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

DEPARTMENT:

AGENDA DATE:

PUBLIC HEARING DATE:

CONTACT PERSON NAME:

PHONE NUMBER:

DISTRICT(S) AFFECTED:

STRATEGIC GOAL:

SUBGOAL:

SUBJECT:

**BACKGROUND / DISCUSSION:** 

# **COMMUNITY AND STAKEHOLDER OUTREACH:**

PRIOR COUNCIL ACTION:

AMOUNT AND SOURCE OF FUNDING:

**DEPARTMENT HEAD:** 

# **REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:**

NAME	AMOUNT (\$)

laria O. Pasillas

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

# TAX REFUNDS OVER \$2,500 February 25, 2025

- Vision Precision Holdings LLC, in the amount of \$3,828.37, made an overpayment on January 21, 2025 of 2024 taxes. (Geo.# 1537-999-1294-7334)
- Marc I. Medina, in the amount of \$4,886.89, made an overpayment on January 31, 2025 of 2024 taxes. (Geo.# A462-999-0190-6501)
- BW JV1 LLC, in the amount of \$5,716.30, made an overpayment on December 31, 2024 of 2024 taxes. (Geo.# A527-999-0020-0100)
- SDP Capital Investments, LLC, in the amount of \$5,009.32, made an overpayment on December 25, 2024 of 2024 taxes. (Geo.# A670-999-0070-0900)
- Martha Carrillo, in the amount of \$2,828.60, made an overpayment on January 31, 2025 of 2024 taxes. (Geo.# E275-000-0070-0050)
- Marc. I. Medina, in the amount of \$4,704.42, made an overpayment on January 31, 2025 of 2024 taxes. (Geo.# A462-999-0190-6500)
- Moises Gandara, in the amount of \$6,952.64, made an overpayment on January 6, 2025 of 2024 taxes. (Geo.# H453-999-0410-3400)
- Jose Luis Ortega & Blanca E Ortega, in the amount of \$13,317.38, made an overpayment on January 24, 2025 of 2024 taxes. (Geo.# S332-999-0040-1700)
- Santiago H Portas, in the amount of \$6,403.94, made an overpayment on January 28, 2025 of 2024 taxes. (Geo.# \$986-000-0010-3200)
- 10. Santiago H Portas, in the amount of \$6,318.39, made an overpayment on January 28, 2025 of 2024 taxes. (Geo.# S986-000-0010-3250)
- 11. Santiago H Portas, in the amount of \$11,924.64, made an overpayment on January 28, 2025 of 2024 taxes. (Geo.# S986-000-0020-0200)
- Santiago H Portas, in the amount of \$12,122.38, made an overpayment on January 28, 2025 of 2024 taxes. (Geo.# T287-999-4650-2000)
- Eduardo Pinal, in the amount of \$3,161.84, made an overpayment on January 21, 2025 of 2024 taxes. (Geo.# V893-999-0830-2700)

# TAX REFUNDS OVER \$2,500 February 25, 2025

14. Roberto Rodriguez, in the amount of \$6,246.26, made an overpayment on January 17, 2025, of 2024 taxes. (Geo.# V893-999-1670-1100)

Papillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk



THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

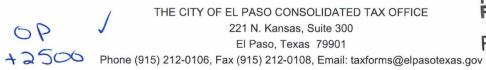


221 N. Kansas, Suite 300 El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

			CATION FOR T				
	solidated Tax Office co		rty taxes for all elig	jible propert			
	IDE THE FOLLOWING INF	1			and the second se	-999.120	
Refund To:	/	Phone:			Property ID#	t (One application per	r account)
	V	HOME:					
VISION PRECISION	HOLDINGS LLC	WORK: 56	614676246		653921		
Address (mail refund to	:)	Property Ac	ddress:				~
		And/or Legal Desc	1615 S. CO	NGRESS	AVE., SUIT	E 105, DELRAY	BEACH, FL 33445
salesandlocaltax@n	owopucs.com	Legal Desci	npuon.				
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of ta	axes paid:	Amount of re	efund requested:
1. 2024	January 21,2025	6671268		3,828.37		3,828.37	V
2.							
3.							
	TOTAL AMOU	NT (sum of th	ne above amounts)	3,828.37		3,828.37	
						approval required	if over \$2,500)
	and the second sec		iginal receipt, fron				
	states and the second states of the second states of	howing iten	n cleared (both the	e bank & tax	kpayer nam	e must appear)	
REASON FOR OVI	ERPAYMENT:	We were	Trying to pay differ	rent accoun	ts but looks	like we were ch	arged twice in a
single account.							
"I cortify that info	ormation given to obt	ain this rof	und is true and a	orroot "			
	iniation given to obt	ann uns ren	unu is true anu c	Uneci.			
Ricardo c	Salgado				Date:	1/30/2025	$\checkmark$
Requestor signati	ure:						
Ricardo Roman S	Salgado Hernandez					Accounting Spe	cialist
Printed name:					Title:		
	ny person knowingly submit						
(2) Imprisonment u	p to one year, or fine not ov		both. (Sec 37.10 Penal the taxpayer waives th				e within 3 years after
				e fight to the f	( <i>SEC 31</i>		
TAX OFFICE Entry:	( V REFU	ND APPROV	/ED				V
Tax Office Approval:		2	4			Date:	1-3025
Time	1/31/25	_				Date:	
	ncil Agenda over \$2,50						
( ) DISAPPROVED	· · ·	rned to send		ee below/a		1. 1.40 NT 10 112	
	documentation (Tax r			Statement,	or Other) no	ot submitted.	
	foverpayment not fou						
	not found as identified	i, resubmit a	arter correction.				
( ) Other:							

