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

AGENDA DATE: March 28, 2023 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? \_X\_YES \_\_\_NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD:

ria O Papillas

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

## TAX REFUNDS March 28, 2023

- Inez Lopez, in the amount of \$3,640.33 made an overpayment on January 30, 2023 of 2022 taxes. (Geo. #P013-6966-0010-8600)
- 4MAT Family LP, in the amount of \$7,242.53 made an overpayment on December 06, 2022 of 2022 taxes. (Geo. #S148-999-000Z-8900)
- 4MAT Family LP, in the amount of \$4,028.21 made an overpayment on December 06, 2022 of 2022 taxes. (Geo. #S243-999-0480-2300)
- 4MAT Family, in the amount of \$3,369.08 made an overpayment on December 06, 2022 of 2022 taxes. (Geo. #S619-999-0020-1100)
- 4MAT Family, in the amount of \$2,882.55 made an overpayment on December 06, 2022 of 2022 taxes. (Geo. #T287-999-0760-3200)
- 4MAT Family LP, in the amount of \$2,870.10 made an overpayment on December 06, 2022 of 2022 taxes. (Geo. #T287-999-0760-3300)
- Wells Fargo Tax Operations Services, in the amount of \$2,512.22 made an overpayment on December 07, 2022 of 2022 taxes. (Geo. #T287-999-2680-1500)
- 4MAT Family, in the amount of \$8,763.89 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-0410-0700)
- 4MAT Family LP, in the amount of \$8,651.60 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-0410-0900)
- 10. 4MAT Family, in the amount of \$2,746.90 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-1050-2900)
- 11. 4MAT Family, in the amount of \$2,746.90 made an overpayment on December 06, 2022 on 2022 taxes.
  (Geo. #V893-999-1050-3100)
- 12. 4MAT Family, in the amount of \$2,614.86 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-1050-4700)

- 13. 4MAT Family, in the amount of \$2,895.84 made an overpayment on December 06, 2022 on 2022 taxes.
  (Geo. #V893-999-1050-5300)
- 14. 4MAT Family, in the amount of \$2,790.07 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-1050-7300)
- 15. 4MAT Family, in the amount of \$8,841.75 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-1320-2800)
- 4MAT Family, in the amount of \$3,991.27 made an overpayment on December 06, 2022 on 2022 taxes. (Geo. #V893-999-1680-2700)
- 17. MDC El Paso Realty LLC, in the amount of \$38,711.68 made an overpayment on January 30, 2023 on 2022 taxes. (Geo. #V893-999-3670-0450)
- Virginia Avila, in the amount of \$2,846.13 made an overpayment on January 31, 2023 on 2022 taxes. (Geo. #V893-999-4130-5900)

aria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

	MARIA O. PASILLAS, RTA EL PASO TAX ASSESSOR C 221 N. KANSAS, STE 300 EL PASO, TX 79901 FAX: (915) 212-0107 Email: ta:		MAR 0 9 2023
		Geo No. P013-999-0010-8600 Legal Description of the l	Prop ID 364361 Property
INEZ LOPEZ 253 DANNY BOY LANE VINTON , TX 79821	0P /	1 PACIFIC PARK LOT 16 (1 136 ATLANTIC RD OWNER: LOPEZ INEZ	
			MOUNT \$3,640,33

#### Dear Taxpayer:

APPLICATION FOR PROPERT	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	Name: They hopez
whomever will be receiving	Address: 253 Danny Broy En.
the refund.	City, State, Zip: Vinton LIX 79821
Step 2. Provide payment	Daytime Phone No (915) 886 3397 E-Mail Address: ODCZ. 1 NCZ 63 Payment made by: Check No. Date Paid Amount Paid
information.	
Please attach copy of cancelled	Qn - line 1-30-22 \$3, 640, 33 9-11
check, original receipt, online	and the second
payment confirmation or bank/credit card statement.	<b>3</b> 2 1 1(n 3 2
	TOTAL AMOUNT PAID (sum of the above amounts) $33$ , $440$ . $33$ Please check one of the following:
Step 3. Provide reason for	Flease check one of the following.
this refund.	I paid this account in error and I am entitled to the refund.
Please list any accounts and/or 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):
TATS	
The second se	
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.)
Contraction of the second s	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE
The 3/16/23	Sken Loping Inez Lopez
U	
TAX OFFICE USE ONLY	Approved Denied By: NH Date: 3-9:23

