

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

AGENDA DATE: October 12, 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:

Maia O. Pasillas

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

TAX REFUNDS OVER THREE (3) YEARS
October 12, 2021

1. Pedro and Maria Olivas, in the amount of \$50.00, made an overpayment on February 27, 2017 of 2016 taxes.
(Geo. # 99MH-999-0000-0471)
2. Chad McHalfey, in the amount of \$82.85, made an overpayment on February 28, 2017 of 2016 taxes.
(Geo. # 1591-999-1290-6350)
3. Corelogic Tax Services LLC, in the amount of \$22.49, made an overpayment on May 31, 2017 of 2016 taxes.
(Geo. # C340-999-1120-4700)
4. Luis A. Serrano, in the amount of \$69.92, made an overpayment on April 10, 2017 of 2016 taxes.
(Geo. # H793-025-0050-0300)
5. Fermin and Esperanza D. Espinoza, in the amount of \$49.76, made an overpayment on February 22, 2017 of 2016 taxes.
(Geo. # T109-999-0190-3100)
6. Andres Ibarra, in the amount of \$45.10, made an overpayment on March 31, 2017 of 2016 taxes.
(Geo. # T172-999-0090-1300)
7. Esther E. Kim, in the amount of \$21.00, made an overpayment on January 31, 2018 of 2017 taxes.
(Geo. # T213-999-0090-2000)
8. Sierra Title Company Inc., in the amount of \$26.00, made an overpayment on August 21, 2017 of 2017 taxes.
(Geo. # V893-999-0520-0100)
9. East Smart Choice LLC, in the amount of \$469.58, made an overpayment on January 18, 2017 of 2016 taxes.
(Geo. # V893-999-0750-3900)
10. Sierra Title Company, in the amount of \$13.68, made an overpayment on February 7, 2017 of 2016 taxes.
(Geo. # H779-091-7910-0170)

11. Jose Estrada, in the amount of \$80.00, made an overpayment on January 31, 2017 of 2016 taxes.
(Geo. # S137-999-0390-7500)
12. JNC Development, INC., in the amount of \$687.30, made an overpayment on January 24, 2017 of 2016 taxes.
(Geo. # X579-000-3030-1000)
13. Gardea Auto Group Corp., in the amount of \$13.62, made an overpayment on March 20, 2017 of 2016 taxes.
(Geo. # 1484-999-1278-1434)
14. Margarita Velasquez, in the amount of \$27.54, made an overpayment on March 31, 2017 of 2016 taxes.
(Geo. # C980-000-0080-1200)
15. Lillian P. Woods, in the amount of \$20.00, made an overpayment on November 9, 2017 of 2017 taxes.
(Geo. # H779-091-7850-0200)
16. Texas Title Company, in the amount of \$93.78, made an overpayment on January 9, 2017 of 2016 taxes.
(Geo. # H805-999-0050-1500)
17. Servicelink, in the amount of \$716.81, made an overpayment on October 26, 2017 of 2017 taxes.
(Geo. # P654-999-0880-6700)
18. Clint Development CO., in the amount of \$187.39, made an overpayment on January 3, 2017 of 2016 taxes.
(Geo. # V899-000-0050-1000)
19. Ranchos Real IV LTD, in the amount of \$1,287.00, made an overpayment on January 31, 2017 of 2016 taxes.
(Geo. # X579-999-2370-0000)
20. La Pasadita C/O Rosa Rueda, in the amount of \$73.74, made an overpayment on March 7, 2018 of 2017 taxes.
(Geo. # 1015-999-1147-4034)
21. Lynnette Lomarquez, in the amount of \$60.93, made an overpayment on February 28, 2018 of 2017 taxes.
(Geo. # 1691-999-1324-4534)
22. Chronos Title Solutions LLC, in the amount of \$78.06, made an overpayment on March 30, 2017 of 2016 taxes.

(Geo. # T287-999-1170-3100)

23. Dorado Finance LTD, in the amount of \$1,123.72, made an overpayment on February 8, 2018 of 2017 taxes.

(Geo. # 0914-999-1102-0542)

Laura D. Prine
City Clerk

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor Collector



Internal Audit Office

MAYOR
Oscar Leoser

DATE: July 26, 2021

TO: Maria O. Pasillas, Tax Assessor/Collector

CITY COUNCIL

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

District 1
Peter Svarzbein

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

District 2
Alexandra 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

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

District 4
Joe Molinar

District 5
Isabel Salcido

VANDERBILT MORTGAGE & FINANCE	14MH-000-0000-0011	\$10.00
UNIVERSAL TINTING & ACCESSORIES	1537-999-1290-5034	\$12.80
MAGELLAN MIDSTREAM PARTNERS	A765-999-002T-0921	\$20.00
GONZALEZ JOSE R	E933-999-0050-2000	\$45.99
BOURSELAN ALI	L891-000-011E-1595	\$11.68
LONE STAR TITLE CO	U819-999-008C-0620	\$36.50
OLIVAS PEDRO & MARIA	99MH-999-0000-0471	\$50.00

District 6
Claudia L. Rodriguez

District 7
Henry Rivera

District 8
Cissy Lizarraga

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 9 to 12 days to process the applications received and send for review.

CITY MANAGER
Tommy Gonzalez

The following refund application was not approved by the Tax Office upon review by the Internal Audit Office due to lack of receipt from taxpayer. The Tax Office was notified of the situation and the application was then approved for review.

OLIVAS PEDRO & MARIA	99MH-999-0000-0471	\$50.00
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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

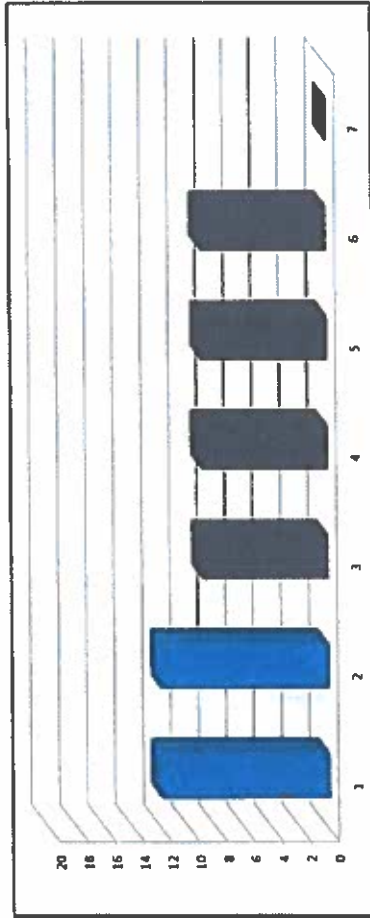
Edmundo S. Calderon – Chief Internal Auditor
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso
 Internal Audit Office
 Tax Office Refund Project
 Week of 07/19/2021 Reviews-Over Three Years

#	Business	P.A.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	Tools Days from Date Proof of Payment to Date Asked to be Reviewed	Date Internal Audit Reviewed Application	Comments
1	UNIVERSAL TINTING & ACCESSORIES	1537-999-1298-5014	\$12.80	7/9/2021	7/9/2021	7/16/2021	7/31/2021	12	7/26/2021	
2	BOURSELAN ALI	L891-000-011E-1595	\$11.68	7/2/2021	7/9/2021	7/16/2021	7/31/2021	12	7/26/2021	
3	VANDEBILT MORTGAGE & FINANCE	LJMI1-000-0000-0011	\$10.00	7/6/2021	7/12/2021	7/16/2021	7/31/2021	9	7/26/2021	
4	MAGELLAN MIDSTREAM PARTNERS	A765-999-002T-0921	\$20.00	7/7/2021	7/12/2021	7/16/2021	7/31/2021	9	7/26/2021	
5	GONZALEZ JOSE R GARCIA SANDRA	E933-999-005E-2000	\$45.99	7/8/2021	7/12/2021	7/16/2021	7/31/2021	9	7/26/2021	
6	LONE STAR TITLE CO	L819-999-008C-0620	\$36.50	7/12/2021	7/12/2021	7/15/2021	7/31/2021	9	7/26/2021	
7	OLIVAS PEDRO & NARIA	99MI1-999-0000-0471	\$50.00	6/21/2021	See Comments	7/27/2021	7/31/2021	N/A	7/26/2021	Taxpayer cannot find original payment receipt.
			<u>\$186.97</u>							

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, Pedro and Maria Olivas ("Taxpayer") have applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on February 27, 2017 in the amount of \$50.00 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 Pedro and Maria Olivas 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 \$50.00 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

Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:

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 21 2021

OLIVAS PEDRO & MARIA
11124 MONTANA AVE TRLR 312
EL PASO, TX 79936-1129

Handwritten: 3125

Geo No. 99MH-999-0000-0471	Prop ID 72644
Legal Description of the Property	
1999 OAKWOOD 16X68 MOBILE HOME ONLY ON PERSONAL PROPERTY SERIAL # HOTX09908122 LABEL # NTA0901643	
11124 MONTANA AVE-312	
OWNER: OLIVAS PEDRO & MARIA	

2016 OVERAGE AMOUNT \$50.00

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: PEDRO OLIVAS			
	Address: 11124 MONTANA AVE TRL 312			
	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.: 915 502 9589		E-Mail Address:	
	Payment made by:	Check No.	Date Paid	Amount Paid
	CASH		2/27/17	50.00
	* PLEASE SEE NOTE ON BACK *			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)			
	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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	<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):			
	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>		PEDRO OLIVAS		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>Handwritten Signature</i> Date: 07/27/21		

DEPOSIT Remittance Detail

Summary Query Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A02271773	99MH99900000471				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
*	T1112200011	11/12/2020	44865314	00000	CH	\$155.83	\$155.83	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A01062075	01/06/2020	42669834		CA	\$156.00	\$156.00	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A02281990	02/28/2019	40850853		CA	\$160.00	\$156.25	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A03071883	03/07/2018	37955228		CA	\$150.00	\$149.93	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A02271773	02/27/2017	34948709		CA	\$50.00	\$50.00	LG	99MH99900000471	OLIVAS PEDRO & MARIA
	A02271773	02/27/2017	34948708	230	CH	\$140.67	\$140.67	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A03081673	03/08/2016	31978979	17-366481665	CH	\$139.00	\$139.00	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A03231572	03/23/2015	28991360		CA	\$150.00	\$148.61	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A03051469	03/05/2014	25951906		CA	\$145.00	\$143.67	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A03271323	03/27/2013	23301714		CA	\$140.00	\$135.29	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A02211223	02/21/2012	20556990		CA	\$140.00	\$139.97	PA	99MH99900000471	OLIVAS PEDRO & MARIA
	A032111T8	03/21/2011	18356645		CA	\$150.65	\$150.64	PA	99MH99900000471	OLIVAS PEDRO & MARIA

