TAX REFUNDS November 22, 2022

1. Ana Suffle', in the amount of \$2,651.70 made an overpayment on October 16, 2022 of 2022 taxes.

(Geo. #T109-999-0240-7600)

2. Shandy Maokhamphiou, in the amount of \$3,931.27 made an overpayment on October 21, 2022 of 2022 taxes.

(Geo. #P481-999-0100-1700)

Laura D. Prine City Clerk Maria O. Papillas

Maria O. Pasillas, RTA Tax Assessor Collector





OCT 2 4 2022

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Prop ID T109-999-0240-7600 113382

Legal Description of the Property 24 TEJAS LOT 26 (6325 SQ FT)

1151 N CLARK DR

OWNER: POSADA SERGIO A & SUFFLE ANA L

2022 OVERAGE AMOUNT \$2,651.70

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

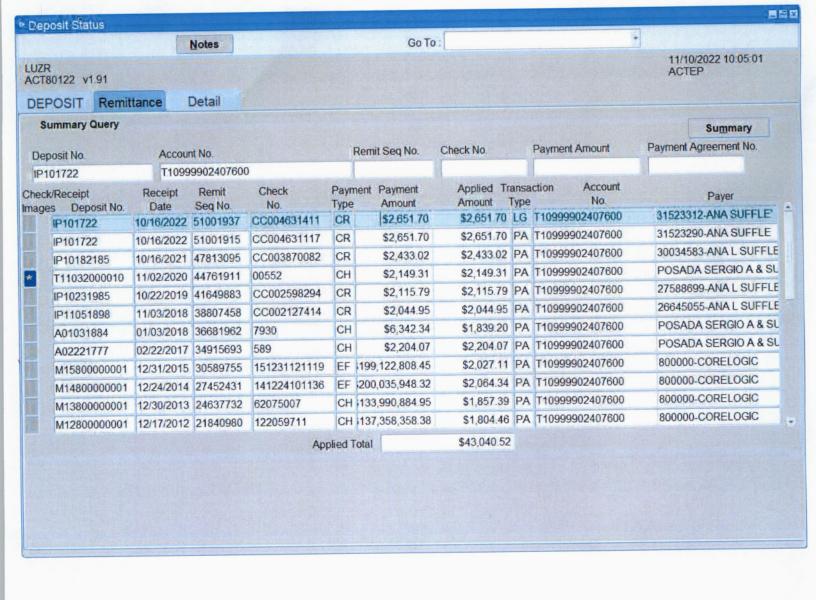
Dear Taxpayer:

v52.1.8

ANA SUFFLE' 1146 N CLARK DR EL PASO, TX 79905-2014

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 completed, signed, and 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 the refund.	Name: Ana Syffle' Address: 1146 N. Clark Dr. City, State, Zip: El Paso, TX 79905 Daytime Phone No.: 915 - 494-8344 E-Mail Address: Qnasuffle 18091			
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 Credit Card V 4631411 (0/16/22 \$2651.70 Transaction I.D. 2060556797 D00000 10/16/22 \$1265/6 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: I paid this account in error and I am entitled to the refund. I overpaid this account. Please refund the excess to the address listed in Step 1. I want this payment applied to next year's taxes. This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
Step 4. Sign the form CE Unsigned applications cannot be processed. Solved Solved Solved NOV 0 4 2022 Secretary Solved So	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 Ana Lika Suffle 1019 22 Approved Denied By: Date: Date:			
U5718	Print Date: 10/17/2022			





TAX OFFICE RECEIVED

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

OCT 31 2022

P481-999-0100-1700

Prop ID 175304

Legal Description of the Property

10 PARKWOOD LOT 9 (6695 SQ FT)

2909 PENWOOD DR

SHANDY MAOKHAMPHIOU 2909 PENWOOD DR EL PASO, TX 79935



OWNER: MAOKHAMPHIOU SHANDY S

2022 OVERAGE AMOUNT \$3,931.27

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

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. 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 PROPERT	TY TAX REFUND: This application	n must be completed, signed, an	nd submitted with supporting	documentation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to	o:		Company of	
recipient. Show information for whomever will be receiving the refund.	Name: Shandy Maokhamphio U				
		000 Dr.		. /	
	City, State, Zip: El Paso	, TX 799.	35		
	Daytime Phone No.: 619 - 45	3-5222	E-Mail Address: Shar	ndy. Maokhamphiou@gn	
information.	Payment made by:	Check No.	Date Paid	Amount Paid Co	
	Echeck	4640756	10/21/22 \$	3931.27	
lease attach copy of cancelled heck, original receipt, online			1-1-11-11-1	3.37	
ayment confirmation or					
bank/credit card statement.	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:				
	I paid this account in error and I am entitled to the refund.				
	✓ I overpaid this account. Please refund the excess to the address listed in Step 1.				
	I want this payment applied to next year's taxes.				
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
Step 4. Sign the form. 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.)				
Auch 1/2/27	SIGNATURE OF REQUESTOR	(REQUIRED)	shandy Maokha	mphiou 270c+2022	
N -				V	
TAX OFFICE USE ONLY:	Approved Denied	By: NN	Date:	11-1-22	

Print Date: 10/25/2022

