

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

AGENDA DATE: August 30, 2022
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 greater than \$2,500.00. (See Attachment A)

BACKGROUND / DISCUSSION:

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

Approve property tax overpayment refunds greater than \$2,500.00, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

PRIOR COUNCIL ACTION:

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

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

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

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? YES NO

PRIMARY DEPARTMENT: Tax Office
SECONDARY DEPARTMENT: N/A

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

DEPARTMENT HEAD:




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

TAX REFUNDS
August 30, 2022

1. Century Machinery Co., Inc., in the amount of \$6,056.91 made an overpayment on January 30, 2022 of 2021 taxes.
(Geo. # 1998-999-2288-0050)
2. Ryan Tax Compliance Service LLC-Paying for Stryker Orthopedics, in the amount of \$4,219.59 made an overpayment on January 31, 2020 of 2019 taxes.
(Geo. # 2001-999-4092-0034)
3. Texas Title, in the amount of \$11,209.99 made an overpayment on December 30, 2021 of 2021 taxes.
(Geo. # D377-999-001A-5100)
4. Prosperus Title and Escrow, in the amount \$3,875.92 made an overpayment on July 26, 2022 of 2021 taxes.
(Geo. # R221-999-0440-4900)

Laura D. Prine
City Clerk



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 Email: taxforms@elpasotexas.gov

JOSE GANDARA
955 LOMA VERDE
EL PASO, TX 79936

OP ✓
+ 2,500

Geo No. 1998-999-2288-0050	Prop ID 496432
Legal Description of the Property DEALER HEAVY EQUIPMENT INV 955 LOMA VERDE DR OWNER: CENTURY MACHINERY CO INC	
2021 OVERAGE AMOUNT \$6,056.91	

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:	CENTURY MACHINERY CO. INC. CENTURY MACHINERY CO. INC.		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address:	955 LOMA VERDE RD. 955 LOMA VERDE RD.		
	City, State, Zip:	EL PASO, TEXAS 79936 EL PASO, TEXAS 79936		
	Daytime Phone No.:	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:	Check No.	Date Paid	Amount Paid
	Card	4285835	1/30/22	9446.64
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):				
SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
[Signature]		Jose Gandara 7/11/2022		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.H.	Date: 8-10-22

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
IP013122	199899922880050									
Check/Receipt ages	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	P20210000001	01/31/2022	50149658	1840	CH	\$6,111,023.51	\$6,056.91	PA	199899922880050	88888-COUNTY TAX OFF
	IP013122	01/30/2022	49798731	CC004285835	CR	\$9,446.64	\$9,446.64		199899922880050	30818572-JOSE GANDAR
	R030222585	01/30/2022	49798731	CC004285835	CR	\$0.00	\$3,389.73	TR	199899922880050	30818572-JOSE GANDAR
	R030222585	01/30/2022	49798731	CC004285835	CR	\$0.00	\$3,389.73	TR	199899922880050	30818572-JOSE GANDAR
	P20200000001	01/31/2021	46902105	1817	CH	\$6,036,397.91	\$7,155.79	PA	199899922880050	88888-COUNTY TAX OFF
	P20190001	01/31/2020	43721639	1791	CH	\$5,651,502.88	\$1,018.38	PA	199899922880050	88888-COUNTY TAX OFF
	P20180001	01/31/2019	40753029	88888	CH	\$5,173,266.47	\$576.33	PA	199899922880050	88888-COUNTY TAX OFF
	IP01251998	01/24/2019	40182795	CC002308160	CR	\$576.33	\$576.33	PA	199899922880050	26991998-LUIS GANDAR
	R030219498	01/24/2019	40182795	CC002308160	CR	\$0.00	\$576.33	TR	199899922880050	26991998-LUIS GANDAR
	R030219498	01/24/2019	40182795	CC002308160	CR	\$0.00	\$576.33	TR	199899922880050	26991998-LUIS GANDAR
	R030519167	01/24/2019	40182795	CC002308160	CR	\$0.00	\$576.33	TR	199899922880050	26991998-LUIS GANDAR
	R030519167	01/24/2019	40182795	CC002308160	CR	\$0.00	\$576.33	LG	199899922880050	26991998-LUIS GANDAR
Applied Total							\$45,116.33			



TAX OFFICE RECEIVED
AUG 17 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

STRYKER ORTHOPAEDICS
RYAN TAX COMPLIANCE
150 SOUTH FIFTH STREET SUITE 2500
MINNEAPOLIS, MN 55402

OP ✓
+2,500
Type text here

Geo No. 2001-999-4092-0034	Prop ID 504444
Legal Description of the Property INV MACH SIGN VEH 120 PARAGON LN-207	
OWNER: STRYKER ORTHOPAEDICS	
2019 OVERAGE AMOUNT \$4,219.59 ✓	