Applied Total \$3,581.83



Internal Audit Office

MAYOR
Oscar Leeser

DATE: August 11, 2021

TO: Maria O. Pasillas, Tax Assessor/Collector

CITY COUNCIL

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

District 1
Peter Svarzbein

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

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

District 4
Joe Molinar

District 5
Isabel Salcido

BREW SPORTS PUB	1591-999-1290-6350	\$82.85
CORELOGIC TAX SERVICES, LLC	C340-999-1120-4700	\$22.49
LUIS A. SERRANO	H793-025-0050-0300	\$69.92
ESPINOZA FERMIND & ESPERANZA D	T109-999-0190-3100	\$49.76
IBARRA ANDRES	T172-999-0090-1300	\$45.10
ESTHER KIM	T213-999-0090-2000	\$21.00
SIERRA TITLE COMPANY INC	V893-999-0520-0100	\$26.00
EAST SMART CHOICE (SAN HLAING)	V893-999-0750-3900	\$469.58
ADALBERTO NAVAR	V927-999-0260-0500	\$30.00
SIERRA TITTLE COMPANY	H779-091-7910-0170	\$13.58
JOSE ESTRADA	S137-999-0390-7500	\$80.00
JNC DEVELOPMENT, INC	X579-000-3030-1000	\$687.30

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 4 to 19 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

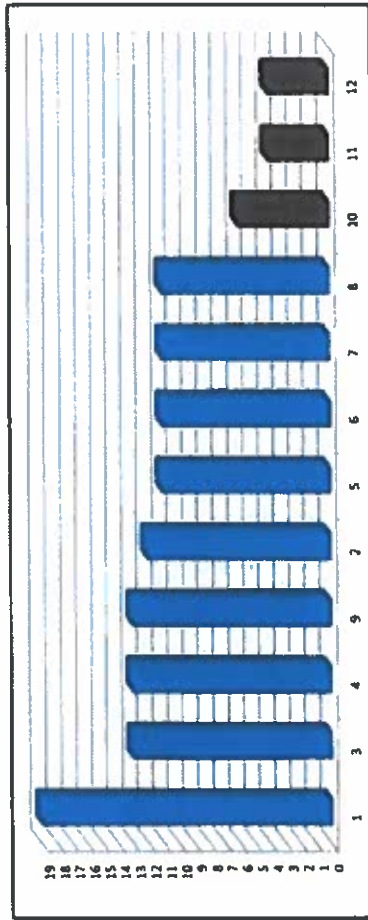
Edmundo S. Calderon – Chief Internal Auditor
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso
Internal Audit Office
Tax Office Refund Project
Week of 8/6/2021 Reviews- Over Three Years

Refund To	P.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	Total Days from Date Proof of Payment to Date Application to be Reviewed	Date Internal Audit Review Application	Comments
1 BREW SPORTS PUB	1591-999-1290-6350	\$43.85	7/17/2021	7/22/2021	7/30/2021	8/10/2021	19	8/11/2021	
3 LUIS A. SERRANO	H791-025-0050-0100	\$69.92	7/25/2021	7/28/2021	8/2/2021	8/10/2021	13	8/11/2021	
4 ESPINOZA FERMIN & ESPERANZA D	T109-999-0190-3100	\$49.76	7/28/2021	7/28/2021	7/28/2021	8/10/2021	13	8/11/2021	
9 ADALBERTO NAVAR	N927-999-0160-9500	\$30.00	7/28/2021	7/28/2021	7/28/2021	8/10/2021	13	8/11/2021	
2 CORELOGIC TAX SERVICES, LLC	C348-999-1120-4700	\$22.49	7/29/2021	7/29/2021	8/2/2021	8/10/2021	12	8/11/2021	
5 IBARRA ANDRES	T172-999-0090-1300	\$45.10	7/30/2021	7/30/2021	8/2/2021	8/10/2021	11	8/11/2021	
6 ESTHER KIM	T213-999-0090-2000	\$21.00	7/30/2021	7/30/2021	8/2/2021	8/10/2021	11	8/11/2021	
7 SIERRA TITLE COMPANY INC	V893-999-0530-0100	\$26.00	7/27/2021	7/30/2021	7/30/2021	8/10/2021	11	8/11/2021	
8 EAST SMART CHOICE (SAN JUAN)	V893-999-0750-1900	\$469.58	7/26/2021	7/30/2021	7/30/2021	8/10/2021	11	8/11/2021	
10 SIERRA TITLE COMPANY	H779-091-7910-0170	\$13.58	7/30/2021	8/4/2021	8/10/2021	8/10/2021	6	8/11/2021	
11 ROSE ESTRADA	S137-999-0390-7500	\$80.00	8/7/2021	8/6/2021	8/10/2021	8/10/2021	4	8/11/2021	
12 JNC DEVELOPMENT, INC	X579-000-1030-1000	\$687.30	8/12/2021	8/6/2021	8/10/2021	8/10/2021	4	8/11/2021	
		\$1,597.58							

Legend
■ 11-30 Days
■ 90+ 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, Chad McHalfey through Brew Sports Pub C/O McBin LLC. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on February 28, 2017 in the amount of \$82.85 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 Chad McHalfey through Brew Sports Pub C/O McBin LLC. 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 \$82.85 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 22 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

BREW SPORTS PUB
C/O MCBINLLC
1441 N ZARAGOZA RD STE 1
EL PASO, TX 79936-1940

Handwritten: 07/30/21 ✓

Geo No. 1591-999-1290-6350	Prop ID 652724
Legal Description of the Property INV FURN MACH SIGN 1441 N ZARAGOZA RD-I	
OWNER: BREW SPORTS PUB	

2016 OVERAGE AMOUNT \$82.85 ✓

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: <i>Chad McCall Pkey</i>			
	Address: <i>5016 Montoya Drive</i>			
	City, State, Zip: <i>El Paso, TX, 79922</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>915 820 8437</i>	E-Mail Address:	
	Payment made by:	Check No.	Date Paid	Amount Paid
		<i>3348</i>	<i>2/28/17</i>	<i>\$4,514.73</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 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.)			
TAX OFFICE USE ONLY:	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<i>Chad McCall Pkey</i>		<i>Chad McCall Pkey 7/17/21</i>	
	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>07/30/2021</i>

Notes

Go To :

LUZR
ACT80122 v1.90

09/30/2021 10:46:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A03061777	159199912906350				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
*	T01222100011	01/22/2021	46287909	06990	CH	\$3,058.44	\$3,058.44	PA	159199912906350	BREW SPORTS PUB
*	T01162000001	01/16/2020	42986154	06432	CH	\$3,581.22	\$3,581.22	PA	159199912906350	BREW SPORTS PUB
	A03051986	03/05/2019	40889994	5544	CH	\$4,527.52	\$4,527.52	PA	159199912906350	BREW SPORTS PUB
	EC01021868	12/29/2017	36686261	CC001809297	EC	\$5,354.30	\$5,354.30	PA	159199912906350	25931333-BREW SPORTS
	A03061777	02/28/2017	35020625	3348	CH	\$4,514.73	\$82.85	LG	159199912906350	BREW SPORTS PUB
	A03061777	02/28/2017	35020625	3348	CH	\$4,514.73	\$4,431.88	PA	159199912906350	BREW SPORTS PUB
*	X1123151015	11/23/2015	29995802	02000	CH	\$4,076.98	\$4,076.98	PA	159199912906350	BREW SPORTS PUB

Applied Total \$25,113.19

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, Corelogic Tax Services LLC through CMS ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on May 31, 2017 in the amount of \$22.49 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 Corelogic Tax Services LLC 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 \$22.49 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:

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector

JUL 06 2021

7



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 29 2021

CMS
P O BOX 9233
COPPELL, TX 75019--926

OP
+ 3/2/15

Geo No. C340-999-1120-4700	Prop ID 33367
Legal Description of the Property 112 CHAPARRAL PARK LOT 24 (7977 SQ FT)	
809 ESPOLON DR 79912	
OWNER: MIRAMONTES SOFIA	

2016 OVERAGE AMOUNT \$22.49

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: Corelogic Tax Services, LLC			
	Address: P.O.Box 9202			
	City, State, Zip: COPPELL, TX 75019			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 817-699-2106		E-Mail Address: klohith@corelogic.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
		CK 31792155	5/31/17	1293.78
	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	
Lohith Kumar			Lohith Kumar & 7/29/2021	

TAX OFFICE USE ONLY:

Approved Denied

By:

[Signature]

Date:

07/30/2021

Notes

Go To:

LUZR
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09/30/2021 10:46:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A06011778	C34099911204700									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M20E12700001	12/23/2020	45430426	202012220020	EF	\$299,908.29	\$4,064.57	PA	C34099911204700	2700-LERETA LLC
	M19A27000001	12/19/2019	42327515	191218181967	EF	\$24,518.03815	\$4,066.68	PA	C34099911204700	2700-LERETA LLC
	A12201886	12/20/2018	39379548	521922	CH	\$76,214.77	\$3,808.50	AA	C34099911204700	25822528-FAY SERVICING
	A07121865	07/12/2018	38455513	85064911	CH	\$851.90	\$851.90	PA	C34099911204700	25822528-FAY SERVICING
	A07121865	07/12/2018	38455512	85064912	CH	\$348.90	\$348.90	PA	C34099911204700	25822528-FAY SERVICING
	A04301881	04/30/2018	38202105		CA	\$3,100.00	\$3,100.00	PA	C34099911204700	MIRAMONTES SOFIA
	A06011778	05/31/2017	35395229	31792155	CH	\$1,293.78	\$1,271.29	PA	C34099911204700	25391222-CMS
	A06011778	05/31/2017	35395229	31792155	CH	\$1,293.78	\$22.49	LG	C34099911204700	25391222-CMS
	RC210730	05/31/2017	35395229	31792155	CH	\$22.49	\$22.49	TR	C34099911204700	28603131-CORELOGIC TA
	RC210730	05/31/2017	35395229	31792155	CH	\$22.49	\$22.49	TR	C34099911204700	25391222-CMS
	EC05011798	04/28/2017	35281942	CC001648038	EC	\$2,700.00	\$2,700.00	PA	C34099911204700	25524738-SOFIA MIRAMC
	EC06151668	06/15/2016	32375637	CC001335504	EC	\$4,025.13	\$4,025.13	PA	C34099911204700	24735927-SOFIA MIRAMC
Applied Total							\$83,657.27			

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 A. Serrano ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on April 10, 2017 in the amount of \$69.92 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 A. Serrano 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 \$69.92 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:

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED JUL 28 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

SERRANO LUIS A 13480 MARTHA LN EL PASO, TX 79938-8037

Handwritten: OP / 73495 ✓

Geo No. H793-025-0050-0300 Prop ID 289008 Legal Description of the Property 5 HORIZON VIEW ESTATES #25 LOT 30 (10253.00 SQ FT) 14642 KENTON RD OWNER: SERRANO LUIS A

2016 OVERAGE AMOUNT 569.92 ✓

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

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. Name: Luis A. Serrano Address: 13480 Martha Ln. City, State, Zip: El Paso Tx 79938 Daytime Phone No: (915) 256-0697 E-Mail Address: luis@stfcorp.com Step 2. Provide payment information. Payment made by: Check No. 17-553148383 Date Paid 4/10/17 Amount Paid \$86.03 Step 3. Provide reason for this refund. I paid this account in error and I am entitled to the refund. Step 4. Sign the form. Signature of Requestor: Luis A. Serrano Printed Name & Date: Luis A. Serrano 7/28/21 TAX OFFICE USE ONLY: [X] Approved [] Denied By: [Signature] Date: 07/30/2021

