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

AGENDA DATE: March 15, 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? \_X\_YES \_\_\_NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

**DEPARTMENT HEAD:** 

Mara O. Pasillas

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

Revised 04/09/2021

### TAX REFUNDS March 15, 2022

1. Giles Volvo Cars El Paso LLC, in the amount of \$5,881.21 made an overpayment on December 31, 2020 of 2020 taxes.

(Geo. # 20PP-000-5773-1022)

2. George Marak, in the amount of \$5,295.71 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # C214-999-0020-5300)

3. George Marak, in the amount of \$5,295.71 made an overpayment on January 24, 2022 of 2021 taxes.

(Geo. # C214-999-0020-5300)

4. M. Carmen Samaniego, in the amount of \$3,143.01 made an overpayment on January 26, 2022 of 2021 taxes.

(Geo. # E054-999-0230-1700)

5. El Paso Escrow Inc. DBA Commercial Escrow, in the amount of \$2,586.50 made an overpayment on January 20, 2022 of 2021 taxes.

(Geo. #H793-024-0100-0230)

6. Commercial Escrow, in the amount of \$2,586.50 made an overpayment on January 20, 2022 of 2021 taxes.

(Geo. # H793-024-0100-0250)

7. LNK Properties, LLC, in the amount of \$4,030.49 made an overpayment on January 4, 2022 of 2021 taxes.

(Geo. # M842-999-0060-1900)

8. El Paso Escrow Inc. DBA Commercial Escrow, in the amount of \$3,247.32 made an overpayment on January 20, 2022 of 2021 taxes.

(Geo. # S533-000-0010-13W2)

9. Oluwatosin Arowojolu, in the amount of \$3,209.10 made an overpayment on January 10, 2022 of 2021 taxes.

(Geo. # V225-000-0050-0500)

10. Ann Cereghino, in the amount of \$4,074.48 made an overpayment on February 6, 2022 of 2021 taxes.

(Geo. # V893-999-061A-0100)

Geo. # W564-999-0040-5300)			
		0	
	laua	O. Pasillas	
aura D. Prine City Clerk		Pasillas, RTA ssor Collector	

11. LNK Properties, LLC, in the amount of \$7,720.23 made an overpayment on January 4, 2022 of



## 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 www.elpasotexas.gov/tax-office

Prop ID Geo No. 20PP-000-5773-1022 689490 Legal Description of the Property DEALER MOTOR VEH INV P156846 6585 S DESERT BLVD

GILES VOLVO CARS EL PASO LLC 6137 JOHNSTON ST LAFAYETTE, LA 70503-5618

OWNER: GILES VOLVO CARS EL PASO LLC

2020 OVERAGE AMOUNT \$5,881.21

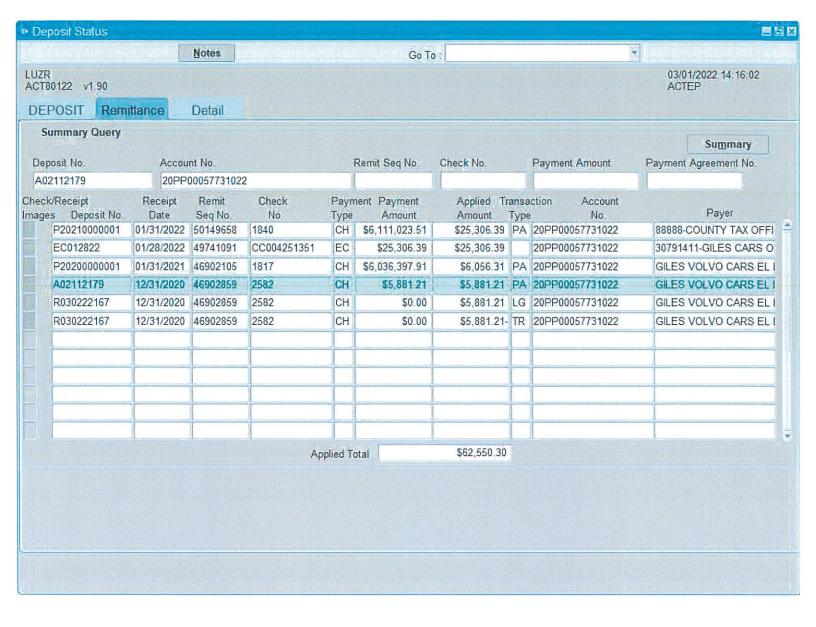
1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD, 27: EMERG. SERVICES DIST. #2