Application for Tax Refund-WebVer



THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

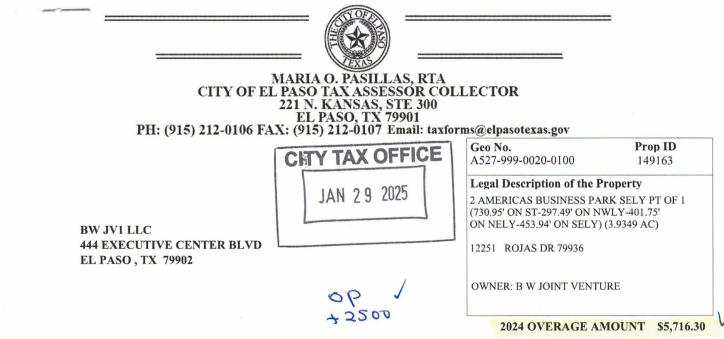


FEB 0 5 2025

		APPLI	CATION FOR T	AX REFU	IND		
	solidated Tax Office co		erty taxes for all elig	gible propert	-		-
	/IDE THE FOLLOWING INF	1					190.6501
Refund To:		Phone:			Property ID# (0	ne application	per account)
	/	HOME: g	15-258-8342				
Marc I. Medina	V	WORK:			386307		
Address (mail refund to	:)	Property A	ddress:				
	U	And/or	1310 N FI	orence Stre	et El Paso TX	(79902/1	9 ALEXANDER 14 & 15
2915 Wheeling Ave,	El Paso, TX 79930	Legal Desc	cription:			(1000271	o ALEX ADENTIA OF 10
Taurana an an anna ata di		Oh and Ma	9 Data if language	1 4			
Tax year requested:	Date payment made:		& Date, if known:	Amount of t	axes paid:		f refund requested:
1. 2024	2025-01-31	N/A		\$4886.89		\$4886.89	y <b>v</b>
2.	····						
3.			he above amounts)				
	TOTAL AMOU	in (sulli ul li	ne above amounts)		City Council ann	oval require	ed if over \$2,500)
	REALIRED	Convetor	iginal receipt, fron	A REAL PROPERTY AND A REAL			
			m cleared (both th				r)
REASON FOR OVI			d two payments by				
		Submitter	a two payments by	THISLAKE ITC	in my Playstal	Darik Cried	
*Legal Descriptio	n: 19 ALEXANDER 14	& 15 (310	4 SQ FT)				
"I certify that info	ormation given to obt	ain this ref	fund is true and c	orrect."			
	Marc	. 111	Dina.		02	05 2025	
	ivarc	1110	source		Date: 02	-05-2025	V
Requestor signate	ure:						
Marc I. Medina					Ov	vner	
Printed name:	ny person knowingly submit	sing false and	ing in a bigght to (1) by		Title:	5 000 fine a	* bath
	ip person knowingly submit ip to one year, or fine not ov						
			the taxpayer waives th				
TAX OFFICE Entry:		ND APPRO	VED				/
TAX OFFICE EITUY:		ND APPRO					
Tax Office Approval:		211				Date:	2-1-25
		121				Dute.	a 0 a 0
	The.	2/12	8			Date:	
(Placed on City Cou	ncil Agenda over \$2,50	0)					
() DISAPPROVED		ned to sen	der ()s	See below/a	ttached		
	documentation (Tax re					ubmitted.	
	f overpayment not fou	•		,			
	not found as identified						
( ) Other:							

Application for Tax Refund-WebVer

 $\checkmark$ 



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

#### Dear Taxpayer:

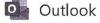
APPLICATION FOR PROPER	TY TAX REFUND: This application must be	e completed, signed, and	submitted with supp	orting documentation to be valid.
Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: Address: A A Checutin City, State, Zip: C Paso Ty Daytime Phone No. Q 5 520-4	C L Center L 79903		2 124 rasedepicentereipas
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Payment made by: Electronic Check	Check No. CC006529107	Date Paid 12/31/2024	Amount Paid \$11,432.61
bank/credit card statement. 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:	nd the excess to the active years taxes.	l. ddress listed in Ste	•
Step 4. Sign the form. Unsigned applications cannot be processed. //3//25 TAX OFFICE USE ONLY:	By signing below, I hereby apply for the re- have given on this form is true and correct. guilty of a Class A misdemeanor or a state SIGNATURE OF REQUESTOR (REQUI) Approved Denied By	. ( If you make a false e jail felony under the RED) PR	e statement on this	application, you could be found , Sec. 37.10. )

MARIA O. PASIL CITY OF EL PASO TAX ASSI 221 N. KANSAS, EL PASO, TX PH: (915) 212-0106 FAX: (915) 212-0107	ESSOR COLLECTOR STE 300 79901
FH: (915) 212-0100 FAA: (915) 212-0107	Geo No.         Prop ID           A670-999-0070-0900         43968
	Legal Description of the Property
	7 ARBOUR GREEN #2 LOT 9 (4920.00 SQ FT)
	3433 MIKE GODWIN DR 79936
SDP CAPITAL INVESTMENTS, LLC. 615 E SCHUSTER AVE EL PASO , TX 79902	and the contraction of the second

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

### Dear Taxpayer:

APPLICATION FOR PROPER	TY TAX REFUND: This application must be	completed, signed, and	d submitted with support	ing documentation to be valid		
Step 1. Identify the refund	Who should the refund be issued to:					
recipient.	Name: SDP CAPit	al Inve	est ments	S, 4C		
Show information for whomever will be receiving	Address: 615 F.	Schuster	- Ave SU	ite 9B /		
the refund.	City, State, Zip: EL Pas	O, TX,	Ave SU 79902			
	Daytime Phone No.:		E-Mail Address:	ana ana amin'ny fanisa amin'ny fanisa amin'ny fanisa amin'ny fanisa amin'ny fanisa amin'ny fanisa amin'ny fanis		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Electronic Check	CC006474333	12/25/2024	\$5,009.32		
check, original receipt, online payment confirmation or		ىتىتىتە بەر بەلەر بىلەر بىلەر بىلەر بەلەر بە	colate a compressive energicationed entiti	an a state of the		
bank/credit card statement.	TOTAL AMOUN	F PAID (sum of th	e above amounts)			
Step 3. Provide reason for	Please check one of the following:					
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.					
years that you intended to pay	X I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	I want this payment applied to next year's taxes.					
1. T	This payment should have been app					
	I Pard TH acco	ount tu	vice unk	nowingly.		
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 in					
Auc 1-31-25	SIGNATURE OF REQUESTOR (REQUE	ÆD) PI	RINTED NAME & D. Oled So.	ATE 1/29/25		
TAX OFFICE USE ONLY:	Approved Denied By:	Nith	Date:	1-29:25		



rear coro

2500

# FW: Overpayment need refund - PID 71869

# FEB 0 6 2025

**CITY TAX OFFICE** 

# E275-000-0070-0050

From Cisneros, Luz M. <CisnerosLM@elpasotexas.gov>

Date Thu 2/6/2025 11:08 AM

To Lopez, Genesis <LopezG@elpasotexas.gov>; Montenegro, Maria D. <MontenegroMD@elpasotexas.gov>; Ponce, Marytzabel <PonceMX@elpasotexas.gov>

1 attachment (80 KB) martha tax payment.jpg;

Refund request. Thank you,

# Luz M. Cisneros

<u>CisnerosLM@elpasotexas.gov</u> City of El Paso Tax Office 221 N Kansas, Suite 300 El Paso, TX 79901 (915) 212-1742 (915) 212-0108 Fax



Website: http://www.elpasotexas.gov/tax-office

Office Hours: Mon-Fri, 8am to 5pm

Your opinion matters! <u>Click here</u> to participate in a brief survey and let us know how we are doing.