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A04101778	H79302500500300									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	M2040000001	12/24/2020	45444603	5755	CH	\$813,895.55	\$3,109.68	PA	H79302500500300	4000-COMMERCIAL ESCI
	M1940000001	01/21/2020	43015854	5557	CH	\$761,967.45	\$3,319.61	PA	H79302500500300	4000-COMMERCIAL ESCI
	M1840000001	01/14/2019	39880572	5195	CH	\$511,847.81	\$1,532.07	PA	H79302500500300	4000-COMMERCIAL ESCI
	A03071841	03/07/2018	37955765	R207826928243	CH	\$256.55	\$256.55	PA	H79302500500300	SERRANO LUIS A
	M17A40000001	01/29/2018	37366935	4968	CH	\$158,595.95	\$1,089.79	PA	H79302500500300	4000-COMMERCIAL ESCI
	A04101778	04/10/2017	35217469	17-553148383	CH	\$86.03	\$16.11	PA	H79302500500300	SERRANO LUIS A
	A04101778	04/10/2017	35217469	17-553148383	CH	\$86.03	\$69.92	LG	H79302500500300	SERRANO LUIS A
	A04101778	04/10/2017	35217468	17-553148382	CH	\$500.00	\$500.00	PA	H79302500500300	SERRANO LUIS A
	M1640000001	01/30/2017	34433435	4722	CH	\$455,033.69	\$121.07	PA	H79302500500300	4000-COMMERCIAL ESCI
	M1540000001	01/20/2016	31050838	4518	CH	\$441,754.07	\$6.91	PA	H79302500500300	4000-COMMERCIAL ESCI
	A01311573	01/31/2015	28403287	4256	CH	\$6.72	\$6.72	PA	H79302500500300	20898059-COMMERCIAL I
	A12241369	12/24/2013	24526798	1054	CH	\$377.83	\$6.65	PA	H79302500500300	22801224-HVE UNIT 25 L
Applied Total							\$10,185.28			

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, Fermin and Esperanza D. Espinoza ("Taxpayer") have applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on February 22, 2017 in the amount of \$49.76 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 Fermin and Esperanza D. Espinoza 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 \$49.76 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:

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED
JUL 28 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

ESPINOZA FERMIN & ESPERANZA D
6239 ALGONQUIN RD
EL PASO, TX 79905-2120

Handwritten notes: "AP" with a checkmark and "7/31/21" with a checkmark.

Geo No. T109-999-0190-3100	Prop ID 108926
Legal Description of the Property 19 TEJAS LOT 11 6239 ALGONQUIN RD	
OWNER: ESPINOZA FERMIN & ESPERANZA D	
2016 OVERAGE AMOUNT \$49.76	

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: [Redacted]			
	Address: [Redacted]			
	City, State, Zip: [Redacted]			
Daytime Phone No.: [Redacted]		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
		1561	2/22/17	\$1,401.81
	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	
[Handwritten Signature]		F. ESPINOZA		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: [Handwritten Signature] Date: 07/30/21		

Notes

Go To

LUZR
ACT80122 v1.90

09/30/2021 10:46:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A02221779	T10999901903100									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
*	T11032000003	11/02/2020	44759488	02802	CH	\$1,359.61	\$1,359.61	PA	T10999901903100	ESPINOZA FERMIN & ES
*	T11261900003	11/26/2019	42028646	02473	CH	\$1,360.67	\$1,360.67	PA	T10999901903100	ESPINOZA FERMIN & ES
	A01161978	01/16/2019	39946538	2104	CH	\$1,269.55	\$1,269.55	PA	T10999901903100	ESPINOZA FERMIN & ES
*	T02021840013	01/31/2018	37681735	01828	CH	\$1,136.55	\$1,121.54	PA	T10999901903100	ESPINOZA FERMIN & ES
*	A02221779	02/22/2017	34915260	1561	CH	\$1,401.81	\$1,401.81	PA	T10999901903100	ESPINOZA FERMIN & ES
	QP170223	02/22/2017	34915260	1561	CH	\$0.00	\$0.00	TR	T10999901903100	ESPINOZA FERMIN & ES
	QP170223	02/22/2017	34915260	1561	CH	\$0.00	\$49.76	TR	T10999901903100	ESPINOZA FERMIN & ES
	QP170223	02/22/2017	34915260	1561	CH	\$0.00	\$49.76	LG	T10999901903100	ESPINOZA FERMIN & ES
*	X0201161002	02/01/2016	31503329	01199	CH	\$1,298.98	\$1,298.98	PA	T10999901903100	ESPINOZA FERMIN & ES
	MB01311548	01/29/2015	28398688	944	CH	\$1,521.29	\$1,521.29	PA	T10999901903100	ESPINOZA FERMIN & ES
*	X0124141017	01/24/2014	25257482	00662	CH	\$1,356.08	\$1,356.08	PA	T10999901903100	ESPINOZA FERMIN & ES
*	X0131131014	01/31/2013	22834552	00408	CH	\$1,300.25	\$1,300.25	PA	T10999901903100	ESPINOZA FERMIN & ES
Applied Total							\$29,208.54			

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, Andres Ibarra through Select Portfolio Servicing Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 31, 2017 in the amount of \$45.10 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 Andres Ibarra 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 \$45.10 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:

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED JUL 30 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

SELECT PORTFOLIO SERVICING INC
3217 SOUTH DECKER LAKE DR
SALT LAKE CITY, UT 84119

OP
12/2/15

Geo No. T172-999-0090-1300	Prop ID 36396
Legal Description of the Property 9 TERRACE HILLS LOT 7 10025 MERCEDES ST	
OWNER: IBARRA ANDRES	

2016 OVERAGE AMOUNT \$45.10

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>Ibarra Andres</u>			
	Address: <u>10025 Mercedes St</u>			
	City, State, Zip: <u>El Paso, TX 79924-3816</u>			
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
		<u>556865</u>	<u>3/31/17</u>	<u>\$291.26</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.			
<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	
<u>Sherry James</u>		<u>Sherry James</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <u>[Signature]</u>	Date: <u>07/30/2021</u>	

Notes

Go To:

LUZR
ACT80122 v1.90

ACCOUNT NO (T17299900901300): Lien ID H 015497012 inserted amount = 314.07, file_date 06/23/2015 on 10/03/2016

09/30/2021 10:46:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A04061775	T17299900901300									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	M2022000001	12/18/2020	45355774	1194572	CH	\$48,366.101.53	\$2,267.51	PA	T17299900901300	2200-GOVERNMENT EMF
	M1922000001	12/20/2019	42369717	1172042	CH	\$44,995.999.26	\$2,232.15	PA	T17299900901300	2200-GOVERNMENT EMF
	B01021965	12/31/2018	39590693	3149	CH	\$2,124.87	\$2,124.87	AA	T17299900901300	PAREDES CAROLINA
	A05091881	05/09/2018	38237601	129615	CH	\$290.24	\$290.24	PA	T17299900901300	25056967-SELECT PORTF
	A05091881	05/09/2018	38237600	129470	CH	\$2,232.58	\$2,232.58	PA	T17299900901300	25056967-SELECT PORTF
	A04061775	03/31/2017	35204508	556865	CH	\$291.26	\$45.10	LG	T17299900901300	25056967-SELECT PORTF
	A04061775	03/31/2017	35204508	556865	CH	\$291.26	\$246.16	PA	T17299900901300	25056967-SELECT PORTF
	A04061775	03/31/2017	35204507	556814	CH	\$122.85	\$2,438.77	PA	T17299900901300	25056967-SELECT PORTF
	RC210730	03/31/2017	35204508	556865	CH	\$45.10	\$45.10	TR	T17299900901300	25056967-SELECT PORTF
	RC210730	03/31/2017	35204508	556865	CH	\$45.10	\$45.10	TR	T17299900901300	BUTTERWORTH CARMEN
	RC210802	03/31/2017	35204508	556865	CH	\$45.10	\$45.10	TR	T17299900901300	BUTTERWORTH CARMEN
	RC210802	03/31/2017	35204508	556865	CH	\$45.10	\$45.10	TR	T17299900901300	29949073-IBARRA ANDRE
Applied Total							\$34,104.92			

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, Esther E. Kim ("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 \$21.00 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 Esther E. Kim 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 \$21.00 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

Wendi N. Vineyard
Assistant City Attorney

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor/Collector



TAX OFFICE RECEIVED
JUL 30 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

KIM ESTHER E
6912 ECHO CLIFFS DR
EL PASO, TX 79912

OP
12/2/18

Geo No. T213-999-0090-2000	Prop ID 78862
Legal Description of the Property 9 THE HIGHLANDS #2 LOT 20 (5670.00 SQ FT) 6912 ECHO CLIFFS DR	
OWNER: KIM SUNG S	

2017 OVERAGE AMOUNT \$21.00

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: ESTHER KIM			
→ Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Address: 6912 ECHO CLIFFS DR.			
	City, State, Zip: EL PASO, TX, 79912			
	Daytime Phone No.: (915) 637-3480		E-Mail Address:	
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: ESTHER KIM			
	Check No.	Date Paid	Amount Paid	
	5184	11/31/18	\$321.00	
TOTAL AMOUNT PAID (sum of the above amounts)				
Step 4. Sign the form. Unsigned applications cannot be processed.	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):				
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		
ESTHER KIM		ESTHER KIM		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 07/30/2021				

Notes

Go To

LUZR
ACT80122 v1.90

09/30/2021 10:46:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A02161875	T21399900902000				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	RF200115	01/03/2020	42651353	05226	CH	\$0.00	\$0.00	DA	T21399900902000	KIM SUNG S
	RF200115	01/03/2020	42651353	05226	CH	\$0.00	\$0.00	DA	T21399900902000	KIM SUNG S
	RF200115	01/03/2020	42651353	05226	CH	\$0.00	\$0.00	DA	T21399900902000	KIM SUNG S
	RF200115	01/03/2020	42651353	05226	CH	\$0.00	\$0.00	DA	T21399900902000	KIM SUNG S
	RF200115	01/03/2020	42651353	05226	CH	\$0.00	\$0.00	DA	T21399900902000	KIM SUNG S
	T01032000007	01/03/2020	42651353	05226	CH	\$3,852.27	\$3,852.27	PA	T21399900902000	KIM SUNG S
	EC01081998	01/08/2019	39804489	CC002252199	EC	\$3,705.36	\$3,705.36	PA	T21399900902000	26889982-ESTHER EARL
	A02161875	01/31/2018	37824756	5184	CH	\$321.00	\$300.00	PA	T21399900902000	26248683-KIM ESTHER E
	A02161875	01/31/2018	37824756	5184	CH	\$321.00	\$21.00	LG	T21399900902000	26248683-KIM ESTHER E
	T01301840020	01/30/2018	37488992	00106	CH	\$3,060.50	\$3,060.50	PA	T21399900902000	KIM SUNG S
	X0110171009	01/10/2017	33923938	01157	CH	\$3,200.22	\$3,200.22	PA	T21399900902000	KIM SUNG S
	A03241665	03/24/2016	32057072	1056	CH	\$224.26	\$224.26	PA	T21399900902000	KIM SUNG S

Applied Total \$70,769.83

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, Sierra Title Company Inc. ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on August 21, 2017 in the amount of \$26.00 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 Sierra Title Company 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 \$26.00 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