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	d submitted with suppo	rting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:							
recipient. Show information for	Name: (21185 VOLVO	Cars E Pa	SO LLC					
whomever will be receiving	Address: (0137 75h)	n ston St						
the refund.	City, State, Zip: Lafav	iette LA 71	0503					
	Daytime Phone No.: 337-3	14-2758	E-Mail Address:	toontiff@gilescars.co				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled	CK	2582	12/31/2020	5881.21				
check, original receipt, online								
payment confirmation or bank/credit card statement.	TOTAL A	MOUNT PAID (sum of th	e above amounts)					
Step 3. Provide reason for	Please 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):							
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 3/1/22	SIGNATURE OF REQUESTOR (	REQUIRED) P	PRINTED NAME &	DATE 2 18 27				
,	_/	V V	Data	3-1-20				
TAX OFFICE USE ONLY:	Approved Denied	By: N.H	Date:	2100				

Print Date: 02/01/2022





FEB 2 3 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 www.elpasotexas.gov/tax-office

GEORGE MARAK **5723 MIRA GRANDE DR EL PASO, TX 79912** 

Prop ID Geo No. C214-999-0020-5300 146265

Legal Description of the Property 2 CASITAS CORONADO LOT 53 (4400 SQ FT)

5723 MIRA GRANDE DR 79912

OWNER: MARAK GEORGE E & JEAN M

2021 OVERAGE AMOUNT \$5,295.71

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** 

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 artified to a reford all 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. E AAYMENT 1/24/22 5295.71

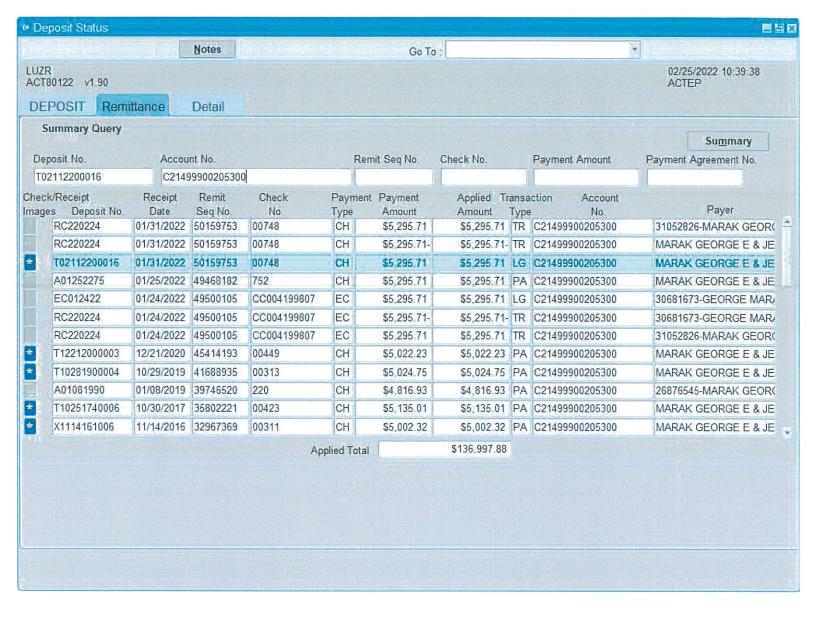
APPLICATION FOR PROPERT	Y TAX	REFUND: This application	must be completed, signed, ar	nd submitted with suppo	orting documentation to be	valid.		
Step 1. Identify the refund	Who should the refund be issued to:							
recipient.	Name:	George MA	RAK /	) Ge	ORge-MAR	AKI		
Show information for whomever will be receiving	Name: George MARAK GEORGE-MARKE Address: 5723 MINHGANNDE DR QVERIZON, WET							
the refund.		State, Zip: El P450		V				
	Daytin	ne Phone No.: 915-581	1.4432	E-Mail Address:	1			
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled	(	CHECK	752	1/27/12				
check, original receipt, online		CHECK	748	2/14/22	5295.			
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) 1039 + 44							
Step 3. Provide reason for	Please 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	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 should have	been applied to other tax ac	ecount(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.)							
Oc processes.	SIGN	ATURE OF REQUESTOR	(REQUIRED)	PRINTED NAME &	DATE	V		
Mes 2/20/22	-	I ways		GEORGE	Markk 2	/20/2		
		1				1		

Denied

Print Date: 02/14/2022

Date:

TAX OFFICE USE ONLY:





## 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 www.elpasotexas.gov/tax-office

Prop ID Geo No. 146265 C214-999-0020-5300

Legal Description of the Property

2 CASITAS CORONADO LOT 53 (4400 SQ FT)

5723 MIRA GRANDE DR 79912

OWNER: MARAK GEORGE E & JEAN M

2021 OVERAGE AMOUNT \$5,295.71

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

Dear Taxpayer:

MARAK GEORGE E & JEAN M **5723 MIRA GRANDE DR** EL PASO, TX 79912-2005

Approved

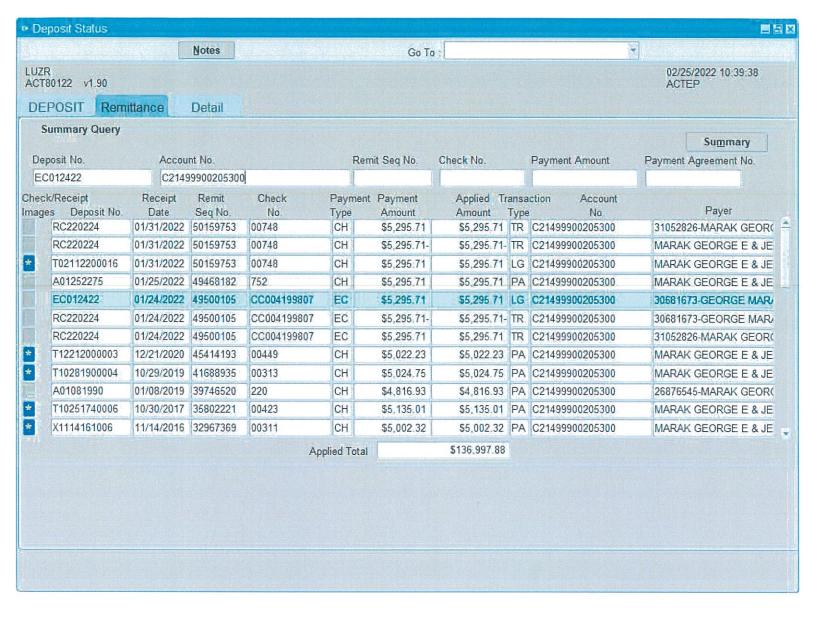
TAX OFFICE USE ONLY:

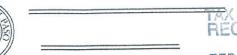
Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by 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	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.	Name: George MANAt						
Show information for whomever will be receiving	Address: 5723 MILA GRANDE BE						
	City, State, Zip: 121 14 150, Tx 79912	_					
	Daytime Phone No.: 4,5-6-81-44 32 E-Mail Address:						
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
information. Please attach copy of cancelled	F2 Pryment 1/25/24 5295.71						
check, original receipt, online							
payment 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:						
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):						
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.)						
0 2/2-62	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE	V					
The 44/22	A enge wound bearing of a nak 2/20/2	2					
THE OFFICE HOP ONLY	Denied By: N. Date: Date:						

Denied

Print Date: 02/14/2022





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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 www.elpasotexas.gov/tax-office

Geo No. E054-999-0230-1700 Prop ID 322991

Legal Description of the Property

23 EAST GLEN LOT 9

11128 VOYAGER COVE DR

OWNER: SEFTON HELEN

2021 OVERAGE AMOUNT \$3,143.01

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:

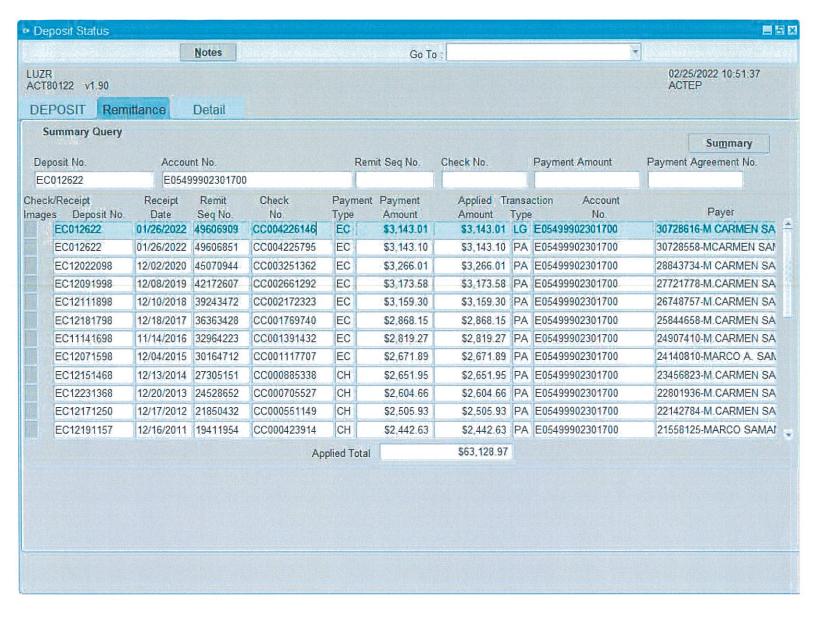
MCARMEN SAMANIEGO 11184 VOYAGER COVE DR. EL PASO, TX 79936

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	Y TAX	REFUND:	This application	must be complete	ted, signed, and	d submitted w	ith support	ing documentation	on to be valid.	
Step 1. Identify the refund recipient.	Who sh		fund be issued to	The sale of the sale	NIEG	0				
Show information for whomever will be receiving the refund.	Address City, S	1 1		lager (	10VE 19936	V	•			
		e Phone No		479-13	311			andso luc	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	Com
Step 2. Provide payment	Paymer	nt made by:		C	heck No.	Date Pai	d	Amount Pa	aid	
information.  Please attach copy of cancelled check, original receipt, online	É	Eche	LK	4226	146	1/24	22	3142	10.0	-
payment confirmation or bank/credit card statement.				AMOUNT PAI	D (sum of th	ne above am	ounts)			
Step 3. Provide reason for	Please	check one o	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.			payment applie							
		This payme	ent should have	been applied to	other tax acc	count(s) and	or year(s)	), escrow (listed	d below):	
<u> </u>										
Step 4. Sign the form. Universal applications cannot be present the second seco	have g guilty	iven on this of a Class A	I hereby apply form is true and misdemeanor REQUESTOR	d correct. ( If y or a state jail fe	ou make a fall lony under th	lse statemen	t on this a	spec. 37.10.)	formation I could be for	und
FEB 17 2022 N.N	011	Carme	X	eaniezo	1-	M.CA			ANIEG	00
POP Reciud		_		0					_	1
TAX OFFICE USE ONLY:	N/A	pproved	Denied	Ву:	1717		Date:	2.24.	33	_

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Print Date: 01/28/2022



71. ROZ



TAX OFFICE RECEIVED

MAR 0 2 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 www.elpasotexas.gov/tax-office

Geo No. H793-024-0100-0230 **Prop ID** 341946

Legal Description of the Property

10 HORIZON VIEW ESTATES #24 LOT 23 (8000.00 SQ FT)

COMMERCIAL ESCROW 10657 VISTA DEL SOL DR - SUITE I EL PASO, TX 79935-4504

0P V

OWNER: PEINADO ADRIAN

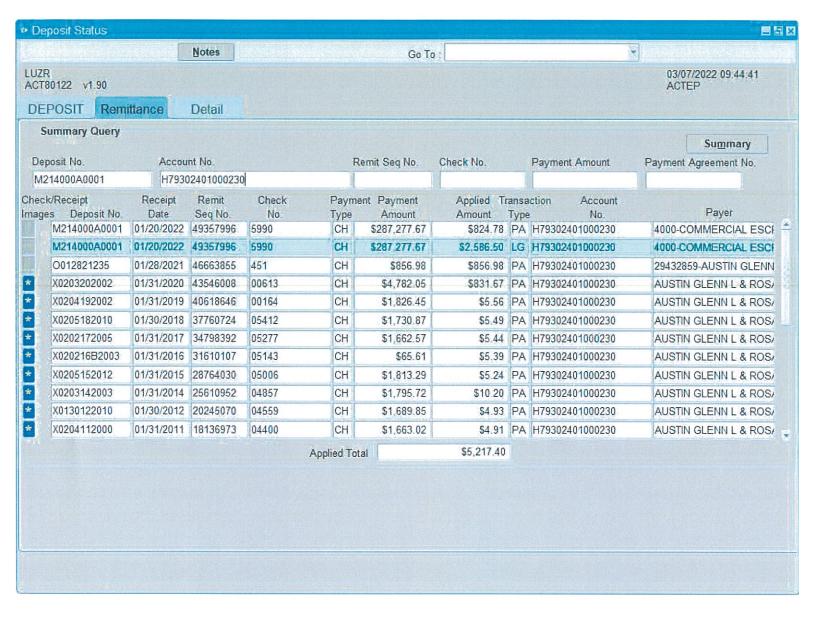
2021 OVERAGE AMOUNT \$2,586.50

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

#### 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	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	Name: El Paso Escrow Drc. Aba Collemencial Recross						
whomever will be receiving	Address: 100057 U.Str. Dol 301 Ster						
the refund.	City, State, Zip: Fl Par IX 79935						
	Daytime Phone No.:915 5914683 E-Mail Address: 1000 Sancher 73 a						
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
information. Please attach copy of cancelled	Communical Escrew 5780 1/26/22 2586.50						
check, original receipt, online payment confirmation or	590 281.277.67						
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	Toverpaid 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.)						
ania	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE						
3/1/20	Juan E. Juey Jan E. Tuey						
TAX OFFICE USE ONLY:	Approved Denied By: N.H. Date: 3-3-22						



31. A008



### TAX OFFICE RECEIVED

MAR 0 2 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 www.elpasotexas.gov/tax-office