Prop ID
DZ-8900 161133
ption of the Property 242.2 FT ON CANAL X 170 FT W OF SEC EXC (239 SQ FT & 115.5 FT ON ST 97 FT ON NW RD 79901
1

#### Dear Taxpayer:

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 recipient. Show information for	Who should the refund be issued to:					
	Name: 4 MAT Family LP					
whomever will be receiving	Address: 826 S. Stanton					
the refund.	City, State, Zip: EL POSO TR 76901					
	Daytime Phone No.: 915 \$ 920 0301 E-Mail Address: MathefRont @ SRIGLOBAL. N					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	4MAT electronic 12/6/22 724253					
pank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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	/ 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):					
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.)					
fine 3/10/2	BIGNATURE OF REQUESTOR (REQUIRED) BIGNATURE OF REQUESTOR (REQUIRED) ELSA MUTA 3/10/23					
TAX OFFICE USE ONLY:	Approved Denied By: N.12. Date: 3-15-23					

		REC	OFFICE EIVED 1 4 2023
	MARIA O. PASILLAS, RT F EL PASO TAX ASSESSOR C 221 N. KANSAS, STE 300 EL PASO, TX 79901 6 FAX: (915) 212-0107 Email: ta		
		Geo No. S243-999-0480-2300	<b>Prop ID</b> 288067
4MAT FAMILY LP		<b>Legal Description of the P</b> 48 SCOTSDALE #4 12 EXC W SQ FT)	
826 S STANTON ST EL PASO , TX 79901	v 90	10148 SHIPLEY AVE	
	+2500	OWNER: 4MAT FAMILY LF	
		2022 OVERAGE AN	MOUNT \$4,028.21

#### Dear Taxpayer:

APPLICATION FOR PROPER	TY TAX	REFUND:	This applicatio	n must be completed	, signed, and s	ubmitted with supp	orting documentation	to be valid.
Step 1. Identify the refund	Who sh	ould the ref	und be issued t	o:		the second second		<b>B</b> SE A
recipient. Show information for	Name:	4r	MAT	Fanly	LP	1		1
whomever will be receiving	Address	: 82	66.	Straton		1		
the refund.	City, Sta	ate, Zip:	ELPINE	SO TT	7996	1		· · · · · · · · · · · ·
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Daytime	e Phone No.	:91553	31575		-	MATASFRU	IT CSBL GLOS
Step 2. Provide payment		t made by:		1.0	k No.	Date Paid	Amount Paid	NE
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bank/credit card statement.		and the second	TOTAL	AMOUNT PAID	sum of the	above amounts)		
Step 3. Provide reason for	Please c	heck one of	f the following					
this refund. Please list any accounts and/or	✓ I paid this account in error and I am entitled to the refund.							
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with this overage.	I want this payment applied to next year's taxes.							
	1	This paymer	nt should have	been applied to oth	ner tax accou	nt(s) and/or year	(s), escrow (listed be	elow):
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<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	have give	ven on this f	form is true and		make a false	statement on this	certify that the inform application, you co e, Sec. 37.10. )	
Auc3116/2	SIGNA	TURE OF F	REQUESTOR	(REQUIRED)		nted name & ElS (L IV	DATE EN TH	3/10/23
U	1							2
TAX OFFICE USE ONLY:	Ap	proved	Denied	Ву:	41.4	Date:	3-15-2	5

		HI	X OFFICE <u>EC</u> EIVED R 1 4 2023
	MARIA O. PASILI OF EL PASO TAX ASSE 221 N. KANSAS, EL PASO, TX 06 FAX: (915) 212-0107	STE 300	
		Geo No. S619-999-0020-1100	<b>Prop ID</b> 407667
4MAT FAMILY LP 826 S STANTON ST EL PASO , TX 79901	010	Legal Description of the 2 STANTON HEIGHTS #1 FT) 11654 ERIC PAYNE CT OWNER: 4MAT FAMILY	LOT 11 (5065.70 SQ

