geo. # D457-000-0170-1800)
6. Corelogic, in the amount of \$ 8,205.83, made an overpayment on November 30, 2019 of 2019 taxes.  
(Geo. # T287-999-4010-5200)

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Laura D. Prine  
City Clerk

*Sheryl R. Mack for Maria O. Pasillas*  
Maria O. Pasillas, RTA  
Tax Assessor Collector





TAX OFFICE RECEIVED

JAN 04 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

ACCUMATCH  
2711 LBJ FWY STE 1065  
DALLAS, TX 75234

*Handwritten:* #2,500

Geo No. V854-003-0180-1600	Prop ID 679788
Legal Description of the Property BLK 18 VILLAS DEL VALLE #3 LOT 16 718 TS DANIEL CADENA DR 79927	
OWNER: BANUELOS CHRISTIAN R & BATTAGLIA ANDREAN	

2020 OVERAGE AMOUNT \$5,685.26

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Accumatch</i>			
	Address: <i>2711 LBJ Fwy, Suite 1065</i>			
	City, State, Zip: <i>Dallas TX 75234</i>			
Daytime Phone No.: <i>214-888-6959</i>		E-Mail Address: <i>refund@accumatch.com</i>		
<b>Step 2. Provide payment information.</b> 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>Accumatch</i>	<i>58226</i>	<i>12/14/2020</i>	<i>\$5,685.26</i>
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			<i>\$5,685.26</i>
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" 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):				
<b>Step 4. Sign the form.</b> 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>Yvonne Berthet</i>		<i>Yvonne Berthet 12/29/2020</i>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i> Date: <i>01/05/2021</i>		



Notes

Go To

01/04/2021 17:48:44  
ACTEP

OSIT Remittance Detail

Summary Query

*12500 OP*

Summary

Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
12142065 ✓	12/14/2020	45256208	58226 ✓	CH	\$78,581.29	\$5,685.26	LG	V85400301801600	24899280-ACCUMATCH
20234740001	12/11/2020	45227441	201210151898	EF	\$34,096,963.77	\$5,685.26	PA	V85400301801600	23474547-ACCUMATCH
06152075	06/15/2020	44306415	10477	CH	\$27.99	\$27.99	PA	V85400301801600	21970926-DAVID ELLIS F
02102081	02/10/2020	43693826	021359	CH	\$372.11	\$372.11	PA	V85400301801600	23902995-SIERRA TITLE
001311998	01/31/2019	40474911	CC002377751	EC	\$339.55	\$339.55	PA	V85400301801600	27087517-SERGIO CUAR

Applied Total \$12,110.17





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

JAN 04 2021

ACCUMATCH  
 2711 LBJ FWY STE 1065  
 DALLAS, TX 75234

OP  
 2500

Geo No. H762-000-0050-0700	Prop ID 684841
Legal Description of the Property BLK 5 HORIZON TOWN CENTER #1 LOT 7 13821 VILLA VISTA AVE 79928	
OWNER: ZATARAIN OSVALDO & ANDREA M	

2020 OVERAGE AMOUNT \$6,530.22

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1, 31: TOWN OF HORIZON CITY

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Accumatch			
	Address: 2711 LBJ Fwy Suite 1065			
	City, State, Zip: Dallas TX 75234			
Daytime Phone No.: 214-888-6959		E-Mail Address: refunds@accumatch.com		
<b>Step 2. Provide payment information.</b> 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
	Accumatch	58226	12/14/2020	\$6,530.22
	TOTAL AMOUNT PAID (sum of the above amounts)			\$6,530.22
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" 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.		
This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
<b>Step 4. Sign the form.</b> 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	
	Yvonne Berthet		Yvonne Berthet 12/29/2020	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature]	Date: 01/05/2021

Notes

Go To: [ ]

ANDREA  
ACT80122 v1.90

01/04/2021 17:46:34  
ACTEP

DEPOSIT Remittance Detail

OP+2500

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A12142065	H76200000500700				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12142065	12/14/2020	45256208	58226 ✓	CH	\$78,581.29	\$6,530.22 ✓	LG	H76200000500700	24899280-ACCUMATCH
	M20234740001	12/11/2020	45227441	201210151898	EF	534,096,983.77	\$6,530.22	PA	H76200000500700	23474547-ACCUMATCH
	A12191981	12/19/2019	42327518	39097	CH	\$2,598.56	\$2,598.56	PA	H76200000500700	1511774-STEWART TITLE