**Geo No.** H793-024-0100-0250 Prop ID 292875

Legal Description of the Property

10 HORIZON VIEW ESTATES #24 LOT 25 (8000.00 SQ FT)

COMMERCIAL ESCROW 10657 VISTA DEL SOL DR - SUITE I EL PASO, TX 79935-4504

+2500 V

OWNER: PEINADO ADRIAN

2021 OVERAGE AMOUNT \$2,586.50

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

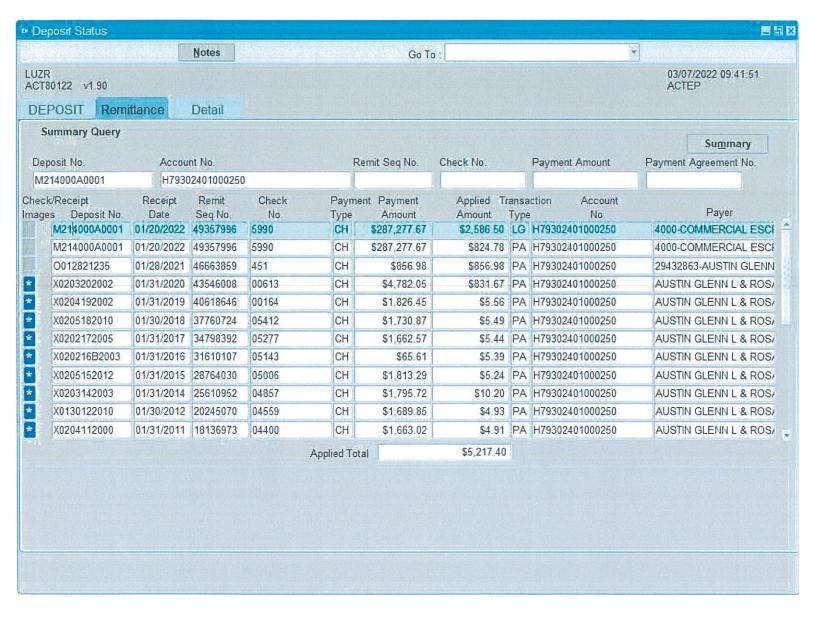
### Dear Taxpayer:

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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: Commercial Escrow Address: 10057 U.St. Dol Sol Dr Ste I City, State, Zip: El Paso IX 79935
G. A.B. 13	Daytime Phone No.: 915 5916683 E-Mail Address: massanchez 73 ac
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  ONUMERICAL Exercises \$180   1/20/27 \$586.50  5990   891,201,60
Step 3. Provide reason for	Please check one of the following:
this refund. Please list any accounts and/or years that you intended to pay with this overage.	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.)  SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  The property of the above-described taxes and certify that the information I have given 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.)
TAX OFFICE USE ONLY:	Approved Denied By: N. Date: 3-3-22

Print Date: 01/20/2022

v52.1.7



FEB 2 2 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 www.elpasotexas.gov/tax-office