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA



TAX OFFICE RECEIVED JUL 30 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

SIERRA TITLE CO 1600 LEE TREVINO STE B1 EL PASO, TX 79936

OP / 7/30/21 ✓

Geo No. V893-999-0520-0100 Prop ID 285774 Legal Description of the Property 52 VISTA DEL SOL LOT 1 (8280 SQ FT) 2212 ABRIL DR OWNER SOLIS MARIA A 2017 OVERAGE AMOUNT \$26.00

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. Who should the refund be issued to: Name: Sierra Title Company Inc. Address: 1600 N Lee Trevino Dr Ste B-1 City, State, Zip: El Paso TX 79936 Daytime Phone No.: 9155937200 E-Mail Address: w.bautista@sierratitle.com Step 2. Provide payment information. Payment made by: Check No. 034507 Date Paid 8/21/17 Amount Paid \$333.28 Step 3. Provide reason for this refund. Please check one of the following: [X] I overpaid this account. Please refund the excess to the address listed in Step 1. Step 4. Sign the form. SIGNATURE OF REQUESTOR (REQUIRED) [Signature] PRINTED NAME & DATE Willie Bautista 7-27-21 TAX OFFICE USE ONLY: [X] Approved [] Denied By: [Signature] Date: 07/30/2021

Notes

LUZR
ACT80122 v1.90

ACCOUNT NO (V89399905200100): PAYMENT AGREEMENT #42584 ACCOUNT(S): V89399905200100.
BEGIN DATE: 12/15/2008, END DATE: 11/15/2009, MONTHLY PAYMENT AMOUNT: \$163.18

09/30/2021 10:46:31
ACTEP

DEPOSIT **Remittance** Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A08211778	V89399905200100				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	M2022000001	12/18/2020	45355774	1194572	CH	\$48,366.101.53	\$2,277.42	PA	V89399905200100	2200-GOVERNMENT EMF	
	M1922000001	12/20/2019	42369717	1172042	CH	\$44,995,999.26	\$2,227.52	PA	V89399905200100	2200-GOVERNMENT EMF	
	M1822000001	12/21/2018	39414548	1147143	CH	\$40,262,012.99	\$2,258.29	PA	V89399905200100	2200-GOVERNMENT EMF	
	M1722000001	12/21/2017	36425811	1111056	CH	\$35,016,191.61	\$2,686.31	PA	V89399905200100	2200-GOVERNMENT EMF	
	A08211778	08/21/2017	35622923	034507	CH	\$333.28	\$307.28	PA	V89399905200100	20893081-SIERRA TITLE C	
	A08211778	08/21/2017	35622923	034507	CH	\$333.28	\$26.00	LG	V89399905200100	20893081-SIERRA TITLE C	
	EC08021768	08/01/2017	35590409	CC001693018	EC	\$500.00	\$500.00	PA	V89399905200100	25639612-IVR PAYMENT	
	EC06011768	05/31/2017	35411646	CC001668299	EC	\$500.00	\$500.00	PA	V89399905200100	25571619-IVR PAYMENT	
	EC04031798	03/31/2017	35189034	CC001631610	EC	\$300.00	\$300.00	PA	V89399905200100	25484252-IVR PAYMENT	
	EC01311798	01/30/2017	34587469	CC001545750	EC	\$1,017.51	\$1,017.51	PA	V89399905200100	25276132-IVR PAYMENT	
	EC08011668	07/31/2016	32551084	CC001352467	EC	\$400.00	\$400.00	PA	V89399905200100	24789601-IVR PAYMENT	
	EC07181668	07/17/2016	32500640	CC001346071	EC	\$161.00	\$161.00	PA	V89399905200100	24770989-IVR PAYMENT	
Applied Total								\$50,094.26			

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, East Smart Choice LLC, ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 18, 2017 in the amount of \$469.58 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 East Smart Choice LLC, 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 \$469.58 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:

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
 JUL 30 2021

EAST SMART CHOICE LLC
 1729 WESTON BRENT LN STE B
 EL PASO, TX 79935-3013

Handwritten: PD / Hayes ✓

Geo No. V893-999-0750-3900	Prop ID 255491
Legal Description of the Property 75 VISTA DEL SOL #13 LOT 20 2117 TRAWOOD DR	
OWNER: EAST SMART CHOICE LLC	
2016 OVERAGE AMOUNT \$469.58 ✓	

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: East Smart Choice (San Hlaing)			
	Address: 1729 Weston Brent Lane, Ste B. ✓			
	City, State, Zip: EL PASO, TX 79935			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Daytime Phone No.:	915-503-8224	E-Mail Address:	ashermin@gmail.com
	Payment made by:	Check No.	Date Paid	Amount Paid
		01042	11/18/17	\$4,738.42
	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>San Hlaing</i>	San Hlaing (East Smart Choice) 07/26/2021 ✓			

TAX OFFICE USE ONLY:

Approved

Denied

By:

Handwritten signature

Date:

07/30/2021 ✓

LUZR
ACT80122 v1.90

09/30/2021 10:46:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
X0118171002	V89399907503900				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	O011221218	01/12/2021	46014803	1072	CH	\$4,931.14	\$4,931.14	PA	V89399907503900	29158501-EAST SMART C
*	X0113201002	01/13/2020	42870104	01062	CH	\$4,791.59	\$4,791.59	PA	V89399907503900	EAST SMART CHOICE LL
*	X1210181001	12/10/2018	39208247	01049	CH	\$4,763.64	\$4,763.64	PA	V89399907503900	EAST SMART CHOICE LL
*	X0102181004	01/02/2018	36665186	01046	CH	\$4,342.84	\$4,342.84	PA	V89399907503900	EAST SMART CHOICE LL
*	X0118171002	01/18/2017	34093728	01042	CH	\$4,738.42	\$4,268.84	PA	V89399907503900	EAST SMART CHOICE LL
*	X0118171002	01/18/2017	34093728	01042	CH	\$4,738.42	\$469.58	LG	V89399907503900	EAST SMART CHOICE LL
	O121815225	12/18/2015	30401242	1034	CH	\$4,045.65	\$4,045.65	PA	V89399907503900	24182526-EAST SMART C
	A12041473	12/04/2014	27115720	1007	CH	\$4,253.06	\$4,253.06	PA	V89399907503900	23427318-EAST CHOICE I
*	X0203141063	01/31/2014	25609960	01561	CH	\$4,177.22	\$4,177.22	PA	V89399907503900	PAN MING L
	EC01151315	01/15/2013	22398141	CC000574230	CH	\$2,117.67	\$2,117.67	PA	V89399907503900	22253654-MING LONG PA
	A04241263	04/24/2012	20839790	161537	CH	\$2,089.13	\$2,089.13	PA	V89399907503900	20734345-REVERSE MOF
	A07251140	07/25/2011	18703131	96380	CH	\$2,366.02	\$2,366.02	PA	V89399907503900	20734345-REVERSE MOF
Applied Total							\$64,273.70			

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, Sierra Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on February 07, 2017 in the amount of \$13.58 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 Sierra 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 \$13.58 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

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector



TAX OFFICE RECEIVED

AUG 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

OP
Hayes
236369

SIERRA TITLE COMPANY
780 N RESLER DR SUITE B
EL PASO, TX 79912

Geo No. H779-091-7910-0170	Prop ID 408688
Legal Description of the Property 791 HORIZON CITY #91 LOT 17 (21779.00 SQ FT) FISHKILL DR OWNER: NEW HORIZON JOINT VENTURE	

2016 OVERAGE AMOUNT \$13.58

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

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: Sierra Title Company			
	Address: 120 Shadow Mountain			
	City, State, Zip: El Paso, TX 79912			
Daytime Phone No.: 915-584-9451		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
	Sierra Title Company	004097	2/7/17	\$714.29
	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) Clarann Estrada		PRINTED NAME & DATE Clarann Estrada 7/30/21	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 08/04/21

ANDREA
ACT80122 v1.90

08/06/2021 15:44:16
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A02071777	H77909179100170									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC01082198	01/08/2021	45899522	00003289298	EC	\$15.48	\$15.48	PA	H77909179100170	25101288-NEW HORIZON
	B02072075	01/31/2020	42869007	124	CH	\$730.61	\$15.02	PA	H77909179100170	28070788-NEW HORIZON
	A11301875	11/30/2018	39080982	154	CH	\$1,918.62	\$15.14	PA	H77909179100170	28070788-NEW HORIZON
	AC1281875	01/28/2018	37284142	142	CH	\$959.91	\$14.95	PA	H77909179100170	28070788-NEW HORIZON
	A02071777	02/07/2017	34779285	004097 ✓	CH	\$714.29 ✓	\$13.58	LG	H77909179100170	23953563-SIERRA TITLE
	A02071777	02/07/2017	34779285	004097	CH	\$714.29	\$700.71	PA	H77909179100170	23953563-SIERRA TITLE
	RC210727	02/07/2017	34779285	004097	CH	\$13.58	\$13.58	TR	H77909179100170	23953563-SIERRA TITLE
	RC210727	02/07/2017	34779285	004097	CH	\$13.58	\$13.58	TR	H77909179100170	1497930-SIERRA TITLE C
	R30007JB	06/15/1999	2890314		MI	\$0.16	\$0.14	PA	H77909179100170	MINER,LOYD J & MAXINE
	LOAD	01/01/1901	2588535		MI	\$0.00	\$0.00	PA	H77909179100170	MINER,LOYD J & MAXINE

OP + 3 yrs

Applied Total \$775.02

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, Jose Estrada through Jose and Angelica Estrada ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 31, 2017 in the amount of \$80.00 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 Jose and Angelica Estrada 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 \$80.00 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

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector



TAX OFFICE RECEIVED

AUG 06 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

ESTRADA JOSE & ANGELICA
11337 W RANCH CT
EL PASO, TX 79934-3160

Handwritten: OR + 3425 ✓

Geo No. S137-999-0390-7500	Prop ID 650227
Legal Description of the Property BLK 39 SANDSTONE RANCH =9 LOT 75 11337 WEST RANCH CT 79934	
OWNER: ESTRADA JOSE	
2016 OVERAGE AMOUNT 580.00 ✓	

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: Jose Estrada ✓			
	Address: 11337 West Ranch Ct ✓			
	City, State, Zip: El Paso, TX 79934			
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
		48087	1/31/17	\$80.00
	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 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>Jose Estrada</i>		Jose Estrada 08/03/2021 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i> Date: 08/09/2021		

Notes

Go To

ANDREA
ACT80122 1.90

08/09/2021 10:04:43
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No.	Remt Seq No.	Check No.	Payment Amount	Payment Agreement No.
X0202171028	S13799903907500				

Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	X0202171028	01/31/2017	34797898	48087 ✓	CH	\$80.00	\$80.00 ✓	LG	S13799903907500	ESTRADA JOSE & ANGEI
	M163000B0001	12/22/2016	33464275	3163364	CH	\$23,571,354.67	\$207.58	PA	S13799903907500	2000-WELLS FARGO HO
	A12221566	12/22/2016	30401573	80492	CH	\$100,940.43	\$545.76	AA	S13799903907500	22E14562-BOWLING COI

OP + 3yrs

Applied Total 8933.28

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, JNC Development, INC. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 24, 2017 in the amount of \$687.30 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 JNC Development, 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 \$687.30 is approved.

APPROVED this _____ day of _____, 2021.