Appr V

From: nora magallanez <noramagz@gmail.com>
Sent: Wednesday, February 5, 2025 9:21 AM
To: CityTaxOffice <citytaxoffice@elpasotexas.gov>; Tax Forms <taxforms@elpasotexas.gov>
Subject: Overpayment need refund

You don't often get email from noramagz@gmail.com. Learn why this is important

CAUTION: This email originated from outside of the City of El Paso. Do not click links or open attachments unless you recognize the sender and know the content is safe. If suspicious, use **Phish Alert** or forward to <u>SpamReport@elpasotexas.gov</u>.

I am writing today because due to computer glitches my taxes were paid twice. I am requesting a refund to my bank account in the name of Martha Carrillo. My property

\$ 6028.40

number is **71869.** Address is 654 Lozano Lane, EL Paso TX 79936 my Mailing address is PO BOX 528 SAN ELIZARIO,TX 798490528. I am disabled and it is very hard to get a ride to the mailbox to pick up my mail let alone go deposit a check in the bank. I would like an electronic transfer to my bank account. I have attached the transactions



09 /

## THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

+2500 Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

CITY TAX OFFICE

FEB 0 6 2025

		APPLI	CATION FOR T	AX REFU	IND	Carrier and Carrier	
present and the second s	solidated Tax Office col			gible propert	-		the second s
	VIDE THE FOLLOWING INF				1		0190-6500
Refund To:		Phone:	a a the construction too and a		Property ID#	(One application p	per account)
Marc I. Medina	. /		15-258-8342		230347		
Marc I. Medina		WORK:			230347		
Address (mail refund to		Property A	ddroppi	1			
Address (mail refund to	.,	And/or					
2915 Wheeling Ave	, El Paso, TX 79930	Legal Desc	cription: 1312 N. Fl	orence Stre	et, El Paso, 1	TX 79902/19	ALEXANDER 14 & 15*
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of t	axes paid:	Amount of	refund requested:
1. 2024	2025-01-31	N/A		\$4704.42		\$4704.42	
2.							
3.							
	TOTAL AMOU	NT (sum of t	he above amounts)				
		0			, , , ,		d if over \$2,500)
			riginal receipt, from m cleared (both th				)
REASON FOR OV	ERPAYMENT:	Submiited	d two payments by	/ mistake fro	om my Flagsta	ar Bank chec	king account.
	9					1	
* Legal Descripti	ion: 19 ALEXANDER 1	4 & 15 (HO	MESITE) (3240 S	Q FT)			
"I certify that inf	ormation given to obt	ain this ref	fund is true and c	orrect."			
	44.000		2:				
	Marc	IVLE	ona		Date: 0	2-05-2025	
Requestor signat							
Marc I. Medina							
Printed name:					Title:		
and a second product a second product of the second s	ny person knowingly submit						
(2) Imprisonment	up to one year, or fine not ov the date of th		both. (Sec 37.10 Pena. the taxpayer waives to				de within 3 years after
TAX OFFICE Entry:	( V REFU	ND APPRO	VED				
Tax Office Approval:		21.4				Date:	2-6-25
	Ulua	217	In		3		
(Placed on City Cou	ıncil Agenda over \$2,50		105		Contractor Contractor	Date:	
( ) DISAPPROVE		rned to sen	der () (	See below/a	ttached		
1 · ·	documentation (Tax re					submitted.	
	of overpayment not fou			,	,,		
	not found as identified						
( ) Other:							
5 a. f							

Application for Tax Refund-WebVer

	MARIA O. PASILLAS, R	JAN 2 8 2025
	EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901 AX: (915) 212-0107 Email: 1	COLLECTOR 10
		Geo No.         Prop ID           H453-999-0410-3400         275546
MOISES GANDARA 22 GOODWIN DR EL PASO , TX 79902-2221	0P +2500	Legal Description of the Property 41 HIGHLAND PARK 7 & 8 & PTS OF 9 TO 11 (6.67'ON ST-132.60'ON W-63.09'ON N-120'ON E) (10188.54 SQ FT) 2215 PORTLAND AVE 79930 OWNER: GANDARA JOSE A & ANA V
	42300	

### 2024 OVERAGE AMOUNT \$6,952.64

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

### Dear Taxpayer:

APPLICATION FOR PROPER	<b>FY TAX REFUND:</b> This application must be completed, signed, and	I submitted with supporting documentation to be valid.
Step 1. Identify the refund	Who should the refund be issued to:	
recipient. Show information for whomever will be receiving	Name: Moises Gandara	
	Address: 22 Goodwin Dr	
the refund.	City, State, Zip: EL Paso Texas, 79902	ou nis
	Daytime Phone No.: (915) 525-5783	E-Mail Address: Moises gandara 1996 Den
Step 2. Provide payment	Payment made by: Check No.	Date Paid Amount Paid
information. Please attach copy of cancelled	Credit Card Payment CC006559390	01/06/2025 \$6,952.64
check, original receipt, online payment confirmation or	4266 8418 0417 3324	01/06/2025 6,952.64
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the	e above amounts)
Step 3. Provide reason for	Please check one of the following:	
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refun	d.
years that you intended to pay	$\bigvee$ I overpaid this account. Please refund the excess to the a	address listed in Step 1.
with this overage.	I want this payment applied to next year's taxes.	
	This payment should have been applied to other tax acco	ount(s) and/or year(s), escrow (listed below):
	1 - 1×	1. and 59
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-de have given on this form is true and correct. (If you make a fals guilty of a Class A misdemeanor or a state jail felony under the	se statement on this application, you could be found
AMC 1-25	And the main is a second secon	RINTED NAME & DATE V No: Ses Gandara 01/15/25
0.		
TAX OFFICE USE ONLY:	Approved Denied By: N.I.	Date: 1-29.25