Geo No. Prop ID M842-999-0060-1900 158769

Legal Description of the Property

6 MOUNTAIN SHADOWS FOOTHILLS LOT 10 (6688 SQ FT)

3609 LEMO ST 79904

OWNER: LNK PROPERTIES LLC

2021 OVERAGE AMOUNT \$4,030.49

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

#### Dear Taxpayer:

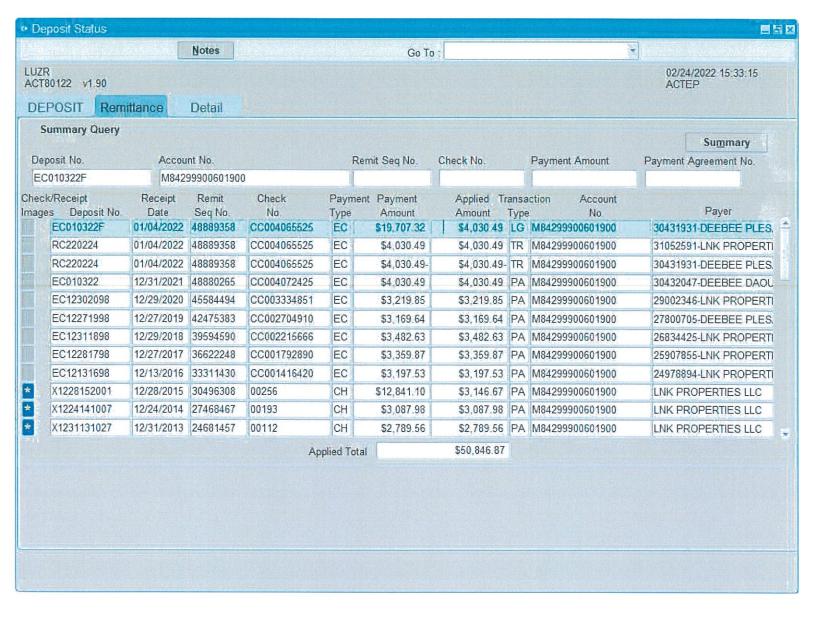
DEEBEE PLESANT

941 VEREDA DEL VALLE EL PASO, TX 79932

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: T	his application n	nust be complete	ed, signed, and	submitted with supp	orting documentation	n to be valid.
Step 1. Identify the refund	Who should the refund	d be issued to:		THE SECTION		WANTED	
recipient. Show information for	Name: LNK Proj	nettes,	LLC				
whomever will be receiving	Address: 941 Ver	eda De	Walle.	Ave.	1		
the refund.	City, State, Zip:	1 Paso:	tx 79	932.			
	Daytime Phone No.:	715-422	2-957	8	E-Mail Address:	Interoppe yo	MOO.COM
Step 2. Provide payment	Payment made by:		Ch	eck No.	Date Paid	Amount Pai	d
information.	Echeck		110155	70-	144122	1070	
Please attach copy of cancelled	LUCELL		40655	15	114/12	19,707.	32
check, original receipt, online payment confirmation or						•	
bank/credit card statement.		TOTAL AN	TOUNT PAIR	) (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 acco	unt in error an	d I am entitled	to the refund	i.		
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 pays	ment applied to	o next year's ta	axes.		•	
	This payment s	hould have be	en applied to o	other tax acco	unt(s) and/or year	(s), escrow (listed b	below):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I he have given on this form guilty of a Class A mi	n is true and co	orrect. (If you	u make a false	e statement on this	application, you c	rmation I ould be found
fue 2/24/22	SIGNATURE OF REC		equired)	PR	INTED NAME & NY Properties 1: Deebee Pl	Suc.	12022 age-
TAX OFFICE USE ONLY:	Approved	Denied	Ву:	L1.W	Date:	2.24.72	

Print Date: 01/05/2022



19-A010



### MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901

TAX OFFICE RECEIVED MAR 0 2 2022

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. S533-000-0010-13W2 Prop ID 37470

Legal Description of the Property 1 SOCORRO TR 13-W-1 (1.00 AC)

781 LITTLE CORRINA RD 79927

COMMERCIAL ESCROW 10657 VISTA DEL SOL DR - SUITE I EL PASO, TX 79935-4504

OWNER: ORTEGA IGNACIO & ARLIN

2021 OVERAGE AMOUNT \$3,247.32

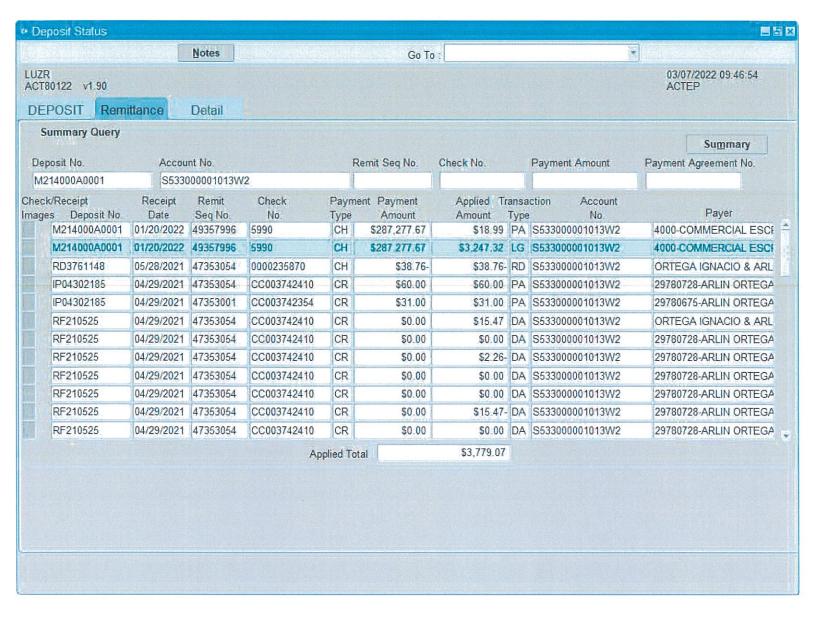
4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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	Name: El Paso Escross Inc. Dba Commercial Escross Address: O(E) Vista Ool Sol Dr Sto I					
the refund.	City, State, Zip: FIRS TX 79935					
	Daytime Phone No.: 915 5911 de 8 3 E-Mail Address: 109 ne sanchez 73 @ 97					
Step 2. Provide payment information.	Payment made by: Check No. Date Paid Amount Paid					
Please attach copy of cancelled check, original receipt, online	3400					
payment 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:					
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.)					
Rain	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE					
1/16 3/7/22	Juena E. Iven Juana E. Iven V					
TAX OFFICE USE ONLY:	Approved Denied By: N. Date: 3-3-32					