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 whom ever will be receiving the refund.	Who should the refund be to			
	Name: Ryan Tax Compliance Services LLC-Paying for Stryker Orthopedics			
	Address: 1233 West Loop S, Suite 1600 ✓			
	City, State, Zip: Houston, Tx 77027			
Daytime Phone No.: 713-629-0090 Ext. 13-2186		E-Mail Address: Katherine. Ortiz@ryan.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
	Check	1057	1/31/20	4,219.59
	TOTAL AMOUNT PAID (sum of the above amounts)			4,219.59
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) <i>Katherine Ortiz</i>		PRINTED NAME & DATE Katherine Ortiz 08-17-2022 ✓	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>NN</i> Date: <i>8-18-22</i> ✓			

June 8/22/22

Deposit **REMITTANCE** Detail

Summary Query

Summary

Deposit No	Account No	Remit Seq No	Check No	Payment Amount	Payment Agreement No					
B02132094	200199940920034									
Check/Receipt ages	Deposit No	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	B02132094	01/31/2020	43725496	1057	CH	\$156,296.33	\$102,810.66	PA	200199940920034	24273661-RYAN TAX COI
	B02132094	01/31/2020	43725496	1057	CH	\$156,296.33	\$4,219.59	LG	200199940920034	24273661-RYAN TAX COI
	RC211230	01/31/2020	43725496	1057	CH	\$4,219.59	\$4,219.59	LG	200199940920034	30399150-STRYKER ORT
	RC211230	01/31/2020	43725496	1057	CH	\$4,219.59-	\$4,219.59-	TR	200199940920034	24273661-RYAN TAX COI
	RC220818	01/31/2020	43725496	1057	CH	\$4,219.59	\$4,219.59	TR	200199940920034	31458770-RYAN TAX COI
	RC220818	01/31/2020	43725496	1057	CH	\$4,219.59-	\$4,219.59-	TR	200199940920034	30399150-STRYKER ORT
	A01281975	01/28/2019	40199714	00000769	CH	\$153,009.80	\$105,488.36	PA	200199940920034	24273661-RYAN TAX COI
	B02021875	01/31/2018	37587668	00000535	CH	\$115,549.71	\$99,426.04	PA	200199940920034	24273661-RYAN TAX COI
	X0203172007	01/31/2017	34843376	00303	CH	\$92,404.80	\$83,120.02	PA	200199940920034	STRYKER ORTHOPEAEC
	A01201675	01/20/2016	31025471	00000076	CH	\$45,327.09	\$43,655.82	PA	200199940920034	24273661-RYAN TAX COI
	A06091541	06/09/2015	29286371	1161789	CH	\$3,839.50	\$69.18	PA	200199940920034	STRYKER ORTHOPEAEC
	A06091541	06/09/2015	29286371	1161789	CH	\$3,839.50	\$3,770.32	LG	200199940920034	STRYKER ORTHOPEAEC
Applied Total							\$925,567.64			



TAX OFFICE RECEIVED
AUG 12 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

TEXAS TITLE COMPANY
1360 N LEE TREVINO DR SUITE 107
EL PASO, TX 79936

OP ✓
+2,500

Geo No. D377-999-001A-5100	Prop ID 386104
Legal Description of the Property DEL NORTE HEIGHTS TR 26 (7000 SQ FT) 1108 DEL MONTE ST 79915	
OWNER: REVELES AMAYELI A A	

2021 OVERAGE AMOUNT \$11,209.99

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:

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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 ✓		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address:	1360 N. Lee Trevino Suite 107 ✓		
	City, State, Zip:	El Paso, TX 79936		
	Daytime Phone No.:	(915) 593-3400	E-Mail Address:	mtoguinto@texas-title.com Any. Ne
	Payment made by:	Check No.:	Date Paid:	Amount Paid:
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.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE		
[Signature]		Mary Alice C. Toquinto 8/8/22 ✓		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: NH	Date: 8-12-22 ✓