### 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 PROPER	TY TA	<b>REFUND</b> :	This applie	cation must be	completed, signed.	, and submitte	d with supp	orting documentation t	o be valid.
Step 1. Identify the refund	Who	should the r	efund be issu	ed to:					
recipient. Show information for	Name	: 4M	HAT F	Emil	ч				
whomever will be receiving	Addre	ess: Q	210 5	s. st	anton			1	
the refund.	City, S	State, Zip:	EIf	650 T	7 1990	1			
	Dayti	me Phone N		53315		E-Mail	Address:	MATASERUI	TESBEGLOBY
Step 2. Provide payment	Paymo	ent made by			Check No.	Date I		Amount Paid	Nt
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or		4mA	T	ele	ctronic	121	6/22	336908	2
bank/credit card statement.		- 13 - 13 - S	тота	L AMOUN	r PAID (sum of	f the above a	amounts)		
Step 3. Provide reason for	Please	check one	of the follow	ing:					
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years that you intended to pay	V	I overpaid this account. Please refund the excess to the address listed in Step 1.							
with this overage.		I want this	payment ap	plied to next	year's taxes.				
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		1.00							
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	have g	given on this	s form is true	and correct.		false stateme	ent on this	ertify that the inform application, you cou , Sec. 37.10. )	
frec 3/16/23	SIĜN	ATURE OF	REQUEST	DR (REQUIR	ED)	PRINTED ElSa	NAME & Ma	DATE	3V
TAX OFFICE USE ONLY:	VI	Approved	Den	ied By:	N.12.		Date:	3-15-23	, V

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	MARIA O. PASILLAS, I DF EL PASO TAX ASSESSOF 221 N. KANSAS, STE 3 EL PASO, TX 79901 66 FAX: (915) 212-0107 Email	RTA R COLLECTOR 00	TAX OFFIC RECEIVED MAR 1 4 202
		Geo No. T287-999-0760-3200	<b>Prop ID</b> 53137
4MAT FAMILY LP		Legal Description of the 76 TIERRA DEL ESTE #14 SQ FT)	LOT 32 (4350.00
826 S STANTON ST EL PASO, TX 79901	09 /	12416 TIERRA BALSA CT OWNER: 4MAT FAMILY	

#### 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 PROPER	TY 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	Who should the refund be issued to:					
	Name: 4MAT Famely					
whomever will be receiving	Address: 826 S. Stanton					
the refund.	City, State, Zip: El Paso TI 79901					
	Daytime Phone No.: Q15 9200301 E-Mail Address: MATASFRUITOSBLELOB					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	AMAT electronic 12/6/22 288255					
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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	V 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):					
<b>Step 4. Sign the form.</b> 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.)					
fueca 16/23	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE ELSA Wata Shol23					
1 01.112	V					
TAX OFFICE USE ONLY:	Approved Denied By: N.N. Date: 3-15-23					

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MARIA	0. PASILLAS, RTA TAX ASSESSOR COLLECTOR	
221 N.	ZANGAG STE 200	
EL F PH: (915) 212-0106 FAX: (915)	ASO, TX 79901 212-0107 Email: taxforms@elpasotexas.gov	
	Geo No. MAR 1 4 2023 rop ID T287-999-0760-3300 181249	
	<b>Legal Description of the Property</b> 76 TIERRA DEL ESTE #14 LOT 33 (4350.00 SQ FT)	
4MAT FAMILY LP 826 S STANTON ST EL PASO , TX 79901	12412 TIERRA BALSA CT	
+	OWNER: 4MAT FAMILY LP	
	2022 OVERAGE AMOUNT \$2.870.	.10