v52.1.7

Print Date: 01/20/2022



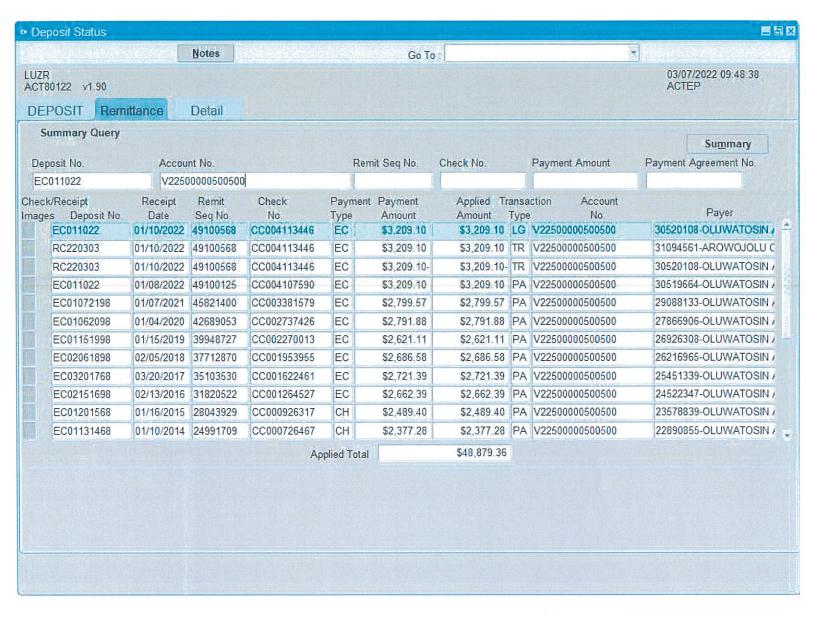


## 221 N. Kansas, Suite 300 El Paso, Texas 79901 Phone (915) 212-0106, Fax (915) 212-0108

## TAX OFFICE RECEIVED MAR 0 1 2022

## APPLICATION FOR TAX REFUND

The second secon					_	MIC
The second secon	idated Tax Office collects	in State and the contract of t		intities within E	I Paso County.	24
APPLICANT MUST F	ROVIDE THE FOLLOW	ING INFORMATION			239, 37	
Refund To: OLUWA TO	sid Arowo	SOLU Phone:	OME 702-425-32		y ID# (One applicable account) 5 0 0 0 0 0 5 500	
	OB2 LOS ANG CA 9005	CREDIT Legal L	ty Address: 10750 ad/or Description: 5 VAL		DGE #21	LOT
Tax year requested:	Date payment made:	Check No. & D. known:	pei	d:	Amount of refu requested:	
r 2021 -	JAN 11, 2022	ACH	3320	9.10	#3209.1	0
2						
· · · · · · · · · · · · · · · · · · ·	TOTAL AMOUNT	(sum of the above a	imounts)			orani englisi et i i i
			A STATE OF THE PROPERTY OF THE	pproval requ	ired if over \$2,	500)
	REQUIRED COOK O	if original receipt. If	ront & back of negotia	ted sheck OR		
h:	ink statement showing					
Tex/L	the year and the mation given to obtain	in this refund is tr	ue and correct."		,2022 1	
Printed name:			JOJOCH THE	mRS.		
Any po (2) Imprisonment ud ta a	ison knowingly submitting fo ne year, or line not ever \$2.0 the date of the payn	00, ar hoth. (Sec. 37.10 P	(1) imprisonment of 2 to 10 enal Code) An application es the right to the refund (Se	for a refund must	ne or both. Lbe madé within 3 ye.	ars afte
TAX OFFICE ENERG	( REFUNO APPROVED				the territory of the second	/
Tax Office Approval:	NI			Date: 3	3-3-77	V
	fuc	3/1/2	2	Date:		
(Placed on City Council )	Agenda ove (\$2,500)					
( ) DISAPPROVED		Returned to sender.	( ) Sea below			
	imentation (Tax Receipt, Can		ment, or Other) not submitte	d.		
	rpsyment not found on this p ound as identified, resubmit :					
{   Property not n	иоть as кванинесі, гезийти: i	ow Cureuni.				
			The second secon		CARROLL MARKET M	
			and the second section of the second section of the second section second		reconsisting and of the latter one observed one to a small fellow as that and	-Action





FEB 2 2 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 www.elpasotexas.gov/tax-office