N				TAX OFFICE
		9		FEB 0 3 2025
	MARIA O. PASI CITY OF EL PASO TAX AS 221 N. KANSA EL PASO T	SESSOR COI S, STE 300	LECTOR	
PH	EL PASO, T (915) 212-0106 FAX: (915) 212-010	07 Email: taxfo	rms@elpasotexas.gov	
			<b>Geo No.</b> S332-999-0040-1700	<b>Prop ID</b> 192464
			Legal Description of 4 SHADOW MOUNTA (9724.62 SQ FT)	the Property IN HEIGHTS RPL B LOT 17
ORTEGA JOS 7085 ALAME EL PASO , TX			5824 DIAMOND POIN	IT CIR
			OWNER, ORTECA IO	SEL & DLANCA E
	2 P		OWNER: ORTEGA JO	SE L & BLANCA E
			2024 OVERAG	E AMOUNT \$13,317.38
1 not make the payment(s) of	any other party, you must obtain a written le n this account, please forward this letter to t	he person who pa	id these taxes. You may	also request the transfer of
overpayment to other tax ad ind must be submitted within roval is required for refunds PLICATION FOR PROPER op 1. Identify the refund cipient. ow information for omever will be receiving refund.	<b>TY TAX REFUND:</b> This application must be c Who should the refund be issued to: Name: <u>Jose Luis</u> Orte Address: <u>5824</u> Diamont	d or by attaching a nt, or you waive the completed, signed, a $ga \in Blog$ Por u T T X 7 99	an additional sheet if nece the right to the refund (Se and submitted with supporting $anca \in OrrectoreV$	
PLICATION FOR PROPER PLICATION FOR PROPER PLICATION FOR PROPER p 1. Identify the refund cipient. bw information for omever will be receiving refund.	TY TAX REFUND: This application must be a Who should the refund be issued to: Name: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	d or by attaching a nt, or you waive the completed, signed, a $ga \in BlocPointTX 799038$	an additional sheet if nece the right to the refund (Se and submitted with supporting $anca \in OTE$ T2 E-Mail Address: $bo$	c. 31.11c). Governing body g documentation to be valid.
overpayment to other tax ad and must be submitted within roval is required for refunds <b>PLICATION FOR PROPER</b> <b>p 1. Identify the refund</b> <b>ipient.</b> by information for comever will be receiving refund. <b>p 2. Provide payment</b> <b>ormation.</b> ase attach copy of cancelled ck, original receipt, online	n three years from the date of the overpaymer in excess of \$2500. <b>TY TAX REFUND:</b> This application must be c Who should the refund be issued to: Name: $\  \  \  \  \  \  \  \  \  \  \  \  \ $	d or by attaching a nt, or you waive the completed, signed, a $ga \in BlocPointTX 799038Check No.$	an additional sheet if neck the right to the refund (Se and submitted with supportin $anca \in Orle$ V T2 E-Mail Address: $bo$ Date Paid	c. 31.11c). Governing body g documentation to be valid.
PLICATION FOR PROPER PLICATION FOR PROPER PLICATION FOR PROPER PLICATION FOR PROPER p 1. Identify the refund cipient. bw information for omever will be receiving refund. P 2. Provide payment formation. ase attach copy of cancelled ck, original receipt, online ment confirmation or	n three years from the date of the overpaymer in excess of \$2500. <b>TY TAX REFUND:</b> This application must be c Who should the refund be issued to: Name:	d or by attaching a nt, or you waive the completed, signed, a $ga \in Bla$ Por u T $T \times 799$ O = B Check No. 02378	an additional sheet if neck he right to the refund (Se and submitted with supportin $anca \in OrreE-Mail Address:) = 0Date Paid01/24/2025$	c. 31.11c). Governing body g documentation to be valid.
<ul> <li>everpayment to other tax ad and must be submitted within roval is required for refunds</li> <li>PLICATION FOR PROPER</li> <li>ep 1. Identify the refund cipient.</li> <li>bw information for omever will be receiving refund.</li> <li>ep 2. Provide payment ormation.</li> <li>ase attach copy of cancelled ck, original receipt, online ment confirmation or k/credit card statement.</li> </ul>	n three years from the date of the overpaymer in excess of \$2500. <b>TY TAX REFUND:</b> This application must be c Who should the refund be issued to: Name: $\Delta ose \ Luis \ Orte Address: SB24 \ Dia ymontCity, State, Zip: EI \ PasO,Daytime Phone No.: 915 \ 892 - 800Payment made by:$	d or by attaching a nt, or you waive the completed, signed, a $ga \in Bla$ Por u T $T \times 799$ O = B Check No. 02378	an additional sheet if neck he right to the refund (Se and submitted with supportin $anca \in OrreE-Mail Address:) = 0Date Paid01/24/2025$	c. 31.11c). Governing body g documentation to be valid.
s overpayment to other tax ac und must be submitted within proval is required for refunds PLICATION FOR PROPER' ep 1. Identify the refund sipient. ow information for omever will be receiving refund. ep 2. Provide payment formation. ase attach copy of cancelled ick, original receipt, online ment confirmation or ik/credit card statement. p 3. Provide reason for s refund.	n three years from the date of the overpaymer in excess of \$2500. <b>TY TAX REFUND:</b> This application must be considered by the refund be issued to: Name: $\  \  \  \  \  \  \  \  \  \  \  \  \ $	d or by attaching a nt, or you waive the completed, signed, a $ga \in Bla$ Po rut $T \times 799$ O > B Check No. 02378 <b>FPAID (sum of t</b>	an additional sheet if nech he right to the refund (Se hd submitted with supportin $anca \in OTE$ E-Mail Address: $bo$ Date Paid 01/24/2025 he above amounts)	c. 31.11c). Governing body g documentation to be valid.
s overpayment to other tax ac und must be submitted within proval is required for refunds PPLICATION FOR PROPER' ep 1. Identify the refund cipient. ow information for iomever will be receiving refund. ep 2. Provide payment formation. ase attach copy of cancelled ick, original receipt, online ment confirmation or ik/credit card statement. p 3. Provide reason for s refund. ase list any accounts and/or	n three years from the date of the overpaymer in excess of \$2500. <b>TY TAX REFUND:</b> This application must be considered by the refund be issued to: Name: $\  \  \  \  \  \  \  \  \  \  \  \  \ $	d or by attaching a nt, or you waive the completed, signed, a $ga \in BlocPointTX 799038Check No.02378Check No.02378$	an additional sheet if neck he right to the refund (Se hd submitted with supportin $anca \in OrleV1/2E-Mail Address: b oDate Paid01/24/2025he above amounts)nd.$	c. 31.11c). Governing body g documentation to be valid.