#### 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.

Step 1. Identify the refund	Who should the refund be issued to:
recipient.	Name: AMAT Family LP
Show information for whomever will be receiving	Address: 826 5 Starton /
he refund.	City, State, Zip: El Paso TX 79901
2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 - 2014 -	Daytime Phone No.: 915 9200301 E-Mail Address: MATASFRUTESBLEID
	Payment made by: Check No. Date Paid Amount Paid
<b>information.</b> Please attach copy of cancelled check, original receipt, online	4MAT electronic 1216/22 287010
ayment confirmation or ank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)
tep 3. Provide reason for	Please check one of the following:
his refund. lease list any accounts and/or	V I paid this account in error and I am entitled to the refund.
ears that you intended to pay	V I overpaid this account. Please refund the excess to the address listed in Step 1.
vith 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):
Step 4. Sign the form.	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
be processed.	guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )
fue 3/16/23	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE ELS 6 Math 3/10/23

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	936-0434047312	TAX	OF	FI	CE
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MAR 0 7 2023

RECEIVED

### 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

8			<b>Geo No.</b> T287-999-2680-1500	<b>Prop ID</b> 624909	
			Legal Description of the P	roperty	
			BLK 268 TIERRA DEL ESTE	#62 LOT 15	
WELLS FARGO BANK NA PO BOX 10335			14241 FABLED POINT AVE	2 79938	
DES MOINES, IA 50306	0P +2500	$\checkmark$	OWNER: SHON DALLAS		/
			2022 OVERAGE AN	MOUNT \$2,512.22	

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:

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APPLICATION FOR PROPER	ГҮ ТА	X REFUND: Th	is application	must be completed, signed	d, and submitted with sup	oporting documentation t	o be valid.
Step 1. Identify the refund	Who	should the refund	be issued to				
recipient. Show information for	Name	Wells Fargo	Tax Operatio	ons Services			
whomever will be receiving the refund.	Addr	ess: Attn: Financi	al Support, P	O Box 14506			
	City,	State, Zip: De	s Moines IA	50306		V	
	Dayti	me Phone No.:	210-812-41	20	E-Mail Address	; josephine.campos@v	wellsfargo.cor
Step 2. Provide payment	Paym	ent made by:		Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled check, original receipt, online		Wells Fargo		9033792390	12/07/2022	\$4187.03	
payment confirmation or bank/credit card statement.	Dl	1 1 64	TOTAL A	MOUNT PAID (sum o	of the above amounts	) \$4187.03	
Step 3. Provide reason for Please check one of this refund.			tollowing:				
Please list any accounts and/or		I paid this accou	int in error a	nd I am entitled to the r	refund.		1
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.						
		This payment sh	nould have b	een applied to other tax	account(s) and/or yea	ur(s), escrow (listed be	low):
Step 4. Sign the form. Unsigned applications cannot be processed.	have	given on this form	is true and	or the refund of the above correct. ( If you make a r a state jail felony under	a false statement on th	is application, you cou	
0	SIGN	ATURE OF REQ	UESTOR (I	REQUIRED)	PRINTED NAME	& DATE	
1110 39 63	C	Josephine	Cam	On behalf of Wells Farg	Josephine Camp Assoc. Loan Servicir		V
		/	~			3-7-23	$\checkmark$
TAX OFFICE USE ONLY:	V.	Approved	Denied	By:N. [	Date:	0 100	

	MARIA O. PASILLAS, I DF EL PASO TAX ASSESSOF 221 N. KANSAS, STE 3 EL PASO, TX 79901	R COLLECTOR	ED
<b>ГП: (915) 212-01</b>	06 FAX: (915) 212-0107 Email	Geo No. V893-999-0410-0700	<b>Prop ID</b> 205591
MAT FAMILY LP 26 S STANTON ST 21 PASO , TX 79901	0P +2500	Legal Description of the P 41 VISTA DEL SOL #4 E 45.1 32.99 FT OF 5 (9380.39 SQ FT 10516 ASHWOOD DR-A-D OWNER: 4MAT FAMILY LF	8 FT OF 4 & W )

