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

AGENDA DATE: March 1, 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:

(If Department Head Summary Form is initiated by Purchasing, client

department should sign also)

TAX REFUNDS March 1, 2022

1. Luevano Enterprises Inc., in the amount of \$4,707.98 made an overpayment on January 29, 2022 of 2021 taxes.

(Geo. # 1115-999-1162-3342)

2. Palm Desert El Paso LLC, in the amount of \$4,012.06 made an overpayment on January 29, 2022 of 2021 taxes.

(Geo. # 01MH-999-0000-0074)

3. Estela Vera Salgado, in the amount of \$5,136.85 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # C100-000-0000-0122)

4. Richard Kern, in the amount of \$4,437.46 made an overpayment on February 4, 2022 of 2021 taxes.

(Geo. # E054-999-0390-0100)

5. Escrow Inc., in the amount of \$5,726.20 made an overpayment on December 30, 2021 of 2021 taxes.

(Geo. #E131-999-0040-6900)

6. Galterio Camara, in the amount of \$3,462.30 made an overpayment on December 6, 2019 of 2019 taxes.

(Geo. # G550-000-0230-0030)

7. Texstar Escrow, in the amount of \$6,771.13 made an overpayment on January 30, 2022 of 2021 taxes.

(Geo. # M028-999-0520-5100)

8. Jose Gerardo Bernal, in the amount of \$3,331.40 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # M851-999-0100-4100)

9. Escrow Inc., in the amount of \$3,620.86 made an overpayment on January 30, 2022 of 2021 taxes.

(Geo. # P086-000-0150-2100)

10. Estela Vera Salgado, in the amount of \$3,360.40 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # R576-999-0040-0900)

11. Victor Sanchez, in the amount of \$3,058.38 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # S029-999-0240-6700)

12. Diana Borrego, in the amount of \$6,482.52 made an overpayment on January 13, 2022 of 2021 taxes.

(Geo. # T134-999-0090-0300)

13. CSK-Sun City Properties LLC, in the amount of \$4,151.44 made an overpayment on January 26, 2022 of 2021 taxes.

(Geo. # V893-999-1870-3900)

14. Jose L. Diaz, in the amount of \$5,345.23 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # V893-999-3990-1500)

15. Oscar Ruiz, in the amount of \$7,396.67 made an overpayment on January 26, 2022 of 2021 taxes.

(Geo. # S812-999-0260-5300)

16. Kunlin Yang, in the amount of \$8,229.01 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # V897-999-1200-3000)

17. Tom Avila (Freeway Carpets & Wood Floors), in the amount of \$2,522.70 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. #R183-999-0010-8000)

18. Norma Avila-Munoz, in the amount of \$3,679.86 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # F856-999-0010-0600)

19. Rafael F. Munoz, in the amount of \$4,090.62 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # W145-999-0040-3900)

20. Rafael F. Munoz, in the amount of \$5,439.49 made an overpayment on January 31, 2022 of 2021 taxes.

(Geo. # T213-999-0010-0700)

21. Roger E. Heidt, in the amount of \$4,342.63 made an overpayment on January 31, 2022 of 2021

(Geo. # C231-999-0280-7300)

22. CoreLogic Tax Service, in the amount of \$2 2021 of 2021 taxes. (Geo. # C883-999-0010-0950)	21,646.43 made an overpayment on December 13,
23. Charles Robert Frantz, in the amount of \$4 of 2021 taxes. (Geo. # V927-999-0160-2800)	4,026.88 made an overpayment on January 31, 2022
	Maia O. Parellas
Laura D. Prine	Maria O. Pasillas, RTA

