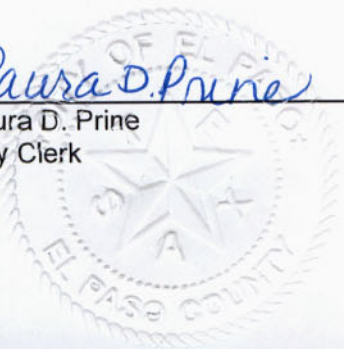


TAX REFUNDS
June 20, 2023

1. Leticia Perez, in the amount of \$2,952.24 made an overpayment on May 11, 2023 of 2022 taxes.
(Geo. #V893-999-0690-1500)
2. Projectxyz Inc, in the amount of \$45,926.74 made an overpayment on February 1, 2023 of 2022 taxes.
(Geo. #X581-999-2170-0201)
3. Projectxyz Inc, in the amount of \$8,874.79 made an overpayment on February 1, 2023 of 2022 taxes.
(Geo. #X581-999-2170-0225)

A circular seal for El Paso County, Texas, featuring a five-pointed star in the center. The words "OFFICE OF EL PASO COUNTY" are written around the top inner edge, and "EL PASO COUNTY TEXAS" is written around the bottom inner edge.
Laura D. Prine
Laura D. Prine
City Clerk

Sheryl R. Mack for 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 Email: taxforms@elpasotexas.gov

TAX OFFICE
RECEIVED
JUN 12 2023

LETICIA PEREZ
10712 ADAUTO CT
EL PASO, TX 79935

OP ✓

Geo No. V893-999-0690-1500	Prop ID 330017
Legal Description of the Property 69 VISTA DEL SOL #13 LOT 8 (9900 SQ FT) 10712 ADAUTO CT	
OWNER: PEREZ DAVID A & LETICIA D	

2022 OVERAGE AMOUNT \$2,952.24 ✓

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>Leticia DPerez</u>			
	Address: <u>10712 Adauto Ct.</u>			
	City, State, Zip: <u>El Paso, TX 79935</u>			
Daytime Phone No.: <u>915/588-3355</u>		E-Mail Address: <u>lety19@hotmail.com</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>Echeck</u>	<u>CC005326567</u>	<u>5-11-23</u>	<u>2,952.24</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.		
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>[Signature]</u>		<u>Leticia DPerez 06/07/23</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>6-12-23</u>				



TAX OFFICE RECEIVED

JUN 12 2023

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

PROJECTXYZ INC
1500 PERIMETER PKWY
HUNTSVILLE, AL 35806

OP ✓

Geo No. X581-999-2170-0201	Prop ID 352798
Legal Description of the Property 81 TSP 2 SEC 17 T & P SURV (2.731 AC) 4707 FRED WILSON AVE 79904	
OWNER: CREEKWATER INVESTMENTS II LLC	

2022 OVERAGE AMOUNT \$45,926.74 ✓

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: PROJECTXYZ, INC			
	Address: 1500 Perimeter Pkwy Ste 426 ✓			
	City, State, Zip: Huntsville, AL 35806			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	(256) 721-9009	E-Mail Address:	Lewis@projectxyz.com
	Payment made by:	Check No.	Date Paid	Amount Paid
	Echecc	516 8337	2/1/23	45,926.74
	Echecc	516 8334	2/1/23	45,926.74
	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.	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	
[Signature]		Larry Lewis 6/6/2023 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 6-12-23 ✓				



TAX OFFICE RECEIVED

JUN 12 2023

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

PROJECTXYZ INC
1500 PERIMETER PKWY
HUNTSVILLE, AL 35806

OP ✓

Geo No. X581-999-2170-0225	Prop ID 182333
Legal Description of the Property 81 TSP 2 SEC 17 T & P SURV (2.19 AC) 5500 PLANEPORT 79904	
OWNER: CREEKWATER INVESTMENTS II LLC	

2022 OVERAGE AMOUNT \$8,874.79 ✓

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: PROJECTXYZ, Inc			
	Address: 1500 Perimeter Pkwy Ste 426 ✓			
	City, State, Zip: Huntsville, AL 35806			
Daytime Phone No.: (256) 721-9001		E-Mail Address: Lewis@projectxyz.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
	Echeck	5168338	2/1/22	8874.79
	Echeck	5168335	2/1/22	8874.79
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)		PRINTED NAME & DATE	
Jue 6/12/23		Larry Lewis 6/6/2023 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.N. Date: 6-12-23 ✓				