#### Dear Taxpayer:

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	Name: AMAJ Family
whomever will be receiving	Address: 826 5 Stanton
the refund.	City, State, Zip: ELPGSO TR 79901
Step 2. Provide payment	Daytime Phone No.: 915 9200301  E-Mail Address: MatasfRuiteseter    Payment made by:  Check No.  Date Paid
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	4MAT clectron - 12/6/22 8716389
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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	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):
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.)
fue 3/10/23	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE ELSI MAL 310123
TAX OFFICE USE ONLY:	Approved Denied By: N.W. Date: 3-15-23

CITY OF EL PAS 221	IA O. PASILLAS, H O TAX ASSESSOR N. KANSAS, STE 3 L PASO, TX 79901 15) 212-0107 Email:	COLLECTOR MAR 00	OFFICE CEIVED 14 2023
		Geo No. V893-999-0410-0900	<b>Prop ID</b> 11849
4MAT FAMILY LP 826 S STANTON ST EL PASO , TX 79901	09	Legal Description of the Pr 41 VISTA DEL SOL #4 E 60.3 17.83 FT OF 6 (9380.39 SQ FT 10520 ASHWOOD DR-A-C OWNER: 4MAT FAMILY LP	4 FT OF 5 & W )
		2022 OVERAGE AM	10UNT \$8,651.60

#### Dear Taxpayer:

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	Name: 4MAJ Family LP
whomever will be receiving	Address: 826 S. Stanton
the refund.	City, State, Zip: El Paso R 79001
	Daytime Phone No.: 915 920 0301 E-Mail Address: MATASFRUITOSBC
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	AMAT eletronic 12/0/22 865160 NO
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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	I overpaid this account. Please refund the excess to the address listed in Step 1.
with this overage.	1 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.)
Juc3/14/23	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Elsa Matu 31:0123
	1
TAX OFFICE USE ONLY:	Approved Denied By: N.N. Date: 3-15-25

	MARIA O. PASILLAS, R FEL PASO TAX ASSESSOR 221 N. KANSAS, STE 3( EL PASO, TX 79901 FAX: (915) 212-0107 Email:	TA COLLECTOR MAR 10	CEIVED
		<b>Geo No.</b> V893-999-1050-2900	<b>Prop ID</b> 232314
MAT FAMILY LP 26 S STANTON ST 2L PASO , TX 79901	0P / +2500	Legal Description of the P 105 VISTA DEL SOL #15 REF 1/50 INT IN COMMON AREA 1955 TRAWOOD DR-16 OWNER: 4MAT FAMILY LE	PLAT A 16 & UND IN BLK 105

#### 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 PROPER	ГҮ ТА?	REFUND:	This applicatio	n must be completed, s	igned, and	submitted with su	pporting documentation to b	e valid.
Step 1. Identify the refund	Who s	should the refur	nd be issued t	o:				
recipient. Show information for	Name	HM	AT FO	imily			1	
whomever will be receiving	Addre	SS: 826	, S.	Stantor		]	$\checkmark$	
the refund.	City, S	State, Zip: E	Paso	the second se	901			
	Daytin	ne Phone No.C	ilsa2	0 0301		E-Mail Addres	s: Matustruites	bald
Step 2. Provide payment	Payme	ent made by:		Check	No.	Date Paid	Amount Paid	
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	7	MAT		126/22	ele	ctromic	274690	
bank/credit card statement.				AMOUNT PAID (s	um of the	above amount	s)	
Step 3. Provide reason for	Please	check one of t	he following:				明 推进 圣利特	
this refund. Please list any accounts and/or	1	I paid this acc	ount in error	and I am entitled to	the refund	1.		
years that you intended to pay	V	I overpaid this	s account. Ple	ease refund the exces	ss to the a	ddress listed in S	Step 1.	•
with this overage.		I want this pay	ment applied	d to next year's taxes				
		This payment	should have	been applied to othe	r tax acco	unt(s) and/or ye	ar(s), escrow (listed below	<i>w</i> ):
				<u></u>				
Step 4. Sign the form. Unsigned applications cannot be processed.	have g	iven on this for	rm is true and		ake a false	e statement on th	d certify that the informat his application, you could de, Sec. 37.10. )	
Juc 3/16/23	1 1	ATURE OF RE	QUESTOR	(REQUIRED)		INTED NAME		3,
	_		166				215-22	
TAX OFFICE USE ONLY:	VI	pproved	Denied	By:N	1.14.1	Date:	3-15-23	