CITY OF EL PASO:

Oscar Leaser
Mayor

ATTEST:

Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Wendi N. Vineyard

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector



TAX OFFICE RECEIVED

AUG 06 2021

JUL 26 2021

BY: _____

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. X579-000-3030-1000	Prop ID 30713
Legal Description of the Property 79 TSP 3 SEC 3 T & P ABST 2147 W 1/2 OF SW 1/4 OF SW 1/4 OF SW 1/4 (5.00 AC) CARRIED WITH X57999930301000	
OWNER: WALNUT CREEK LLC	

JNC DEVELOPMENT, INC
12300 MONTWOOD DRIVE
EL PASO, TX 79928

OP
+3425 ✓

2016 OVERAGE AMOUNT \$687.30

6. COUNTY OF EL PASO. 7. EL PASO COMMUNITY COLLEGE. 8. UNIVERSITY MEDICAL CENTER OF EL PASO. 9. SOCORRO ISD. 14. HORIZON REGIONAL MLD. 15. EMERG SERVICES DIST #1

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: JNC Development, Inc. Address: 12300 Montwood Drive ✓ City, State, Zip: El Paso, TX, 79928 79928 Daytime Phone No.: 915-855-1005 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: SJC Development, Inc. 57177 Check No. 1124117 Date Paid 8/24/17 Amount Paid \$68,627.52
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts) 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): JNC PRINTED NAME & DATE: Carlos Bombach 8/3/21 ✓ TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 8/10/21 ✓

Notes

Go To

ANDREA
ACT80122 v190

09/09/2021 09:47:21
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No.	Remit Seq No.	Check No	Payment Amount	Payment Agreement No.					
A01241741	X57900030301000									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A01241741	01/24/2017	34232195	57177	CH	\$68,627.52	\$687.30	LG	X57900030301000	23051214-JNC DEVELOP
	A01241741	01/24/2017	34230027	57175	CH	\$687.30	\$687.30	PA	X57900030301000	23051214-JNC DEVELOP
	R040417267	01/24/2017	34230027	57175	CH	\$0.00	\$687.30	TR	X57900030301000	WALNUT CREEK LLC
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$324.86	DA	X57900030301000	WALNUT CREEK LLC
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$0.00	DA	X57900030301000	23051214-JNC DEVELOP
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$34.38	DA	X57900030301000	WALNUT CREEK LLC
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$0.00	DA	X57900030301000	23051214-JNC DEVELOP
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$0.00	DA	X57900030301000	23051214-JNC DEVELOP
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$24.33	DA	X57900030301000	23051214-JNC DEVELOP
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$24.81	DA	X57900030301000	23051214-JNC DEVELOP
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$24.81	DA	X57900030301000	WALNUT CREEK LLC
	RF170420	01/24/2017	34230027	57175	CH	\$0.00	\$324.86	DA	X57900030301000	23051214-JNC DEVELOP
Applied Total							\$4,852.17			

OP + 3 yrs



Internal Audit Office

MAYOR
Oscar Leoser

DATE: August 19, 2021

TO: Maria O. Pasillas, Tax Assessor/Collector

CITY COUNCIL

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

District 1
Peter Svarzbein

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

GARDEA AUTO GROUP CORP	1484-999-1278-1434	\$13.62
MARGARITA VELASQUEZ	C980-000-0080-1200	\$27.54
LILLIAN P WOODS	H779-091-7850-0200	\$20.00
TEXAS TITLE COMPANY	H805-999-0050-1500	\$93.78
SERVICE LINK	P654-999-0880-6700	\$716.81
CLINT DEVELOPMENT CO	V899-00-0050-1000	\$187.39

District 6
Claudia L. Rodriguez

District 7
Henry Rivera

District 8
Cissy Lizarraga

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 17 days to process the applications received and send for review.

CITY MANAGER
Tommy Gonzalez

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.

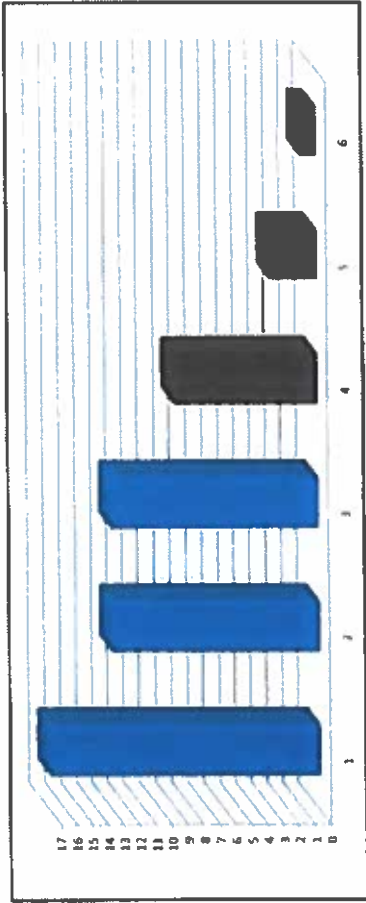
cc: Tomas Gonzalez, City Manager
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

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 08/16/2021 Review - Over Three Years

Refund ID	P.I.D. Number	Amount of Refund	Date Application was Received	Date of Proof of Payment as Received in the Tax Office	Date Application was Approved by the TIA Office	Date Tax Office Sent to Internal Audit for Review	Total Days from Date Proof of Payment to Date Asked to be Reviewed	Date Internal Audit Review Completed	Comments
1	TEXAS TITLE COMPANY 11805-999-0050-1500	\$ 93.78	7/28/2021	8/2/2021	8/10/2021	8/19/2021	17	8/19/2021	
2	GARDEA AUTO GROUP CORP 1484-999-1278-1414	\$ 13.62	8/6/2021	8/6/2021	8/10/2021	8/19/2021	13	8/19/2021	
3	MARGARITA VELASQUEZ C980-000-0080-1200	\$ 27.54	8/6/2021	8/6/2021	8/10/2021	8/19/2021	9	8/19/2021	
4	LILLIAN P WOODS H779-091-7850-0200	\$ 20.00	8/10/2021	8/10/2021	8/19/2021	8/19/2021	9	8/19/2021	
5	SERVICE LINK P654-999-0880-0700	\$ 716.81	8/10/2021	8/16/2021	8/19/2021	8/19/2021	9	8/19/2021	
6	CLINT DEVELOPMENT CO V899-000-0050-1000	\$ 187.39	8/16/2021	8/18/2021	8/18/2021	8/19/2021	1	8/19/2021	
		\$1,039.14							



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, Gardea Auto Group Corp. C/O Margarita P. Gardea ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 20, 2017 in the amount of \$13.62 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 Gardea Auto Group Corp. C/O Margarita P. Gardea 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 \$13.62 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

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

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
AUG 06 2021

GARDEA AUTO GROUP CORP
C/O MARGARITA P GARDEA
6975 ALAMEDA AVE
EL PASO, TX 79915-3437

OP
Trayes

Geo No. 1484-999-1278-1434	Prop ID 649070
Legal Description of the Property FLRN MACH SIGN 6975 ALAMEDA AVE	
OWNER GARDEA AUTO GROUP CORP	

2016 OVERAGE AMOUNT \$13.62

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:	GARDEA AUTO GROUP CORP		
	Address:	6975 ALAMEDA		
	City, State, Zip:	EL PASO TX 79915		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	E-Mail Address:		
	Payment made by:	Check No.:	Date Paid:	Amount Paid:
	CAN'T FIND	1516	3/20/17	\$76.16
	RECORD FOR AVAL OUT IT WAS PAID			
	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>		RICARDO GARDEA
TAX OFFICE USE ONLY:		Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/>	By: <i>[Signature]</i> Date: 08/10/2021

Notes

Go To:

ANDREA
ACT80122 v1.90

09/09/2021 09:27:41
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A03201741	148499912781434									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	A02152165	02/15/2021	46920311	2524	CH	\$103.60	\$103.60	PA	148499912781434	GARDEA AUTO GROUP C
	D012920251	01/29/2020	43468551	2175	CH	\$95.32	\$95.32	PA	148499912781434	28115050-CAR PLUS C/O
	O013019238	01/30/2019	40321264	1904	CH	\$80.72	\$80.72	PA	148499912781434	27151422-GARDEA AUTO
	O013118208	01/31/2018	37701921	1688	CH	\$59.35	\$59.35	PA	148499912781434	26214950-GARDEA AUTO
	A03201741	03/20/2017	35099043	1516	CH	\$76.16	\$76.16	PA	148499912781434	GARDEA AUTO GROUP C
	A03201741	03/20/2017	35099043	1516	CH	\$76.16	\$13.62	LG	148499912781434	GARDEA AUTO GROUP C
	B03021641	02/29/2016	31942345	1295	CH	\$52.54	\$52.54	PA	148499912781434	GARDEA AUTO GROUP C
	X0121151000	01/21/2015	28079368	01115	CH	\$42.14	\$42.14	PA	148499912781434	GARDEA AUTO GROUP C
							Applied Total	\$519.27		

+395

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, Margarita Velasquez ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 31, 2017 in the amount of \$27.54 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 Margarita Velasquez 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 \$27.54 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
AUG 06 2021

VELASQUEZ MARGARITA
13231 EPIONE CIR
SAN ELIZARIO, TX 79849-8612

Handwritten signature: P. Rojas

Geo No. C980-000-0080-1200	Prop ID 18015
Legal Description of the Property 8 CUNA DEL VALLE LOT 12 (21540.00 SQ FT) 13231 EPIONE CIR 79849	
OWNER: VELASQUEZ MARGARITA	

2016 OVERAGE AMOUNT \$27.54

6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE. 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 19: SAN ELIZARIO ISD. 25: LWR VALLEY WTR DISTRICT. 27: EMERG. SERVICES DIST. #2. 56: CITY OF SAN ELIZARIO

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>Margarita Velasquez</i>			
	Address: <i>13231 Epione</i>			
	City, State, Zip: <i>San Elizario, TX 79849</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>915-831-9974</i>	E-Mail Address:	
	Payment made by:	Check No.	Date Paid	Amount Paid
		<i>1349</i>	<i>3/31/17</i>	<i>\$1,528.74</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>Margarita Velasquez</i>	<i>Margarita Velasquez</i>			
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>08/06/2021</i>

ANDREA
ACT80122 v1.90

ACCOUNT NO (C9800000801200): YEAR = 2019, LEGAL STATUS = CLOSED BANKRUPTCY,
BANKRUPTCY NUMBER = 20-30936, 09-25-2020 RECONFIL 09-24-2020