s overpayment to other tax ac und must be submitted within proval is required for refunds PLICATION FOR PROPER' ep 1. Identify the refund cipient. ow information for iomever will be receiving refund. ep 2. Provide payment formation. ase attach copy of cancelled ick, original receipt, online ment confirmation or ik/credit card statement. p 3. Provide reason for s refund. ase list any accounts and/or irs that you intended to pay	three years from the date of the overpayment in excess of \$2500. <b>FY TAX REFUND:</b> This application must be considered to: Name: $\  \  \  \  \  \  \  \  \  \  \  \  \ $	d or by attaching a nt, or you waive the completed, signed, a $ga \in Bla$ Point T TX 799 O > B Check No. 02378 <b>FPAID (sum of t</b> e entitled to the refute d the excess to the	an additional sheet if neck he right to the refund (Se hd submitted with supportin $anca \in OrleV1/2E-Mail Address: b oDate Paid01/24/2025he above amounts)nd.$	c. 31.11c). Governing body g documentation to be valid.
<ul> <li>everpayment to other tax ad and must be submitted within roval is required for refunds</li> <li>PLICATION FOR PROPER'</li> <li>ep 1. Identify the refund cipient.</li> <li>bw information for onever will be receiving refund.</li> <li>ep 2. Provide payment ormation.</li> <li>ase attach copy of cancelled ck, original receipt, online ment confirmation or k/credit card statement.</li> <li>p 3. Provide reason for s refund.</li> <li>ase list any accounts and/or rs that you intended to pay</li> </ul>	n three years from the date of the overpaymen in excess of \$2500. <b>IY TAX REFUND:</b> This application must be c Who should the refund be issued to: Name: $\Delta ose \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	d or by attaching a nt, or you waive the completed, signed, a $ga \notin Bla$ Porv T TX 799 O 38 Check No. 02378 <b>F PAID (sum of t</b> entitled to the refut d the excess to the year's taxes.	an additional sheet if neck he right to the refund (Se and submitted with supportin $anca \in OrreV272E-Mail Address: b oDate Paid01/24/2025he above amounts)nd.address listed in Step 1.$	c. 31.11c). Governing body g documentation to be valid. <u>Stegan excelm</u> Amount Paid <u>\$46,230.67km</u>
s overpayment to other tax active overpayment to other tax active diverses overpayment to other tax active diverses overpayment for refunds over the refund to the refund to the refund to the refund to the refund. The refund to the refund to the receiving the refund. The refund to the receiving the refund to the receiving the refund. The refund to the receiving the refund to the receiving the refund. The refund to the receives the refund to the receives the	This application nust be of \$2500.TY TAX REFUND:This application must be of \$2500.TY TAX REFUND:This application must be of \$2500.Who should the refund be issued to:Name: $\square ose \square \square ose \square \square ose \bigcirc OrteAddress:\square SB24 \square Ta mondCity, State, Zip:\pounds T PasODaytime Phone No.:915 B92 - 802Payment made by:1000000000000000000000000000000000000$	d or by attaching a nt, or you waive the completed, signed, a $ga \notin Bla$ Porv T TX 799 O 38 Check No. 02378 <b>F PAID (sum of t</b> entitled to the refut d the excess to the year's taxes.	an additional sheet if neck he right to the refund (Se and submitted with supportin $anca \in OrreV272E-Mail Address: b oDate Paid01/24/2025he above amounts)nd.address listed in Step 1.$	c. 31.11c). Governing body g documentation to be valid.
s overpayment to other tax ad	This application nust be of \$2500.TY TAX REFUND:This application must be of \$2500.TY TAX REFUND:This application must be of \$2500.Who should the refund be issued to:Name: $\square ose \square \square ose \square \square ose \bigcirc OrteAddress:\square SB24 \square Ta mondCity, State, Zip:\pounds T PasODaytime Phone No.:915 B92 - 802Payment made by:1000000000000000000000000000000000000$	d or by attaching a nt, or you waive the completed, signed, a $ga \in BlacPointTX 799038Check No.02378Check No.Check $	an additional sheet if neck he right to the refund (Se had submitted with supportin $anca \in Orrector or the orrector of the o$	c. 31.11c). Governing body g documentation to be valid. g documentation to be valid.
s overpayment to other tax ac fund must be submitted within proval is required for refunds PPLICATION FOR PROPER ep 1. Identify the refund cipient. Now information for homever will be receiving e refund. ep 2. Provide payment formation. ease attach copy of cancelled eck, original receipt, online yment confirmation or hk/credit card statement. ep 3. Provide reason for s refund. ease list any accounts and/or ars that you intended to pay th this overage. ep 4. Sign the form. nsigned applications cannot	n three years from the date of the overpaymer in excess of \$2500. <b>IY TAX REFUND:</b> This application must be c Who should the refund be issued to: Name: $\Delta ose \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	d or by attaching a nt, or you waive the completed, signed, a $ga \in BlacPointTX 799038Check No.02378Check No.Check $	n additional sheet if necche right to the refund (Se nd submitted with supportin ance & Orfe V 12- E-Mail Address: ) o Date Paid 01/24/2025 he above amounts) nd. address listed in Step 1. count(s) and/or year(s), e described taxes and certif lse statement on this app ne Texas Penal Code, Sec PRINTED NAME & DA'	c. 31.11c). Governing body g documentation to be valid. g documentation to be valid. Teqan excelm Amount Paid \$46,230.67tont 10 \$46,230.67tont 10 scrow (listed below): y that the information I lication, you could be found c. 37.10. )