Prop ID Geo No. V893-999-061A-0100 384104

Legal Description of the Property 61-A VISTA DEL SOL #11 REPLAT A LOT 1

ANN CEREGHINO 550 14TH RD S APT 312 ARLINGTON, VA 22202

OWNER: GRANADOS ANN

10649 LIMAS DR

2021 OVERAGE AMOUNT \$4,074.48

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

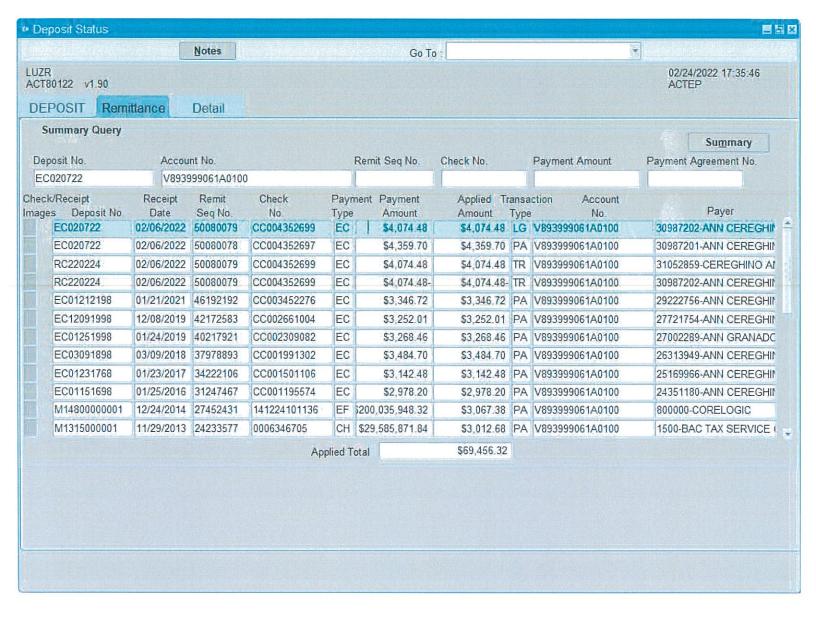
#### Dear Taxpayer:

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 PROPER	LY IAX	KEFUND:	I his applicatio	n must be con	ipieted, signed, and	d submitted with sup	porting docui	nentation to be val	ıa.
Step 1. Identify the refund	Who should the refund be issued to:								
recipient. Show information for	Name: Ann Cereghino								
whomever will be receiving		ss: 550	)		Apt 3	12	1/		
the refund.		. 7:			22202				
	Daytir	ne Phone No.:	915 2-	79 - 660	0	E-Mail Address:	+xanjo	net@yohoo	. com
Step 2. Provide payment	Payme	nt made by:			Check No.	Date Paid		ount Paid	
information.  Please attach copy of cancelled check, original receipt, online		Eche	ck	435	52699	2/6/22	4	074.48	
payment confirmation or				<u></u>					
bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts)							
Step 3. Provide reason for this refund.	Please check one of the following:								
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.							
		This paymen	t should have	been applied	to other tax acc	ount(s) and/or year	(s), escrow	(listed below):	
		F. 102 Sec. 1992			The second secon				
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 founguilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)								
Sundouler	SIGN	n Cere	equestor ghno	(REQUIREI		rinted name & <b>Ann Cere6</b> H	1	2/15/202	V 2/
U		, (					,		V
TAX OFFICE USE ONLY:	VA	pproved	Denied	By:	N.L.	Date:	2.2	1.77	

Print Date: 02/10/2022

v52.1.7



FEB 2 2 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 www.elpasotexas.gov/tax-office

Prop ID Geo No. W564-999-0040-5300 358185 Legal Description of the Property 4 WILLOWLANE LOT 26 (10920 SQ FT) 5520 OAKBRIAR CIR

DEEBEE PLESANT 941 VEREDA DEL VALLE EL PASO, TX 79932

+2500

OWNER: LNK PROPERTIES LLC

2021 OVERAGE AMOUNT \$7,720.23

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:

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APPLICATION FOR PROPER	TY TAX REFUND: This application	n must be completed, signed, and	d submitted with suppo	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: The Vereda City, State, Zip: El Pasc	o: Fieglic Dellalle Del 1993a	Ave,					
	Daytime Phone No.:9/5-2/27	1- 9578	E-Mail Address:	Intomos @ vanoo.com				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information.  Please attach copy of cancelled	Echeuc	4065525	114/22	19,707.32				
check, original receipt, online payment confirmation or								
bank/credit card statement.	TOTAL	AMOUNT PAID (sum of th	e above amounts)					
Step 3. Provide reason for	Please check one of the following:	A NEW WAY TO SHE		TO HARE STANKED				
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. Ple	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied	I want this payment applied to next year's taxes.						
	This payment should have	been applied to other tax acc	count(s) and/or year(	s), escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply have given on this form is true and guilty of a Class A misdemeanor	d correct. ( If you make a fal	lse statement on this	application, you could be found				
fuc 2124/22	SIGNATURE OF REQUESTOR LIVER OF OPENTION LLC By: Vachaer lesem		RINTED NAME & NY Property of Deeple					
TAX OFFICE USE ONLY:	Approved Denied	Ву: N.11	Date:	J.24.25				

Print Date: 01/05/2022