Applied Total 515,659.00





TAX OFFICE RECEIVED

JAN 04 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

ACCUMATCH  
2711 LYNDON B JOHNSON FWY #1065  
DALLAS, TX 75234

OP  
+2500

Geo No. T287-999-2740-3400	Prop ID 625087
Legal Description of the Property BLK 274 TIERRA DEL ESTE #62 LOT 34  2240 SPARROW POINT ST 79938	
OWNER: SANCHEZ DAVID	

2020 OVERAGE AMOUNT \$4,339.21

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:

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:		
	Name: <u>Accumatch</u>		
	Address: <u>2711 LBJ Fwy Suite 1065</u>		
	City, State, Zip: <u>Dallas TX 75234</u>		
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	<u>214-888-6959</u>	E-Mail Address: <u>refund@accumatch.com</u>
	Payment made by:	Check No.	Date Paid
	<u>Accumatch</u>	<u>wire # 5110400345 JD</u>	<u>12/10/2020</u>
	Amount Paid		<u>\$ 4,339.21</u>
TOTAL AMOUNT PAID (sum of the above amounts)			<u>\$ 4,339.21</u>
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:		
	<input checked="" 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.	
<b>Step 4. Sign the form.</b> 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>Yvonne Berthet</u>		<u>Yvonne Berthet 12/28/2020</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>01/05/2021</u>

Notes

Go To:

ANDREA  
ACT80122 v1.90

01/05/2021 11:47:12  
ACTEP

DEPOSIT Remittance Detail

OP +2500

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.						
M20234740001	T28799927403400										
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer	
	A12112065	12/11/2020	45220708	287384	CH	\$4,339.21	\$4,339.21	PA	T28799927403400	27259532-LONE STAR CI	
	<b>M20234740001</b>	<b>12/11/2020</b>	<b>45227441</b>	<b>201210151898</b>	<b>EF</b>	<b>\$34,096,963.77</b>	<b>\$4,339.21</b>	<b>LG</b>	<b>T28799927403400</b>	<b>23474547-ACCUMATCH</b>	
	M20234740001	12/11/2020	45227441	201210151898	EF	\$34,096,963.77	\$60.00	PA	T28799927403400	23474547-ACCUMATCH	
	M19234740001	12/20/2019	42355475	191219094238	EF	\$35,408,135.32	\$4,436.82	PA	T28799927403400	23474547-ACCUMATCH	
	M18234740001	12/24/2018	39415853	181221108510	EF	\$34,084,724.48	\$4,288.29	PA	T28799927403400	23474547-ACCUMATCH	
	M17RE1800001	12/18/2017	38256004	171215192214	EF	\$32,589,225.62	\$3,401.81	PA	T28799927403400	800000-CORELOGIC	
	M15800000001	12/21/2016	33448420	151219150895	EF	\$13,062,589.29	\$3,318.04	PA	T28799927403400	800000-CORELOGIC	
	M15800000001	12/21/2015	30589755	151231121119	EF	\$99,122,608.45	\$3,259.58	PA	T28799927403400	800000-CORELOGIC	
	TA160113	12/31/2015	30589755		CH	\$0.00	\$0.00	TA	T28799927403400	800000-CORELOGIC	
	M14800000001	12/24/2014	27452431	141224101136	EF	\$20,035,948.32	\$3,204.82	PA	T28799927403400	800000-CORELOGIC	
	TA150331	12/24/2014	27452431		CH	\$0.00	\$0.00	TA	T28799927403400	800000-CORELOGIC	
	A11191372	11/19/2013	24121431	286886	CH	\$357.03	\$357.03	PA	T28799927403400	22520840-LONE STAR TI	
<b>Applied Total</b>								<b>\$21,347.81</b>			





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  
 DEC 28 2020

ESTHER CUNNINGHAM  
 312 AMELIA DR  
 EL PASO, TX 79912

*OP  
 /  
 +2500*

Geo No. M344-999-0030-1300	Prop ID 351067
Legal Description of the Property 3 MESA HILLS REPLAT LOT 6 (21025 SQ FT) 312 AMELIA DR 79912	
OWNER: CUNNINGHAM THOMAS & ESTER	