Print Date: 01/24/2025

00	) TH	E CITY OF EL PASO CONS	OLIDATED TAX OFFICE		TAX OFFIC	
00	$\checkmark$	221 N. Kansas,			JAN 29 2	
+250	0	El Paso, Texa			JAN 25 2	
12 50	Phone (915) 2	12-0106, Fax (915) 212-010	8, Email: taxforms@elpas	otexas.gov		
		APPLICATION FOR		an and a second seco		
The Con	solidated Tax Office co	lects property taxes for all el		ies within ELP	aso County	
CONTRACTOR OF THE OWNER OWNER OF THE OWNER	/IDE THE FOLLOWING INF				10-3200	
fund To:		Phone:	Property ID#	(One application p	er account)	
/		HOME: 915-540-3739	1.	E - Z		
intiago H Portas		WORK: 915-540-3739	694461			
	0	915-540-5739				
dress (mail refund to	;)	Property Address:		****		
	1/	And/or	TT UN LEV COTATEO RA MICHINI	A AA IFVA FI V AT	1010 00 00 0T	
713 Tierra Gijon PI - El	Paso - TX - 79938	Legal Description:	ET VALLEY ESTATES #1 AMENDIN	10 32 (EXC ELT PT)	(0213 05 SQ FT)	
x year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of	refund/requested:	
2024	01/28/2025	1	6,403.94	6,403.94		
	1	and many transmission and all of the				
	TOTAL AMOU	INT (sum of the above amounts	furning the second seco	<u>l</u>	d if over \$2,500)	
what forced me to	ERPAYMENT: paid them to not be del	The authorized withdrawal (auto ayed and the after I paid them	odraft) was not done on the prop , the money was withdrawn		mentered the second and and a second and a	
"I certify that inf	o paid them to not be del	www.www.www.www.com.com.com.com.com.com.com.com.com.com	, the money was withdrawn			
"I certify that inf Requestor signed Santiago H Port	o paid them to not be del	ayed and the after I paid them	, the money was withdrawn correct." Date:	again. Chargin		
"I certify that inf Requestor signal Santiago H Port Printed name:	o paid them to not be del ormation given to obt ure:	ayed and the after I paid them	, the money was withdrawn correct." Date: Title: imprisonment of 2 to 10 years. tal Code) An application for a te	again. Chargin 01/29/2025 or \$5,000 fine, or fund must be ma	g me twice	
"I certify that inf Requestor signal Santiago H Port Printed name:	o paid them to not be del ormation given to obt where: ure: as ny person knowingly submi up to one year, or fine not o the date of th	ayed and the after I paid them tain this refund is true and thing false entries is subject to: (1) wer \$2,000, or both (Sec 37.10 Per	, the money was withdrawn correct." Date: Title: imprisonment of 2 to 10 years. tal Code) An application for a te	again. Chargin 01/29/2025 or \$5,000 fine, or fund must be ma	g me twice	
"I certify that inf Requestor signed Santiago H Port Printed name: (2) Imprisonment TAX OFFICE Entry:	o paid them to not be del cormation given to obt	ayed and the after I paid them tain this refund is true and tring false entries is subject to: (1) wer \$2,000, or both (Sec 37.10 Per he payment or the taxpayer waives	, the money was withdrawn correct." Date: Title: imprisonment of 2 to 10 years. tal Code) An application for a te	again. Chargin 01/29/2025 or \$5,000 fine, or fund must be ma	g me twice	
"'I certify that inf Requestor signat Santiago H Port Printed name: (2) Imprisonment TAX OFFICE Entry: ax Office Approval:	o paid them to not be del ormation given to obt	ayed and the after I paid them tain this refund is true and tring false entries is subject to: (1) wer \$2,000, or both (Sec 37.10 Per he payment or the taxpayer waives JND APPROVED 0.14 1-3(-35)	, the money was withdrawn correct." Date: Title: imprisonment of 2 to 10 years. tal Code) An application for a te	again. Chargin 01/29/2025 or \$5,000 fine, or fund must be ma 11 (c)).	g me twice	
"I certify that inf Requestor signed Santiago H Port Printed name: (2)Improcomment TAX OFFICE Entry: ax Office Approval: (Placed on City Coo ( ) DISAPPROVE ( ) Required ( ) Required	paid them to not be del	ayed and the after I paid them tain this refund is true and tring false entries is subject to: (1) wer \$2,000, or both. (Sec 37.10 Per he payment or the taxpayer waives JND APPROVED	, the money was withdrawn correct. " Date: Title: Imprisonment of 2 to 10 years. tol Code) An application for a re the right to the refund (Sec 31) See below/attached is Statement, or Other) no	again. Chargin 01/29/2025 or \$5,000 fine, or fund must be ma 11 (c)). Date: Date:	g me twice	

dige

TAX OFFICE RECEIVED JAN 29 2025

# OP +2500

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

The Cor	solidated Tax Office co	APPLICATION FOR T illects property taxes for all elig		es within El Paso County
	VIDE THE FOLLOWING IN	A REAL PROPERTY AND A REAL	Character and the second s	000-0010-3250
efund To:	ann an	Phone:		(One application per account)
Santiago H Portas	$\checkmark$	HOME: 915-540-3739 WORK: 915-540-3739	39	
ddress (mail refund t 2713 Tierra Gijon Pl - E	1	Property Address: And/or Legal Description:	e Al-Martin of America (e. 15) and the R2 (27) for	2015 199 (11 %), 256 19 (41 to 299 (27 to )) (1432 9) (27 1)
ax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
. 2024	01/28/2025		6,318.39	6.318.39
·				
REASON FOR O	bank statement VERPAYMENT:	Copy of original receipt, from showing item cleared (both th The authorized wilhdrawal (autoo layed and the after I paid them,	it & back of negotiated cl e bank & taxpayer name raft) was not done on the prop	must appear) er date, but 2 days later.
	formation given to ob	tain this refund is true and c	correct."	

Printed name: Any person knowingly submitting false entries is subject to: (1) imprisonment of 2 to 10 years, or \$5,000 fine, or both. (2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Perial Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)). REFUND APPROVED TAX OFFICE Entry: -30-25 NIL Date: Tax Office Approval: Date: (Placed on City Council Agenda over \$2,500) ) DISAPPROVED ( ) Returned to sender ( ) See below/attached 1 ( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted. ) Record of overpayment not found on this property. 1 ) Property not found as identified, resubmit after correction. 1 ( ) Other:

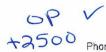
Application for Tax Refund-WebVer

01/19/2023

OP		IE CITY OF EL PASO CONS 221 N. Kansas, El Paso Tovos	Suite 300		RECEIVE	
0P +2500	Phone (915) 2	El Paso, Texas 79901 [5] 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov			JAN 29 20	
72300						
The Con	solidated Tay Office or	APPLICATION FOR *	And a second	ies within El Paso	County	
	VIDE THE FOLLOWING IN			Contraction of the state of the	30-0200	
efund To:		Phone:	Property ID# (One application per account)			
	. /	HOME: 915-540-3739			and the second s	
Santiago H Portas	V	WORK: 915-540-3739	694463	694463		
ddress (mail refund to	);)	Property Address:				
2713 Tierra Gijon PI - El	Paso - TX - 79938	And/or Legal Description: BLK 2 SU	JNSET VALLEY ESTAT	ES #1 AMENDIN	G LOT 2	
ax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refu	ind requested:	
2024	01/28/2025		11,924.64	11,924.64	V	
	TOTAL AMOL	JNT (sum of the above amounts)				
			(City Council a	oproval required if a	over \$2,500)	
what forced me to	ERPAYMENT: paid them to not be de	showing item cleared (both the The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and	draft) was not done on the pro the money was withdrawn	per date, but 2 days la		
what forced me to	PERPAYMENT: opaid them to not be de	The authorized withdrawal (auto layed and the after I paid them,	draft) was not done on the pro the money was withdrawn correct."	per date, but 2 days la		
what forced me to	ERPAYMENT: opaid them to not be de formation given to ob	The authorized withdrawal (auto layed and the after I paid them,	draft) was not done on the pro the money was withdrawn correct."	per date, but 2 days la again. Charging m		
what forced me to "I certify that int Requestor stona Santiago H Port Printed name:	ERPAYMENT: opaid them to not be de formation given to ob	The authorized withdrawal (auto layed and the after I paid them,	draft) was not done on the pro- the money was withdrawn correct." Date: Title:	per date, but 2 days la again. Charging m 01/29/2025	e twice	
what forced me to "I certify that info Requestor signa Santiago H Port Printed name:	ERPAYMENT: o paid them to not be de formation given to ob formation given to ob ture: as	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and	draft) was not done on the pro- the money was withdrawn correct. " Date: Title: mprisonment of 2 to 10 years, al Codej An application for a re	per date, but 2 days la again. Charging m 01/29/2025 or 55,000 fine, or both fund must be mode w	e twice	
what forced me to "I certify that info Requestor signa Santiago H Port Printed name:	ERPAYMENT: opaid them to not be de formation given to ob formation given to ob ture: as Any person knowingly subm up to one year, or fine not the date of t	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and thing fulse entries is subject to: (1) f aver \$2,000, or both: (Sec 37.10 Pen	draft) was not done on the pro- the money was withdrawn correct. " Date: Title: mprisonment of 2 to 10 years, al Codej An application for a re	per date, but 2 days la again. Charging m 01/29/2025 or 55,000 fine, or both fund must be mode w	e twice	
what forced me to "I certify that int Requester Sona Santiago H Port Printed name: (2) Imprisonment	ERPAYMENT: p paid them to not be de formation given to ob tornation given to ob tornation given to ob tornation given to ob the det the date of the set (1) REF	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and thing fulse entries is subject to: (1) f over 52,000, or both. (Sec 37.10 Pen the payment or the taxpayer waives	draft) was not done on the pro- the money was withdrawn correct. " Date: Title: mprisonment of 2 to 10 years, al Codej An application for a re	per date, but 2 days la again. Charging m 01/29/2025 or 55,000 fine, or both fund must be mode w	e twice	
what forced me to "I certify that int Requestor Sona Santiago H Port Printed name: (2) Imprisonment TAX OFFICE Entry: ax Office Approval	ERPAYMENT: p paid them to not be de formation given to ob formation given to ob ture: as May person knowingly subm up to one year, or fine not the date of the ture of the date of the ture of the date of the ture of the date	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and itting false entries is subject to: (1) i over \$2,000, or both. (Sec 37.10 Pen the payment or the taxpayer waives UND APPROVED MIM 2(3, 125	draft) was not done on the pro- the money was withdrawn correct. " Date: Title: mprisonment of 2 to 10 years, al Codej An application for a re	per date, but 2 days la again. Charging m 01/29/2025 or 55,000 fine, or both fund must be mode + 11 (c)).	e twice	
what forced me to "'I certify that int Requestor Sona Santiago H Port Printed name: (2) imprisonment TAX OFFICE Entry: ax Office Approval (Placed on City Co	ERPAYMENT: p paid them to not be de formation given to ob torre: as Any person knowingly subm up to one year, or fine not of the date of (W REF uncil Agenda over \$2,5	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and tain this refund is true and over \$2,000, or both (Sec 37.10 Pen the payment or the taxpayer walves UND APPROVED M.M. 203, 125 300)	draft) was not done on the pro- the money was withdrawn correct." Date: Title: mprisonment of 2 to 10 years, al code) An application for a re the right to the refund (Sec 31	per date, but 2 days la again. Charging m 01/29/2025 or 55,000 fine, or both fund must be mode v 11 (c)).	e twice	
"I certify that int Requestor Signa <u>Santiago H Port</u> Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval. (Placed on City Co ( ) DISAPPROVE ( ) Require ( ) Record	ERPAYMENT: paid them to not be de formation given to ob formation given to ob the det there: as Any person knowingly subm up to one year, or fine not the date of (WREF which Agenda over \$2,5 () Ref d documentation (Tax of overpayment not fo	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and itting false entries is subject to: (1) i over 52,000, or both. (Sec 37.10 Pen the payment or the taxpayer wolves UND APPROVED MIM 2/3/125 500) urned to sender ( ) receipt, Canceled Check, Ban	draft) was not done on the pro- the money was withdrawn correct. " Date: Title: mprisonment of 2 to 10 years, al codej An application for a re the dight to the refund (Sec 31 See below/attached k Statement, or Other) n	per date, but 2 days la again. Charging m 01/29/2025 or \$5,000 fine, or bot. fund must be mode v 11 (c)]. Date: Date:	e twice	
what forced me to "I certify that int Requestor Sona Santiago H Port Printed name: (2) imprisonment TAX OFFICE Entry: ax Office Approval (Placed on City Co ( ) DISAPPROVE ( ) Require ( ) Record	ERPAYMENT: paid them to not be de formation given to ob formation given to ob the det there: as Any person knowingly subm up to one year, or fine not the date of (WREF which Agenda over \$2,5 () Ref d documentation (Tax of overpayment not fo	The authorized withdrawal (auto layed and the after I paid them, tain this refund is true and itting false entries is subject to: (1) i over \$2,000, or both. (Sec 37.10 Pen the payment or the taxpayer wolves UND APPROVED 	draft) was not done on the pro- the money was withdrawn correct. " Date: Title: mprisonment of 2 to 10 years, al codej An application for a re the dight to the refund (Sec 31 See below/attached k Statement, or Other) n	per date, but 2 days la again. Charging m 01/29/2025 or \$5,000 fine, or bot. fund must be mode v 11 (c)]. Date: Date:	e twice	

TAX OFFICE RECEIVED

JAN 29 2025



### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Suite 300 El Paso, Texas 79901