 $\checkmark$ 

	MARIA O. PASILLAS, RTA OF EL PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901 106 FAX: (915) 212-0107 Email: tax	DLLECTOR	TAX OFFICE RECEIVED MAR 1 4 2023
		<b>Geo No.</b> V893-999-1050-3100	<b>Prop ID</b> 367727
		Legal Description of t	he Property
		105 VISTA DEL SOL #15 1/50 INT IN COMMON A	
MILY LP NTON ST		1955 TRAWOOD DR-00	001
, TX 79901	0P +2500V	OWNER: 4MAT FAMIL	Y LP

#### 2022 OVERAGE AMOUNT \$2,746.90

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:

**4MAT FAMILY LP** 826 S STANTON ST EL PASO, TX 79901

APPLICATION FOR PROPER	RTY 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	Name: 4MAJ Family
whomever will be receiving	Address: 826 S. Starton V
the refund.	City, State, Zip: El Paso TI 79901
	Daytime Phone No.: 915 920 0301 E-Mail Address; Notus Fourtes be apo
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
information. Please attach copy of cancelled heck, original receipt, online	AMAT electronic 12622 274690
bayment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)
Step 3. Provide reason for	Please check one of the following:
his refund.	I paid this account in error and I am entitled to the refund.
Please list any accounts and/or rears 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):
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.)

MARIA O. PASILLAS, R CITY OF EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email:	00
FII. (913) 212-0100 FAA. (913) 212-0107 Email.	Geo No.      Prop ID        V893-999-1050-4700      17336
4MAT FAMILY LP 826 S STANTON ST EL PASO, TX 79901 + 2500	Legal Description of the Property 105 VISTA DEL SOL #15 REPLAT A 26 & UND 1/50 INT IN COMMON AREA IN BLK 105 1955 TRAWOOD DR-26 OWNER: 4MAT FAMILY LP

#### 2022 OVERAGE AMOUNT \$2,614.86

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:

APPLICATION FOR PROPER	TY TA	X REFUND:	This application	on must be completed, sig	ned, and submi	tted with supp	orting documentatio	on to be valid.
Step 1. Identify the refund	Who	should the ref	und be issued	to:				
recipient. Show information for whomever will be receiving	Name	: AM!	At Fr.	mely			1	
	Addre	ess: 82	6 5.	Stanton .				
the refund.	City,	State, Zip: 4	1 Pasa	> TR TAGO				1997 (1994)
	Dayti	me Phone No	915 021	00301	E-M	ail Address:	Matas fri	utastal
Step 2. Provide payment	Paym	ent made by:		Check N	o. Dat	e Paid	Amount Pa	id
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	A	MAT		electronic	12	10/22	261428	
bank/credit card statement.			TOTAL	AMOUNT PAID (sun	n of the abov	e amounts)		
Step 3. Provide reason for	Please	check one of	f the following					
this refund. Please list any accounts and/or		I paid this a	ccount in error	and I am entitled to the	e refund.			
years that you intended to pay	~	I overpaid th	nis account. Pl	ease refund the excess	to the address	s listed in Ste	ep 1.	
with this overage.	-	I want this p	ayment applie	ed to next year's taxes.				
		This payment	nt should have	been applied to other t	ax account(s)	and/or year	(s), escrow (listed	below):
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	have g	given on this f	form is true an	for the refund of the ab d correct. ( If you mak or a state jail felony ur	e a false state	ment on this	application, you o	
Puc 3/10/23	SIGN	ATURE OF F	REQUESTOR	(REQUIRED)	PRINTE	d name &	DATE Oth 3/10	123/
TAX OFFICE USE ONLY:		Approved	Denied	By:N	t.	Date:	3-15-2	3