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No	Remit Seq No	Check No	Payment Amount	Payment Agreement No.					
A12302165	D377999001A5100									
Check/Receipt Pages	Deposit No	Receipt Date	Remit Seq No	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12302165	12/30/2021	48774249	158856	CH	\$14,326.91	\$13,187.85	LG	D377999001A5100	21022392-TEXAS TITLE C
	A12302165	12/30/2021	48774249	158856	CH	\$14,326.91	\$1,139.06	PA	D377999001A5100	21022392-TEXAS TITLE C
	R030722185	12/30/2021	48774249	158856	CH	\$0.00	\$1,977.86	LG	D377999001A5100	21022392-TEXAS TITLE C
	R030722185	12/30/2021	48774249	158856	CH	\$0.00	\$1,977.86	TR	D377999001A5100	21022392-TEXAS TITLE C
	EC06012185	05/28/2021	47478587	CC003773850	EC	\$2,782.01	\$2,782.01	PA	D377999001A5100	29848726-MICHELLE PR
	IP01251998	01/24/2019	40182702	CC002306777	CR	\$967.60	\$967.60	PA	D377999001A5100	26991907-YVONNE ROD
	IP01311898	01/30/2018	37466167	CC001908646	CR	\$838.64	\$838.64	PA	D377999001A5100	26129922-YVONNE ROD
	M1622000001	12/22/2016	33466634	1057968	CH	\$30,897,837.33	\$805.43	PA	D377999001A5100	2200-GREATER EL PASC
	M1522000001	12/10/2015	30315119	1028222	CH	\$26,619,452.13	\$783.71	PA	D377999001A5100	2200-GREATER EL PASC
	M1422000001	12/15/2014	27275820	938965	CH	\$24,751,310.90	\$1,013.42	PA	D377999001A5100	2200-GREATER EL PASC
	M1322000001	12/10/2013	24342370	903022	CH	\$22,068,111.60	\$879.23	PA	D377999001A5100	2200-GREATER EL PASC
	M12220010001	12/13/2012	21789349	849251	CH	\$18,927,550.13	\$836.65	PA	D377999001A5100	2200-GREATER EL PASC
Applied Total							\$33,813.35			



TAX OFFICE RECEIVED

AUG 08 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

PROSPERUS TITLE & ESCROW LLC
1300 AIRWAY BLVD #108
EL PASO, TX 79925

OP
+2,500 ✓

Geo No. R221-999-0440-4900	Prop ID 176181
Legal Description of the Property 44 RANCHLAND HILLS #5 LOT 17 (6707 SQ FT) 7206 BENSON DR	
OWNER: VALLEJO BEN A (LE) & ORTEGA OLIVIA M	
2021 OVERAGE AMOUNT \$3,875.92	

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 those 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: Prosperus Title & Escrow			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address: 1300 Airway, Ste 108			
	City, State, Zip: El Paso TX 79925			
	Daytime Phone No. (915) 288-2468		E-Mail Address: olivia.chavez@prosperus	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Payment made by:	Check No.	Date Paid	Amount Paid
	Prosperus Title	26813	7/21/22	\$14,500.00
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.			
<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below)				
TAX OFFICE USE ONLY	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	[Signature]		Olivia Chavez 8/8/22 ✓	
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Denied		By: N.N Date: 8-8-22 ✓

Notes

Go To

UZR
CT80122 v1.91ACCOUNT NO (R22199904404900); HOLDING CHECK #26813 FOR \$14,500.00 FROM PROSPERUS
TITLE IN 2021 TAX YR OP 8001 FOR THE ANTICIPATION OF THE REMOVAL OF EXEMPTIONS08/22/2022 12.22.58
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A07262294	R22199904404900									
Check/Receipt Pages	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A07262294	07/26/2022	50828852	26813	OH	\$14,500.00	\$3,875.92	LG	R22199904404900	27571424-PROSPERUS
	A07262294	07/26/2022	50828652	26813	CH	\$14,500.00	\$10,624.08	PA	R22199904404900	27571424-PROSPERUS
	EC05202185	05/19/2021	47424625	CC003762010	EC	\$300.00	\$300.00	PA	R22199904404900	29821336-SANDRA FELA
	EC04212185	04/20/2021	47321554	CC003733817	EC	\$300.00	\$300.00	PA	R22199904404900	29761619-SANDRA FELA
	EC03222185	03/20/2021	47147186	CC003687050	EC	\$300.00	\$300.00	PA	R22199904404900	29667258-BEN ALLEN VA
	EC02222185	02/20/2021	46946372	CC003627467	EC	\$300.00	\$300.00	PA	R22199904404900	29557939-BEN ALLEN VA
	EC01202198	01/20/2021	46152289	CC003446962	EC	\$300.00	\$300.00	PA	R22199904404900	29208095-BEN VALLEJO
	EC12312098	12/31/2020	45628278	CC003350594	EC	\$2,360.49	\$2,360.49	PA	R22199904404900	29017636-SANDRA FELA
	EC12212098	12/20/2020	45399379	CC003298076	EC	\$300.00	\$300.00	PA	R22199904404900	28942456-BEN VALLEJO
	EC11202098	11/20/2020	44959785	CC003228875	EC	\$300.00	\$300.00	PA	R22199904404900	28803442-BEN ALLEN VA
	R0311201298	11/20/2020	44959785	CC003228875	EC	\$0.00	\$300.00	TR	R22199904404900	28803442-BEN ALLEN VA
	R0311201298	11/20/2020	44959785	CC003228875	EC	\$0.00	\$300.00	TR	R22199904404900	28803442-BEN ALLEN VA
Applied Total							\$40,820.35			