2020 OVERAGE AMOUNT \$9,340.16

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>Thomas and Esther Cunningham</i>			
	Address: <i>312 AMELIA AMELIA Dr.</i>			
	City, State, Zip: <i>EL PASO, TX 79912</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>915-5882074</i>	E-Mail Address: <i>Esther.Cunningham@cityofelpaso.com</i>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	<i>Chase Bank</i>	<i>3291831</i>	<i>Dec 21-20</i>	<i>9340.16</i>
	TOTAL AMOUNT PAID (sum of the above amounts)			<i>9340.16</i>
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>Esther Cunningham</i>		<i>Esther Cunningham 12/25/2020</i>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>[Signature]</i> Date: <i>12/28/2020</i>				

Notes

Go To:

ANDREA  
ACT80122 v1 90

12/28/2020 17:49:15  
ACTEP

DEPOSIT Remittance Detail

*2 pmts* *OPT 2500*

Summary Query

Summary

Deposit No	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
EC12212098	M34499900301300									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC12212098	✓ 12/18/2020	45399196	CC003295379	✓ EC	✓ \$9,340.16	✓ \$9,340.16	LG	M34499900301300	28942273-ESTHER CUNN
	EC12182098	✓ 12/17/2020	45369546	CC002291831	✓ EC	✓ \$9,340.16	✓ \$9,340.16	PA	M34499900301300	28931503-ESTHER CUNN
	EC04132085	04/13/2020	44020359	CC003008240	EC	\$4,672.25	\$4,672.25	PA	M34499900301300	28393737-THOMAS AND
	A02262092	02/26/2020	43801656	0767	CH	\$2,326.14	\$2,326.14	PA	M34499900301300	CUNNINGHAM THOMAS &
*	T10281900003	10/29/2019	41888656	00867	CH	\$2,326.14	\$2,326.14	PA	M34499900301300	CUNNINGHAM THOMAS &
	EC11021841	11/02/2018	38808038	CC002126202	EC	\$8,504.21	\$8,504.21	PA	M34499900301300	28649354-ESTHER CUNN
	A11021741	11/02/2017	35854160	101	CH	\$8,683.00	\$8,683.00	PA	M34499900301300	CUNNINGHAM THOMAS &
*	X1114161001	11/14/2016	32966869	00568	CH	\$8,472.56	\$8,472.56	PA	M34499900301300	CUNNINGHAM THOMAS &
	EC11091598	11/06/2015	29819416	CC001097282	EC	\$8,337.05	\$8,337.05	PA	M34499900301300	24084913-THOMAS CUNN
*	X1030142000	10/30/2014	26794846	08070	CH	\$4,493.87	\$4,493.87	PA	M34499900301300	CUNNINGHAM THOMAS &
*	X1030142000	10/30/2014	26794846	09117	CH	\$4,000.00	\$4,000.00	PA	M34499900301300	CUNNINGHAM THOMAS &
*	X1125131004	11/25/2013	24193338	00103	CH	\$8,334.68	\$8,334.68	PA	M34499900301300	CUNNINGHAM THOMAS &
<b>Applied Total</b>							\$198,183.33			





TAX OFFICE RECEIVED  
DEC 21 2020

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

LOWER VALLEY HOUSING CORP  
PO BOX 638  
FABENS, TX 79838

*OP*  
*+2500* ✓

Geo No. D457-000-0170-1800	Prop ID 128893
Legal Description of the Property 17 DESERT PALMS #5 LOT 18 (6048.00 SQ FT) 717 CORA RUECKER ST 79928	
OWNER: ACEDO JOSEFINA (LE) & MARISSA A V	

2019 OVERAGE AMOUNT \$2,635.62 ✓

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1, 31: TOWN OF HORIZON CITY

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:	Lower Valley Housing Corp		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address:	P.O. Box 638		
	City, State, Zip:	Fabens, Texas 79838		
	Daytime Phone No.:	915-764-3413	E-Mail Address:	LVHC.RIVERA.C@OI.COM
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Payment made by:	Check No	Date Paid	Amount Paid
	LVHC	15760	5-28-20	58,855.23
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
	Please check one of the following:			
Step 4. Sign the form. Unsigned applications cannot be processed.	<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):			
SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
<i>Patty Barton</i>		Board President 12/16/20		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i> Date: 12/21/2020 ✓		

Notes

Go To:

ANDREA  
ACT80122 v1.90

12/21/2020 17:28:49  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A05272065	D45700001701800									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12112075	12/11/2020	45232512	4503	CH	\$13,745.74	\$3,448.52	PA	D45700001701800	25611521-ROCKY MOUN
	A05272065	05/27/2020	44213703	15760	CH	\$58,855.23	\$393.80	AA	D45700001701800	522640-LOWER VALLEY
	A05272065	05/27/2020	44213703	15760	CH	\$58,855.23	\$2,635.62	AA	D45700001701800	522640-LOWER VALLEY
	A05182065	05/18/2020	44171382	15758	CH	\$50,585.99	\$3,029.42	AA	D45700001701800	522640-LOWER VALLEY
	A02011986	01/31/2019	40508611	14648	CH	\$539,645.00	\$2,627.35	PA	D45700001701800	522640-LOWER VALLEY
	R80100618MP	10/05/2018	23138710	10514	CH	\$0.02-	\$0.02-	TR	D45700001701800	HERNANDEZ JOSEFINA
	M172750	01/31/2018	37724221	13773	CH	\$745,207.26	\$2,324.80	PA	D45700001701800	2750-LOWER VALLEY HI
	M162750	01/31/2017	34325202	12168	CH	\$775,450.66	\$2,053.49	PA	D45700001701800	2750-LOWER VALLEY HI
	A02091673	01/31/2016	31752768	12404	CH	\$812,321.03	\$1,793.89	AA	D45700001701800	2750-LOWER VALLEY HI
	M142750	01/31/2015	28403680	11892	CH	\$869,422.09	\$1,877.11	PA	D45700001701800	2750-LOWER VALLEY HI
	M132750	01/29/2014	25366562	11065	CH	\$873,964.29	\$1,761.49	PA	D45700001701800	2750-LOWER VALLEY HI
	A02261348	02/26/2013	23138710	10514	CH	\$17,768.88	\$1,238.21	PA	D45700001701800	20119215-LOWER VALLI
Applied Total							324,752.18			



*Handwritten:* 2500 ✓

THE CITY OF EL PASO  
 CONSOLIDATED TAX OFFICE  
 221 N. Kansas Suite 300  
 El Paso, Texas 79901  
 Phone (915) 212-0106, Fax (915) 212-0108

**TAX OFFICE  
 RECEIVED  
 DEC 29 2020**

**APPLICATION FOR TAX REFUND**

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To <b>Corelogic</b>		Phone: HOME: 800-497-5332 ext 1391 WORK: 713-400-1452		Property ID# (Use application parcel count) T28799940105200 / <b>1677233</b>
Address (mail refund to): 5858 Westheimer Road Suite 500 Houston		Property Address: Angler 3477 Dana Grey Drive, El Paso Texas 79938 Legal Description:		
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid	Amount of refund requested
1 2019/1	11/30/2019	68225256	\$8,205.83	\$8,205.83 ✓
2				
3				
TOTAL AMOUNT (sum of the above amounts)			\$8,205.83	8205.83

(City Council approval required if over \$2,500)

**REQUIRED:** Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer must appear)

REASON FOR OVERPAYMENT: Corelogic/ JPMorgan Chase made an erroneous payment to the wrong parcel number.  
Corelogic has paid the correct parcel number and is requesting a refund. Property owner Albert Garcia has requested Corelogic to go thru the county to get this refund and he will have his PennyMac escrow account pay the county. He has been made aware there may be penalties by self, as well as, Nilsa with the county.

"I certify that information given to obtain this refund is true and correct."

Requestor signature: *Peggy Reyes* Date: 12/31/20 ✓  
 Printed name: Peggy Reyes Title: Manager

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both. (2) Imprisonment up to one year, or fine not over \$2,000, or both. (See 37, 10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry: **REFUND APPROVED**

Tax Office Approval: *[Signature]* Date: 12/31/2020 ✓  
*[Signature]* Date: 12/31/2020

(Placed on City Council Agenda per \$2,500)

( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached  
 ( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted  
 ( ) Record of overpayment not found on this property.  
 ( ) Property not found as identified, resubmit after correction.  
 ( ) Other: \_\_\_\_\_

**RECD SIGNED  
 CITY TAX OFFICE  
 DEC 31 2020**

Notes

Go To:

12/29/2020 15:12:01  
ACTEP

AREA  
80122 v1 98 -

POSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
12031965	T28799940105200									
Receipt es 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	\$8,138.27	PA	T28799940105200	800000-CORELOGIC	
A12031965	11/30/2019	42074302	68225258	CH	\$16,544.25	\$8,205.83	PA	T28799940105200	26488233-JP MORGAN C	
A02041986	01/31/2019	40577436	4838	CH	\$88,773.54	\$683.19	PA	T28799940105200	26194674-CLASSIC VET	
<b>Applied Total</b>						\$17,005.29				