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F EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901	COLLECTOR 0	
	<b>Geo No.</b> V893-999-1050-5300	<b>Prop ID</b> 128783
	Legal Description of the P	
	1/50 INT IN COMMON AREA	
09	1925 TRAWOOD DR-29 799	35
+2500 ./		
	F EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901	MARIA O. PASILLAS, RTA F EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 5 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov Geo No. V893-999-1050-5300 Legal Description of the P 105 VISTA DEL SOL #15 REI 1/50 INT IN COMMON AREA

Dear Taxpayer:

APPLICATION FOR PROPER	ГҮ ТАХ	REFUND:	This applica	tion must be comple	eted, signed, and	l submitted with su	pporting documentation	to be valid.
Step 1. Identify the refund	Who s	should the ref	und be issue	d to:				
recipient. Show information for	Name	AM	ATE	Fonely			1	
whomever will be receiving	Addre	ss: \$2	b 5	tenton		/	V	
the refund.	City, S	State, Zip: 4	1 Pac	DT C	79901			
	Daytin	ne Phone No	:9159	20 030	۱	E-Mail Address	S: Matustrut	2 strabbel
Step 2. Provide payment		ent made by:			heck No.	Date Paid	Amount Paic	
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	L	IMAT		electri	DAIC	1216/22	1895 84	
bank/credit card statement.		Stat	TOTA	L AMOUNT PAI	D (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	1	I overpaid th	his account.	Please refund the	excess to the a	ddress listed in S	tep 1.	V
with this overage.		l want this p	ayment app	lied to next year's	taxes.			
		This payme	nt should ha	ve been applied to	other tax acco	ount(s) and/or yea	ar(s), escrow (listed b	elow):
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	have g	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.)						
fue3/16/23	SIGN	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE ELSI MALA 31023					23	
	1							$\checkmark$
TAX OFFICE USE ONLY:	V	pproved	Denie	ed By:	NIT	. Date:	3-15-2	3

		TAX OFFICE RECEIVED
M CITY OF EL I 2 PH: (915) 212-0106 FAX	ARIA O. PASILLAS, R PASO TAX ASSESSOR 21 N. KANSAS, STE 30 EL PASO, TX 79901 (015) 212 0107 Emails 1	00
1 II. (913) 212-0100 TAX	. (913) 212-0107 Eman.	Geo No.      Prop ID        V893-999-1050-7300      64515
4MAT FAMILY LP 826 S STANTON ST	/	Legal Description of the Property 105 VISTA DEL SOL #15 REPLAT A 40 & UNE 1/50 INT IN COMMON AREA IN BLK 105 1925 TRAWOOD DR-4
EL PASO, TX 79901	0P /	OWNER: 4MAT FAMILY LP
		2022 OVERAGE AMOUNT \$2,79

#### 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 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	Name: 4 MAT tankey					
	Address: 626 S. Stanton					
he refund.	City, State, Zip: El Paso JR 72901					
	Daytime Phone No.: 9159200301 E-Mail Address: With Frutasbalos					
	Payment made by: Check No. Date Paid Amount Paid					
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	AMAJ electronic 12/6/22 279007					
pank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)					
Step 3. Provide reason for	Please check one of the following:					
his 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	V 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):					
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.)					
Jug 23	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE					

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### 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	OFF	FICE
REC	CEIV	ED

MAR 1 4 2023

		<b>Geo No.</b> V893-999-1320-2800	<b>Prop ID</b> 13217
		<b>Legal Description of the P</b> 132 VISTA DEL SOL #24 LO	
4MAT FAMILY LP 826 S STANTON ST		10937 GARY PLAYER DR	
EL PASO , TX 79901	0p v +2500	OWNER: 4MAT FAMILY LI	
		2022 OVERAGE AN	MOUNT \$8,841.75

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:

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	Name: HMAT Frencly					
	Address: 826 5 Stanton					
the refund.	City, State, Zip: ELPaso TR 79901					
	Daytime Phone No.: 915 920 0301 E-Mail Address: Matter fruit & speale					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	AAMAMAT electronic 12/6/22 884175					
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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	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):					
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 have given on this form is true and correct. (If you make a false statement on this application, you could be 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					
me 3/16/23	alsa Mar Elsa Mata 3/10/23					
TAX OFFICE USE ONLY:	Approved Denied By: N.H. Date: 3-15-23					