09/09/2021 09:55:52
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A04041777	C9800000801200									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A03022190	03/01/2021	47010175	1005	CH	\$2,029.38	\$2,029.38	PA	C9800000801200	VELASQUEZ MARGARIT
	A07022079	06/30/2020	44382515	1004	CH	\$2,640.05	\$2,640.05	PA	C9800000801200	VELASQUEZ MARGARIT
	A05202075	05/20/2020	44190234	1001	CH	\$2,400.00	\$2,400.00	PA	C9800000801200	VELASQUEZ MARGARIT
	A03271883	03/27/2018	38059900	1353	CH	\$408.72	\$408.72	PA	C9800000801200	VELASQUEZ MARGARIT
	A02271865	02/27/2018	37889707		CA	\$180.00	\$180.00	PA	C9800000801200	VELASQUEZ MARGARIT
	A02271865	02/27/2018	37889708	1352	CH	\$900.00	\$900.00	PA	C9800000801200	VELASQUEZ MARGARIT
	A04041777	03/31/2017	35186342	1349	CH	\$1,528.74	\$1,501.20	PA	C9800000801200	VELASQUEZ MARGARIT
	A04041777	03/31/2017	35186342	1349	CH	\$1,528.74	\$27.54	LG	C9800000801200	VELASQUEZ MARGARIT
	RD2132798	04/07/2016	32017488	0000198575	CH	\$24.66-	\$24.66-	RD	C9800000801200	VELASQUEZ MARGARIT
	RD2132798	04/07/2016	32017488	0000198575	CH	\$238.45-	\$238.45-	RD	C9800000801200	VELASQUEZ MARGARIT
	A03151677	03/15/2016	32017488	110	CH	\$1,858.13	\$1,858.13	PA	C9800000801200	VELASQUEZ MARGARIT
	RF160322	02/15/2016	32017488	110	CH	\$0.00	\$0.00	DA	C9800000801200	VELASQUEZ MARGARIT

Applied Total

\$19,610.54

+ 3 yrs

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, Lillian P. Woods through Lillian P. (TR) and Andrea Woods ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on November 09, 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 Lillian P. (TR) and Andrea Woods 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

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector



TAX OFFICE RECEIVED
AUG 10 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

WOODS LILLIAN P (TR) & ANDREA
5440 BALTIMORE DR UNIT 129
LA MESA, CA 91942-5001

OP
+ 3 yrs ✓

Geo No. H779-091-7850-0200	Prop ID 361992
Legal Description of the Property 785 HORIZON CITY #91 LOT 20 (21694.00 SQ FT) ASCENSION	
OWNER: LUNA FEDERICO L & OCHOA FEDERICO L	
2017 OVERAGE AMOUNT \$20.00 ✓	

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

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: Lillian P Woods			
	Address: 5440 Baltimore Dr #129			
	City, State, Zip: La Mesa, CA 91941			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank credit card statement.	Daytime Phone No.:	619-769-4568	E-Mail Address:	lpw43@yahoo.com
	Payment made by:	Lillian P. Woods	Check No.	03570
			Date Paid	11/9/17
			Amount Paid	\$720.15
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	
	Lillian P Woods		Lillian P Woods	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 08/10/2021				

ANDREA
ACT80122 v1.90

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No.	Remit Seq No	Check No.	Payment Amount	Payment Agreement No.					
T1107174007	H77909178500200									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	D010721255	01/07/2021	45908667		CA	\$1,007.02	\$1,007.02	PA	H77909178500200	29122145-LUNA FEDERIC
	A02182075	02/18/2020	43748854		CA	\$3,023.00	\$1,045.88	PA	H77909178500200	LUNA FEDERICO L & GCH
	A01211990	01/31/2019	40429755		CA	\$1,000.00	\$585.04	PA	H77909178500200	LUNA FEDERICO L & GCH
*	T11071740007	11/09/2017	35935829	03570	CH	\$720.15	\$20.00	LG	H77909178500200	WOODS LILLIAN P (TR) &
*	T11071740007	11/09/2017	35935829	03570	CH	\$720.15	\$565.48	PA	H77909178500200	WOODS LILLIAN P (TR) &
*	X1118182000	11/18/2018	33081444	02332	CH	\$651.42	\$592.48	PA	H77909178500200	WOODS LILLIAN P (TR) &
*	X1207152002	12/07/2015	30188291	03064	CH	\$686.70	\$554.83	PA	H77909178500200	WOODS LILLIAN P (TR) &
*	X1209142001	12/09/2014	27222162	02892	CH	\$587.39	\$410.72	PA	H77909178500200	WOODS LILLIAN P (TR) &
*	X1028132000	10/28/2013	23917282	02824	CH	\$592.28	\$415.40	PA	H77909178500200	WOODS LILLIAN P (TR) &
	A12281223	12/26/2012	21928291	2402	CH	\$540.21	\$402.41	PA	H77909178500200	WOODS LILLIAN P (TR) &
*	X0208122007	01/31/2012	20482054	02125	CH	\$544.05	\$358.28	PA	H77909178500200	WOODS LILLIAN P (TR) &
*	X1129102001	11/29/2010	16398385	01782	CH	\$540.88	\$392.70	PA	H77909178500200	WOODS LILLIAN P (TR) &
Applied Total							310,819.31			

+3 yrs

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, Texas Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 09, 2017 in the amount of \$93.78 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 Texas 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 \$93.78 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

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector

GF 163145



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

TAX OFFICE
RECEIVED

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

AUG 02 2021

TEXAS TITLE COMPANY
6006 N. MESA ST STE 804
EL PASO, TX 79912

Handwritten signature/initials

Geo No. H805-999-0050-1500	Prop ID 310876
Legal Description of the Property 5 HUECO CLUB ESTATES LOT 15 (4749.91 SQ FT) 12944 HUECO HILL DR	
OWNER: MONTES JOSE M	

2016 OVERAGE AMOUNT 593.78

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: Texas Title Company			
	Address: 1360 N. Lee Trevino Ste 107			
	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.:	915-593-3400	E-Mail Address:	lmartinez@texas-title-company.n
	Payment made by:	Check No.	Date Paid	Amount Paid
	Texas Title Co.	16053	1/9/17	\$305.39
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>Handwritten signature</i>	Lisa Martinez 7-28-2021		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>Handwritten initials</i> Date: 08/10/2021				

ANDREA
ACT80122 v1.90

ACCOUNT NO (H80599900501500): Lien ID H-015613709 inserted amount = 295.54, file_date
10/18/2016 on 12/15/2016

08/06/2021 16:50:20
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A01091777	H80599900501500									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M2027000001	11/18/2020	44910785	201117184205	EF	\$25,987,780.07	\$4,479.37	PA	H80599900501500	2700-LERETA LLC
	M19A27000001	12/19/2019	42327515	191218181967	EF	\$24,518,038.15	\$4,517.87	PA	H80599900501500	2700-LERETA LLC
	M18A27000001	01/11/2019	39900069	19011142802	EF	\$52,499,880.15	\$4,223.59	PA	H80599900501500	2700-LERETA LLC
	M17RE1800001	12/18/2017	38356004	171215192214	EF	232,589,225.82	\$4,151.15	PA	H80599900501500	800000-CORELOGIC
	A01091777	01/09/2017	33788990	16053	CH	\$305.39	\$93.78	LG	H80599900501500	24876742-TEXAS TITLE C
	AC1091777	01/09/2017	33788990	16053	CH	\$305.39	\$211.81	PA	H80599900501500	24876742-TEXAS TITLE C
	AC1031778	12/31/2016	32893625	16052	CH	\$4,054.85	\$4,054.85	PA	H80599900501500	PHILLIPS CHRISTINE
	AC1031778	12/31/2016	32893624	16059	CH	\$12,360.52	\$12,360.52	PA	H80599900501500	PHILLIPS CHRISTINE
	IPC031441	02/28/2014	26938381	00000797252	CR	\$388.18	\$388.18	PA	H80599900501500	23098791-IVR PAYMENT
	AC4181341	04/18/2013	23378818	84422	CH	\$391.26	\$391.26	PA	H80599900501500	21182821-LONE STAR TI
	AC02021278	01/21/2012	20348153	1265	CH	\$24,212.22	\$327.78	PA	H80599900501500	RANCHOS REAL MILTD
	X0207114015	01/31/2011	18181284	01181	CH	\$79,417.24	\$321.00	PA	H80599900501500	RANCHOS REAL MILTD
Applied Total							325,820.58			

+ 3 yrs

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, Servicelink ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on October 26, 2017 in the amount of \$716.81 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 Servicelink 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 \$716.81 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

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

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

RECEIVED
 AUG 16 2021

SERVICELINK
 1320 GREENWAY DR STE 300
 IRVING, TX 75038

OP ✓
 + 3 yrs

Geo No. P654-999-0880-6700	Prop ID 407984
Legal Description of the Property S8 PEBBLE HILLS #10 LOT 34 (6510 SQ FT)	
11149 TERRELL AVE	
OWNER: AGUILAR SELINA	

2017 OVERAGE AMOUNT \$716.81 ✓

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: <u>Service link</u>			
	Address: <u>4600 Fuller Dr. #400</u> ✓			
	City, State, Zip: <u>Irving, TX 75038</u>			
Daytime Phone No.: <u>972-756-5100</u>		E-Mail Address: <u>An.johnson@svclink.e</u>		
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>520036082</u>	<u>10/26/17</u>	<u>\$3,077.77</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 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) <u>Angela Johnson</u>		PRINTED NAME & DATE <u>Angela Johnson 8/10/2021</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <u>[Signature]</u> Date: <u>08/19/2021</u>		

ANDREA
ACT80122 v1.90

08/18/2021 12:27:39
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No	Remit Seq No	Check No	Payment Amount	Payment Agreement No					
A10261741	P65499908806700									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Transaction Amount	Transaction Type	Account No	Payer
M2030000001		12/28/2020	45465997	4418208	CH	\$55,913.95	\$3,517.89	PA	P65499908806700	3000-WELLS FARGO HO
OC12420252		01/24/2020	43331977		CA	\$3,418.33	\$3,418.33	PA	P65499908806700	28022228-PICKETT JOSE
A01111979		01/11/2019	29857231		CA	\$3,400.07	\$3,270.07	PA	P65499908806700	PICKETT JOSEPH
A10261741		10/26/2017	35788218	520036082	CH	\$3,077.77	\$716.81	LG	P65499908806700	24049623-SERVICELINK
A10261741		10/26/2017	35788218	520036082	CH	\$3,077.77	\$2,320.96	PA	P65499908806700	24049623-SERVICELINK
M16800000001		12/21/2018	33448420	151219150895	EF	213,082.58	\$2,303.98	PA	P65499908806700	800000-CORELOGIC
M15900000001		12/31/2015	30589755	151231121119	EF	199,122.80	\$2,321.80	PA	P65499908806700	800000-CORELOGIC
A02101572		01/31/2015	28719912	0125084	CH	\$2,403.49	\$2,403.49	PA	P65499908806700	22475099-RUSHMORE LC
A07091469		07/09/2014	26423146	12970	CH	\$3,218.84	\$3,218.84	PA	P65499908806700	20702591-NATIONAL TA
M12600000001		12/17/2012	21840980	122059711	CH	137,358.35	\$2,256.26	PA	P65499908806700	800000-CORELOGIC
A04181254		04/16/2012	20220678	121994996	CH	\$2,454.17	\$2,454.17	PA	P65499908806700	20591325-FIRST AMERIC
A03281154		03/28/2011	18386260	1	CH	\$2,388.69	\$2,388.69	PA	P65499908806700	ROJAS CARLOS G & C
Applied Total						349,017.52				

OP + 3 yrs

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, Clint Development CO. ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 03, 2017 in the amount of \$187.39 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 Clint Development CO. 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 \$187.39 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