+2500 Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

		APPLICAT	ION FOR 1	TAX REFL	IND		
The Con	nsolidated Tax Office col	lects property ta	axes for all elig	gible propert	y taxing entiti	es within El Pas	o County.
PPLICANT MUST PRO	VIDE THE FOLLOWING INF	ORMATION:		T	287-9	99-4450	0-2000
efund To:		Phone:			Property ID# (One application per account)		
		HOME: 915-5	540-3739				
Santiago H Portas					683969		
		010-0	WORK: 915-540-3739				
ddress (mail refund t	0 ;)	Property Addres	s.'		luinimmune		Hallow and the second
ana ang ang ang ang ang ang ang ang ang	. /	And/or				LOT OF	
2713 Tierra Gijon PI - E	l Paso - TX - 79938	Legal Descriptio	n: BLK 465	HERRA DE	EL ESTE #73	LOT 20	
ax year requested:	Date payment made:	Check No. & Da	te, if known:	Amount of t	axes paid:	Amount of ref	und requested:
. 2024	01/28/2025	T T		12,122.38		12,122.38	
						T buy 1 tarta y O O	V
			******	1			
	TOTAL AMOU	NT (sum of the ab	ove amounts)				
				Barry Warrent Contractor Contractor	City Council ap	proval required if	over \$2,500)
	REQUIRED:	Copy of origina	al receipt, from	nt & back of	negotiated cl	neck, OR	
	bank statement s					and the second	
EASON FOR O							latar
		Read on an	In the second		0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0	er dale, bul 2 days	
what forced me t	o paid them to not be del	ayed and the afte	er I paid them,	the money w	as withdrawn a	again. Charging n	ne twice
	The second secon		the second state and	a second second second			
			***			an a	ethek mys warden in start and a start in the ministration
-							
"I certify that in	formation given to obt	ain this refund	is true and o	correct."			
	- 1						
	11 long						/
	1 ton				_ Date: _0	1/29/2025	V
Requestor signe	iture.						v
Santiago H Por	tas						
Printed name:		1			Title:		
	Any person knowingly submi	tting false entries is	subject to: (1) h	mprisonment o	f 2 to 10 years, o	or \$5,000 fine, or bo	th .
(2) Imprisonment	t up to one year, or fine not o						within 3 years after
	the date of th	ne payment or the to	axpayer waives	the right to the	refund (Sec 31.:	l1 (c)).	
TAX OFFICE Entry:	(V) REFL	JND APPROVED		******			V
ax Office Approval			1			Date:	1-30-75
			1.1-0	1977 - 200 - 21 - 21 - 21 - 21 - 21 - 21 - 2	<u></u>	pore.	( JU a)
T	MC 1-2	31-25				Date:	
						Date,	
	uncil Agenda over \$2,50			C			
( ) DISAPPROVI		rned to sender		See below/		9 9 1	
	d documentation (Tax r			k Statement	, or Other) no	t submitted.	
	of overpayment not fou						
( ) Propert	y not found as identifie	d, resubmit afte	r correction.				
() Other:							
( ) ourier.							
		a kananan ana				Sector States	
	88384 0						
Application for Tax Refund-V	VebVer						01/19/2

	MARIA O. PASILLAS, RTA OF EL PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901		
PH: (915) 212-0	106 FAX: (915) 212-0107 Email: taxf		
		<b>Geo No.</b> V893-999-0830-2700	<b>Prop ID</b> 378648
		Legal Description of the Prope	rty
	CITY TAX OFFICE	83 VISTA DEL SOL LOT 14	
EDUARDO PINAL 10948 ART WALL DR EL PASO , TX 79936	JAN 2 9 2025	10948 ART WALL DR 79936	2.1.1.2.5 - 6.5.5.2.5 - 6.5.5.5
	08 /	OWNER: PINAL EDUARDO	
	+2500	2024 OVERAGE AMOU	NT \$3,161.84

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

### Dear Taxpayer:

APPLICATION FOR PROPER	TY TAX REFUND: This application must be con	npleted, signed, and submitted with supp	porting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:		"新教理教室"的"新教"		
recipient. Show information for whomever will be receiving the refund.	Name: Eduardo Pina				
	Address: 10948 ArTw	all Dr.			
	City, State, Zip: EC PASO,	TX 79936			
	Daytime Phone No.: 915 433-003		erinal. elpie guail. co		
Step 2. Provide payment	Payment made by:	Check No. Date Paid	Amount Paid		
information. Please attach copy of cancelled	Credit Card Payment	CC006671793 01/21/2025	\$3,161.84 test for		
check, original receipt, online payment confirmation or					
bank/credit card statement.	TOTAL AMOUNT I	PAID (sum of the above amounts)	T. Second		
Step 3. Provide reason for	Please check one of the following:		Weiters and Weiters		
this refund. Please list any accounts and/or	I paid this account in error and I am en	titled to the refund.			
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.				
with this overage.	I want this payment applied to next year's taxes.				
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
	1 - 12		· · · · · · · · · · · · · · · · · · ·		
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.)				
Juc 1/31/25	SIGNATURE OF REQUESTOR (REQUIRE	) PRINTED NAME &	DATE		
	aunt	EDUARDS	DINAL 1-27-2025		
	1				
TAX OFFICE USE ONLY:	Approved Denied By:	N. M Date:	1-29.25		

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: tax	DLLECTOR
EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: tax	forms@elpasotexas.gov
	Geo No.         Prop ID           V893-999-1670-1100         163241
OP tasoo	<b>Legal Description of the Property</b> 167 VISTA DEL SOL #29 LOT 6
ROBERTO RODRIGUEZ 4937 PADDOCK PL. BANCHO CHO CA MONCA CA 91727	1620 BERT GREEN DR 79936
RANCHO CUCAMONGA, CA 91737 JAN 3 0 2025	OWNER: RODRIGUEZ RICARDO
	2024 OVERAGE AMOUNT \$6,246.26
1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY Dear Taxpayer:	COLLEGE, 8: UNIVERSITY MEDICAL CENTER

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 PROPER	TY TAX REFUND: This application must be	e completed, signed, and	I submitted with suppo	orting documentation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to:				
recipient. Show information for whomever will be receiving the refund.	Name: Roberto Roo Address: 4937 Paddock	riquez Pi	/		
	City, State, Zip: Rambo Ci	icamore	a ca.	91737 on his	
<sup>2</sup> φ - − − − − − − − − − − − − − − − − − −	Daytime Phone No.: (951) 440 -	-3167	E-Mail Address:	Robertorodriguez 19662	
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
<b>information.</b> Please attach copy of cancelled	Credit Card Payment	CC006644678	01/17/2025	\$6,246.26 an ic. Con	
check, original receipt, online payment confirmation or	Visa				
bank/credit card statement.		NT PAID (sum of the	e above amounts)		
Step 3. Provide reason for	Please check one of the following:			·····································	
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.				
years that you intended to pay	X I overpaid this account. Please refund the excess to the address listed in Step 1.				
with this overage.	I want this payment applied to next year's taxes.				
and the second se	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below);				
and the other and the state					
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 t 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.)				
fuc 1/3/125	SIGNATURE OF REQUESTOR (REQUI		RINTED NAME &	DATE Odyique to 1662@gmail.com	
	1 0 1	noberto	roariguez 1	1662 & griul, cum	
TAX OFFICE USE ONLY:	Approved Denied By	······································	Date: 🖉	1/26/2025	
		1-30.25	5	Provide (	

Print Date: 01/21/2025

v52.1.9