	MARIA O. PASILLAS, R DF EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901 06 FAX: (915) 212-0107 Email:	COLLECTOR 00	TAX OFFICE RECEIVED MAR 1 4 2023
		<b>Geo No.</b> V893-999-1680-2700	<b>Prop ID</b> 286143
4MAT FAMILY LP 826 S STANTON ST EL PASO , TX 79901	0 P /	Legal Description of the 168 VISTA DEL SOL #29 L 1652 LOU GRAHAM DR OWNER: 4MAT FAMILY	OT 14
		2022 OVERAGE	AMOUNT \$3.991.27

#### Dear Taxpayer:

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:
Show information for whomever will be receiving	Name: AMAT Fremaly
	Address: 826 S. Stanten
the refund.	City, State, Zip: El Paso TT 79401
	Daytime Phone No.: 915 9200301 E-Mail Address: Mutastruit a shadobal
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
<b>information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or	4MAT electronic 12/6/22 399127
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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	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):
<b>Step 4. Sign the form.</b> 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.)
fna 3/16/23	SIGNATURE OF REQUESTOR (REQUIRED) USI MUTA 3/10/23
TAX OFFICE USE ONLY:	Approved Denied By: N.12. Date: 3-15-23

MARIA O. PASILLAS, R CITY OF EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email:	00	
	Geo No.      Prop ID        V893-999-3670-0450      378358	
MDC EL PASO REALTY 200 S 10TH ST STE 702 MCALLEN, TX 78501 OP + 2500	Legal Description of the Property 367 VISTA DEL SOL #80 ELY 256.24 FT OF LOT 4 (43560.80 SQ FT) 11455 CEDAR OAK DR OWNER: MDC EL PASO REALTY LLC	
	2022 OVERAGE AMOUNT \$38,711.	68

### Dear Taxpayer:

APPLICATION FOR PROPER	RTY 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	Name: MDC EL Paso Realty LLC
whomever will be receiving	Address: 2005, 10th St Ste 707
the refund.	City, State, Zip: MCAllen, Tx 78501 gsp@mdcdatacenters. con
	Daytime Phone No.: 956 227 65 38 E-Mail Address: 950 mdcdatacenters.
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
information. Please attach copy of cancelled	Eheck 5092302 (130/23 38,711.68
check, original receipt, online payment 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.)
MAR 1 7 2023	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE
Received Pol	Georgina Salazar 2/22/2023
Juc 3/17/2	
TAX OFFICE USE ONLY:	Approved Denied By: N.N. Date: 3-171-23

	MARIA O. PASILLAS, RTA F EL PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901 6 FAX: (915) 212-0107 Email: tax	DLLECTOR	FEB 0 8 2023
		<b>Geo No.</b> V893-999-4130-5900	<b>Prop ID</b> 221937
VIRGINIA AVILA 1545 PRADO DEL SOL EL PASO , TX 79936	0 P V	Legal Description of the Pr 413 VISTA DEL SOL #93 LOT FT 1545 PRADO DEL SOL DR	
	+2500	OWNER: AVILA VIRGINIA &	

#### Dear Taxpayer:

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: VIrginia AVIIa
	Address: 545 Prado Dr 501
	City, State, Zip: EL Paso, TX 79936
	Daytime Phone No.: G15) 497-6164 E-Mail Address: GVi amoone amail. Cor
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
<b>information.</b> Please attach copy of cancelled	
heck, original receipt, <u>online</u> ayment confirmation or	0 CCV 10# 5123065 \$2,902.48
ank/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	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.
with this overage.	I want this payment applied to next year's taxes.
MC3/16/23	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):
pul operos	
Step 4. Sign the form. Unsigned top Gross appet be processed and the form	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.)
MAR 1 0 2023	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE
Received POT	
TAX OFFICE USE ONLY:	Approved Denied By: N.N. Date: 310-23