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

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
AUG 18 2021

CLINT DEVELOPMENT CO
11209 ARMOUR DR
EL PASO, TX 79935-4801

Handwritten: AP ✓
+ 34/15

Geo No. V899-000-0050-1000	Prop ID 359068
Legal Description of the Property 5 VISTA LARGA LOT 10 23199.20 SQ FT 13908 FORTUNA ST	
OWNER: CLINT DEVELOPMENT COMPANY	

2016 OVERAGE AMOUNT \$187.39

6. COUNTY OF EL PASO. 7. EL PASO COMMUNITY COLLEGE. 8. UNIVERSITY MEDICAL CENTER OF EL PASO. 10. CLINT 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 whom ever will be receiving the refund.	Who should the refund be issued to:			
	Name: CLINT DEVELOPMENT CO.			
	Address: 11209 ARMOUR DR. ✓			
	City, State, Zip: EL PASO, TX 79935			
Daytime Phone No.: (915) 592-1038		E-Mail Address: dswilliams58@gmail.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
	CLINT DEVELOPMENT	01252	1/3/17	\$2,390.94
	TOTAL AMOUNT PAID (sum of the above amounts)			\$2,390.94
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 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):				
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>David Williams</i>		PRINTED NAME & DATE DAVID WILLIAMS 8/16/21 ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: 08/18/2021 ✓

Notes

Go To

08/18/2021 15:15:37
ACTEP

ANDREA
ACT80122 v1.90

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
X0103172006	V89900000501000									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12232095	12/23/2020	45423854	1399	CH	\$2,049.18	\$2,049.18	PA	V89900000501000	23521170-CLINT DEVELOP
	EC11302096	11/30/2020	45028289	00003243952	EC	\$763.54	\$763.54	PA	V89900000501000	28828878-MILLS ESCROW
	B01031875	12/31/2017	36681481	068598	CH	\$70,058.32	\$421.58	AA	V89900000501000	20376420-MILLS ESCROW
	RD2730545	04/11/2017	34595122	0000203441	CH	\$75.24	\$75.24	RD	V89900000501000	428-MILLS ESCROW COI
	A02011741	01/31/2017	34595122	66512	CH	\$75.24	\$75.24	LG	V89900000501000	1512117-MILLS ESCROW
	RC170403	01/31/2017	34595122	66512	CH	\$75.24	\$75.24	TR	V89900000501000	1512117-MILLS ESCROW
	RC170403	01/31/2017	34595122	66512	CH	\$75.24	\$75.24	TR	V89900000501000	428-MILLS ESCROW COI
*	X0103172006	01/03/2017	33705097	01252	CH	\$2,390.94	\$188.54	PA	V89900000501000	CLINT DEVELOPMENT CO
*	X0103172006	01/03/2017	33705097	01252	CH	\$2,390.94	\$187.39	LG	V89900000501000	CLINT DEVELOPMENT CO
	A01041775	12/31/2016	33658129	066343	CH	\$31,662.78	\$187.39	AA	V89900000501000	20926953-MILLS ESCROW
*	X1228151015	12/28/2015	30495391	01231	CH	\$374.36	\$374.36	PA	V89900000501000	CLINT DEVELOPMENT CO
	B02051565	01/31/2015	28805509	81611	CH	\$12,511.72	\$0.07	AA	V89900000501000	20926953-MILLS ESCROW
				Applied Total			\$4,707.58			

OP+3 yrs



Internal Audit Office

MAYOR
Oscar Leaser

DATE: August 26, 2021

TO: Maria O. Pasillas, Tax Assessor/Collector

CITY COUNCIL

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

District 1
Peter Svarzbein

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

District 2
Alexandra 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

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

District 4
Joe Molinar

District 5
Isabel Salcido

JORGE VALENZUELA	S658-999-0050-1200	\$10.35
RANCHOS REAL IV LTD	X579-999-2370-0000	\$1,287.00

District 6
Claudia L. Rodriguez

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 2 to 5 days to process the applications received and send for review.

District 7
Henry Rivera

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

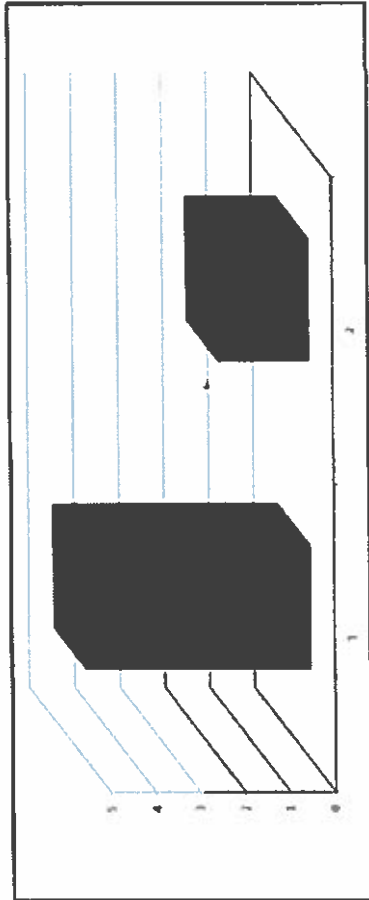
cc: Tomas Gonzalez, City Manager
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

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 08/21/2021 Reviews- Over Three Years

Refund To	F.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	Total Days from Date Proof of Payment to Date Internal Audit	Date Internal Audit Reviewed Against Memo
1 RANCHOS REAL IV LTD	X579-999-2170-0080	\$ 1,287.00	8/16/2021	8/20/2021	8/23/2021	8/25/2021	3	8/26/2021
2 JORGE VALENZUELA	5658-999-0050-1200	\$ 10.35	8/16/2021	8/23/2021	8/23/2021	8/25/2021	7	8/26/2021
		\$1,297.35						



Legend

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, Ranchos Real IV LTD ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on January 31, 2017 in the amount of \$1,287.00 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 Ranchos Real IV LTD 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 \$1,287.00 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

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

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

RECEIVED
AUG 20 2021

RANCHOS REAL IV LTD
6080 SURETY DR STE 300
EL PASO, TX 79905-2067

Handwritten signature and initials

Geo No. X579-999-2370-0000	Prop ID 626710
Legal Description of the Property 79 TSP 2 SEC 37 T & P ABST 2140 (249.7015 AC)	
2941 FRED ROBERTS DR	
OWNER: RANCHOS REAL IV LTD	

2016 OVERAGE AMOUNT \$1,287.00

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: RANCHOS REAL IV LTD			
	Address: 6080 Surety Dr. STE 300			
	City, State, Zip: EL PASO TX 79905			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915 592-0280		E-Mail Address: 915 590 8127	
	Payment made by:	Check No.	Date Paid	Amount Paid
		1103	11/31/17	\$157,691.22
	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>Handwritten signature</i>				Peter Conner 8/10/21
TAX OFFICE USE ONLY:		<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>Handwritten signature</i> Date: 08/03/21

Notes 08/24/2021 11:01:33
 ANDREA ACTEP
 ACT80122 v1.90 ACCOUNT NO (X57999923700000): ****PLEASE ACCEPT PAYMENT FROM RANCHOS REAL IV LTD
WILL CAUSE OVERPAYMENT IN ORDER TO REFUND MONEY TO LONESTAR TITLE COMPANY*****

DEPOSIT Remittance Detail

Summary Query Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A01311741	X57999923700000									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A01311741	01/31/2017	34523434	1103	CH	\$157,691.22	\$1,287.00	LG	X57999923700000	RANCHOS REAL IV LTD
	A01311741	01/31/2017	34523434	1103	CH	\$157,691.22	\$77,173.21	AA	X57999923700000	RANCHOS REAL IV LTD
	A11211677	11/21/2016	33010981	343879	CH	\$643.50	\$643.50	PA	X57999923700000	22530840-LONE STAR TI
	B11011665	10/30/2016	32812044	342901	CH	\$643.50	\$643.50	PA	X57999923700000	22755709-LONE STAR TI
	TA161101	10/30/2016	32812044		CH	\$0.00	\$0.00	TA	X57999923700000	22755709-LONE STAR TI
	A08011641	08/01/2016	32541248	1620	CH	\$10.00	\$10.00	TC	X57999923700000	RANCHOS REAL IV LTD
	A05041665	05/04/2016	32227355	44377	CH	\$10.00	\$10.00	TC	X57999923700000	RANCHOS REAL IV LTD
	A02101665	02/10/2016	31784448	1417	CH	\$10.00	\$10.00	TC	X57999923700000	RANCHOS REAL IV LTD
	B02031665	01/31/2016	31584134	1063	CH	\$91,873.52	\$77,229.60	AA	X57999923700000	RANCHOS REAL IV LTD
	A07151541	07/15/2015	29392867	221	CH	\$10.00	\$10.00	TC	X57999923700000	RANCHOS REAL IV LTD
	A02161554	02/16/2015	28781511	987	CH	\$10.00	\$10.00	TC	X57999923700000	RANCHOS REAL IV LTD
	A02091523	02/09/2015	28698509	976	CH	\$10.00	\$10.00	TC	X57999923700000	RANCHOS REAL IV LTD
Applied Total							\$593,223.21			



Internal Audit Office

MAYOR
Oscar Leoser

DATE: September 9, 2021

TO: Maria O. Pasillas, Tax Assessor/Collector

CITY COUNCIL

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

District 1
Peter Svarzbein

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

District 2
Alexandra Annelo

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

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

District 4
Joe Molinar

District 5
Isabel Salcido

LA PASADITA ROSA RUEDA	1015-999-1147-4034	\$73.74
LYNNETTE LOMARQUEZ	1691-999-1324-4534	\$60.93
CHRONOS TITLE SOLUTIONS INC	T287-999-1170-3100	\$78.06
DORADO FINANCE LTD	0914-999-1102-0542	\$1,123.72

District 6
Claudia L. Rodriguez

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 9 to 14 days to process the applications received and send for review.

District 7
Henry Rivera

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

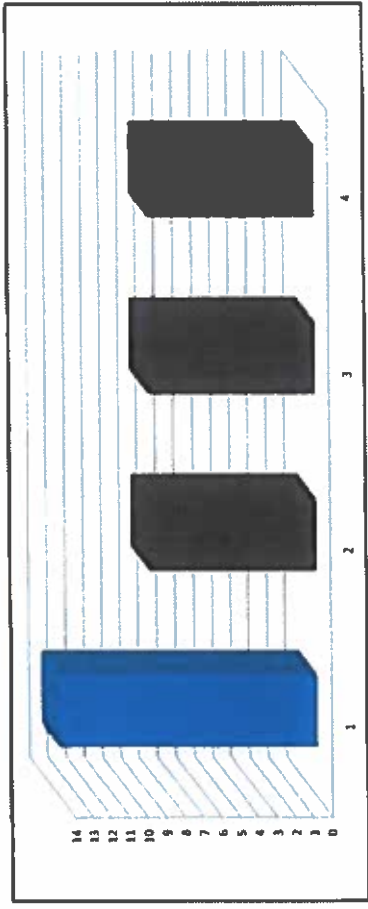
cc: Tomas Gonzalez, City Manager
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

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 03/06/2021 Reviews - Over Three Years

Refund To	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	Total Days from Date Proof of Payment to Date Internal Audit Review Application	Comments
1 BORADO FINANCE LTD	0914-999-1102-0342	\$ 1,123.72	8/25/2021	8/25/2021	8/25/2021	9/8/2021	14	
2 LA PASADITA ROSA RUEDA	1015-999-1147-4034	\$ 71.74	8/26/2021	8/30/2021	8/30/2021	9/8/2021	9	
3 LYNETTE LOMARQUEZ	1691-999-1324-4314	\$ 60.93	8/25/2021	8/30/2021	8/30/2021	9/8/2021	9	
4 CHRONOS TITLE SOLUTIONS LLC	1247-999-1170-3100	\$ 78.06	8/25/2021	8/30/2021	8/30/2021	9/8/2021	9	
		<u>\$8,316.45</u>						



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, La Pasadita C/O Rosa Rueda ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on March 07, 2018 in the amount of \$73.74 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 La Pasadita C/O Rosa Rueda 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 \$73.74 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

Wendi N. Vineyard

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

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 09 2021

LA PASADITA
 C/O ROSA RUEDA
 811 S EL PASO ST
 EL PASO, TX 79901-3244

TAX OFFICE
 RECEIVED
 AUG 30 2021

Rosa Rueda
+ bytes

Geo No. 1015-999-1147-4034	Prop ID 616906
Legal Description of the Property INV FURN MACH 811 S EL PASO ST	
OWNER: LA PASADITA	
2017 OVERAGE AMOUNT \$73.74	

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: LA PASADITA Rosa Rueda			
	Address: 811 S. EL PASO ST. ✓			
	City, State, Zip: EL PASO TX, 79901			
	Daytime Phone No.: (915) 630-6414		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
		5548	3/7/18	412.47
	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.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
<i>Rosa Rueda</i>		Rosa Rueda 08/26/2021		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i> Date: 08/30/2021		

Juan 9/2/21

v52.1.7

POP/Sig Rueda
CITY TAX OFFICE
AUG 30 2021 ✓

Print Date: 06/08/2021

DEPOSIT **Remittance** Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A03071841	101599911474034									
Check/Receipt Pages	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A03262179	03/26/2021	47177153	7762	CH	\$452.06	\$452.06	PA	101599911474034	LA PASADITA
	A02252081	02/25/2020	43790806	7158	CH	\$436.85	\$436.85	PA	101599911474034	LA PASADITA
	A01301986	01/30/2019	40320301	6262	CH	\$314.30	\$314.30	PA	101599911474034	LA PASADITA
	A03071841	03/07/2018	37958530	5548	CH	\$412.47	\$338.73	PA	101599911474034	LA PASADITA
	A03071841	03/07/2018	37958530	5548	CH	\$412.47	\$73.74	LG	101599911474034	LA PASADITA
	X1213161001	12/13/2016	33309724	04652	CH	\$261.96	\$261.96	PA	101599911474034	LA PASADITA
	X1221151010	12/21/2015	30393485	04000	CH	\$257.78	\$257.78	PA	101599911474034	LA PASADITA
	X1226141004	12/26/2014	27493926	03344	CH	\$254.48	\$254.48	PA	101599911474034	LA PASADITA
	X1129131000	11/29/2013	24220638	02795	CH	\$251.08	\$251.08	PA	101599911474034	LA PASADITA
	X1227121003	12/27/2012	21998888	02374	CH	\$268.32	\$268.32	PA	101599911474034	LA PASADITA
	A022812T8	02/28/2012	20595136	2018	CH	\$233.05	\$233.05	PA	101599911474034	LA PASADITA
	X1018101004	10/18/2010	16601444	01642	CH	\$201.75	\$201.75	PA	101599911474034	LA PASADITA
Applied Total							\$3,344.10			

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, Lynnette Lomarquez through Pulso Home Health C/O Pulso Home Health LLC ("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 \$60.93 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 Pulso Home Health C/O Pulso Home Health LLC, 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 \$60.93 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

APPROVED AS TO CONTENT:



Maria O. Pasillas, RTA

Assistant City Attorney

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
 AUG 30 2021

PULSO HOME HEALTH
 C/O PULSO HOME HEALTH LLC
 550 S MESA HILLS DR STE B1
 EL PASO, TX 79912-5758

*OP
 + 3/3/25*

Geo No. 1691-999-1324-4534	Prop ID 661521
Legal Description of the Property FURN CMP MACH 550 S MESA HILLS DR B1	
OWNER: PULSO HOME HEALTH	
2017 OVERAGE AMOUNT \$60.93	

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>LYNETTE LOMARQUEZ</i>			
	Address: <i>6730 CAPITAL RIDGE DRIVE</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) 474-0390</i>	E-Mail Address: <i>pedrasrehubi7@yahoo.com</i>	
	Payment made by:	Check No.	Date Paid	Amount Paid
		<i>10213</i>	<i>2/28/18</i>	<i>\$314.32</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>LYNETTE LOMARQUEZ 08/30/21</i>		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>08/30/2021</i>

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, Chronos Title Solutions LLC ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on March 30,2017 in the amount of \$78.06 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 Chronos Title Solutions LLC 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 \$78.06 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

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector



TAX OFFICE RECEIVED
AUG 30 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. T287-999-1170-3100	Prop ID 245409
Legal Description of the Property 117 TIERRA DEL ESTE #39 LOT 31 (5491.50 SQ FT) 12772 TIERRA MINA DR	
OWNER: SAUCEDO DAVID	
2016 OVERAGE AMOUNT \$78.06	

CHRONOS TITLE SOLUTIONS LLC
~~1199 S BELTLINE ROAD STE 105~~
~~COPPELL TX 75019~~

1431 Greenway Drive # 800
Irving, TX 75038
469-240-5880

Handwritten signature/initials

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: _____			
	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
		1370	3/30/17	\$4,330.89
	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 checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund. (See new Address)			
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. <i>Complete, we will refund them</i>			
	<input type="checkbox"/> I want this payment applied to next year's taxes. <i>Refund belongs to [unclear]</i>			
This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below): _____				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED) <i>[Signature]</i>		PRINTED NAME & DATE Michael Lee, Aug 25, 2021	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>08/30/2021</i>

Deposit

REMITTANCE

Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.						
Check/Receipt Pages	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	A04031741		T28799911703100								
	M2027000001	11/18/2020	44910785	201117164205	EF	\$25,987,760.07	\$4,671.06	PA	T28799911703100	2700-LERETA LLC	
	M19A27000001	12/19/2019	42327515	191218181967	EF	\$24,518,038.15	\$4,711.00	PA	T28799911703100	2700-LERETA LLC	
	M18A27000001	01/11/2019	39900069	19011142806	EF	\$52,495,880.15	\$4,490.11	PA	T28799911703100	2700-LERETA LLC	
	M17RE1800001	12/18/2017	36356004	171215192214	EF	\$232,569,225.62	\$3,994.57	PA	T28799911703100	800000-CORELOGIC	
	A04031741	03/30/2017	35181262	1370	CH	\$4,330.89	\$78.06	LG	T28799911703100	25480402-CHRONOS TITI	
	A04031741	03/30/2017	35181262	1370	CH	\$4,330.89	\$4,252.83	PA	T28799911703100	25480402-CHRONOS TITI	
	RC210830	03/30/2017	35181262	1370	CH	\$78.06	\$78.06	TR	T28799911703100	29983245-CHRONOS TITI	
	RC210830	03/30/2017	35181262	1370	CH	\$78.06	\$78.06	TR	T28799911703100	25480402-CHRONOS TITI	
	M1527000001	12/28/2015	30477543	394437	CH	\$16,920,228.35	\$3,840.50	PA	T28799911703100	2700-LERETA LLC	
	M27000001	12/18/2014	27343316	362549	CH	\$17,186,800.69	\$3,774.33	PA	T28799911703100	2700-LERETA LLC	
	M1315000001	11/29/2013	24233577	0006346705	CH	\$29,585,871.84	\$3,704.96	PA	T28799911703100	1500-BAC TAX SERVICE	
	M12150020001	12/10/2012	21735606	3390228	CH	\$44,510,440.74	\$3,597.05	PA	T28799911703100	1500-BAC TAX SERVICE	
Applied Total								\$52,086.97			

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, Dorado Finance LTD (“Taxpayer”) has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on February 08, 2018 in the amount of \$1,123.72 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 Dorado Finance LTD 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 \$1,123.72 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

APPROVED AS TO CONTENT:

Maria O. Pasillas

Maria O. Pasillas, RTA

Assistant City Attorney

Tax Assessor/Collector

TAX OFFICE RECEIVED

AUG 25 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

DORADO FINANCE LTD
10737 GATEWAY BLVD W STE 204
EL PASO, TX 79935-4910

OP
+ 3 yrs ✓

Geo No. 0914-999-1102-0542	Prop ID 604863
Legal Description of the Property CMP PURN 10737 W GATEWAY BLVD-204	
OWNER: DORADO FINANCE LTD	

2017 OVERAGE AMOUNT \$1,123.72 ✓

1: CITY OF EL PASO, 5: YSLITA 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 whom ever will be receiving the refund.	Who should the refund be issued to:			
	Name: Dorado Finance LTD			
	Address: 1790 Lee Trevino, Ste 600 ✓			
	City, State, Zip: El Paso, TX 79936			
Daytime Phone No.: 915-591-0110		E-Mail Address: trace@doradofinance.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
	Dorado Finance	OK 9838	2/8/18	1,250.00
	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 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) Edgar Reddick		PRINTED NAME & DATE Edgar Reddick 8-25-2021 ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: [Signature]	Date: 08/26/2021 ✓

ANDREA
ACT80122 v1.90

08/27/2021 15:03:44
ACTEP

DEPOSIT **Reconciliation** Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A02081841	091499911020542									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A03022175	03/01/2021	47010294	002390	CH	\$177.83	\$177.83	PA	091499911020542	DORADO FINANCE LTD
	A04162094	04/16/2020	44067976	001773	CH	\$224.81	\$224.81	PA	091499911020542	DORADO FINANCE LTD
	A02111990	02/11/2019	40721451	12032	CH	\$136.99	\$136.99	PA	091499911020542	DORADO FINANCE LTD
	A02081841	02/08/2018	37745012	9838	CH	\$1,250.00	\$1,123.72	LG	091499911020542	DORADO FINANCE LTD
	A02081841	02/08/2018	37745012	9838	CH	\$1,250.00	\$126.28	PA	091499911020542	DORADO FINANCE LTD
	RC210610	02/08/2018	37745012	9838	CH	\$1,123.72	\$1,123.72	LG	091499911020542	29869087-DORADO FINA
	RC210610	02/08/2018	37745012	9838	CH	\$1,123.72	\$1,123.72	TR	091499911020542	DORADO FINANCE LTD
	A02151779	02/15/2017	34885399	6909	CH	\$124.13	\$124.13	PA	091499911020542	DORADO FINANCE LTD
	A02091677	01/31/2016	31734617	3614	CH	\$180.00	\$93.10	LG	091499911020542	DORADO FINANCE LTD
	A02091677	01/31/2016	31734617	3614	CH	\$180.00	\$86.90	PA	091499911020542	DORADO FINANCE LTD
	B02121548	01/31/2015	28766399	58584	CH	\$169.60	\$85.83	PA	091499911020542	DORADO FINANCE LTD
	X0131142004	01/31/2014	25516458	55791	CH	\$1,427.57	\$1,356.08	PA	091499911020542	DORADO FINANCE LTD
Applied Total								\$7,469.03		