Tax Assessor Collector

City Clerk

+2500

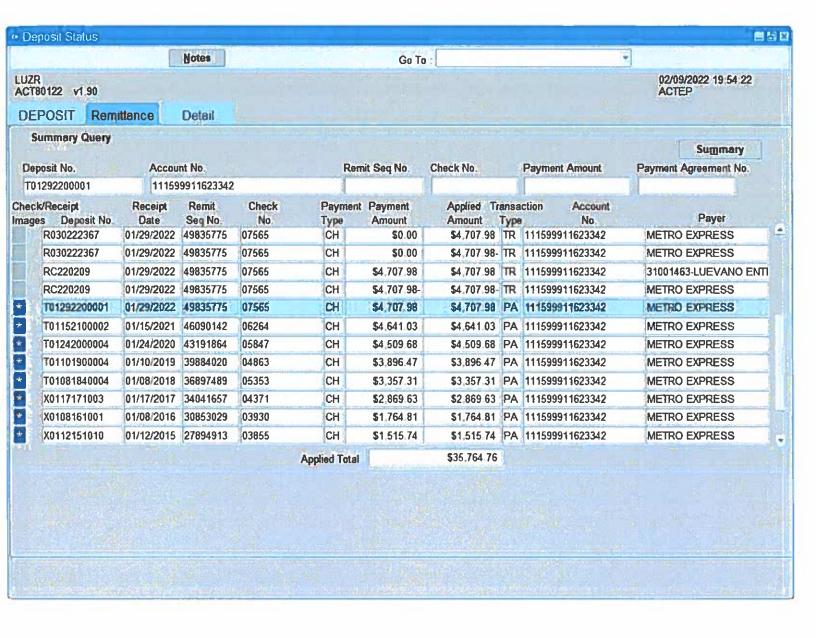
TAX OFFICE RECEIVED FEB 0 7 2022

8/

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108 APPLICATION FOR TAX REFUND

The Consolidated Tax Office co	flects property taxes for all a	digible property to		
APPLICANT MUST PROVIDE THE FOLLOWING IN	ORMATION:	singiple broberty taxing	entities within E	Paso County.
Refund To:	Phone:	I Committee	10.11	
Il rousing Colons Contra	номе:	Property	ID# (Ope application	n per account)
Luquano Enterprises Inc	110000	11/5	- 979-1	162-3342
· /	WORK: (915) 240-	7547 62	0994	n per account) 162 - 3342
Address (mail refund to :)	December 4 - 4 - 1 - 1			
P.O. Box 9773532 /	Property Address: 122	Barrana	a De	3 E
El Paso, TX 79997	Legal Description: (3)	Paso, Texa	-0"	~ 1
4 - 00 T	Check No. & Date, if known:	Amount of taxes paid:	Amount	of refund requested:
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All & (2) Immissionment the to one year, of time not live	\$2,000 or both (Sec 37,10 Pend	Code) An application for a	refundamer herri	both of 20 sect 12 g
TAX OFFICE Fato:	payment or the taxpayer waives	he righto the refund (sec a	111 (c)) - () - ()	ac within 5 years after me
TAX OFFICE Entry: (V) REFUNI	D APPROVED		The second second	
Tax Office Approval:				
			Date:	29.32
TALE	nlalaa	-	_	
(Placed on City Council As a City	217100		Date:	
(Placed on City Council Agenda over \$2,500)			•	
() DISAPPROVED) Returne	d to sender () S	ee below/attached		
() Required documentation (Tax rece () Record of overpayment not found	ipt. Canceled Check Bank (Statement or Others -	ant nulimeter of	
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() Other:				
Application for Tax Returns WebVer				
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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

CAPITAL FUNDING CORPORATION 9800 SHELARD PARKWAY SUITE 104 PLYMOUTH, MN 55441

Geo No. 01MH-999-0000-0074

Prop ID 91129

Legal Description of the Property

1999 FESTIVAL LIMITED 16X76 MOBILE HOME ONLY ON PERSONAL PROPERTY SERIAL # TXFLX12A56750FD12 LABEL # RAD1132865

11720 WINDMILL PALM CT

OWNER: CAPITAL FUNDING

2021 OVERAGE AMOUNT \$4,012.06

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

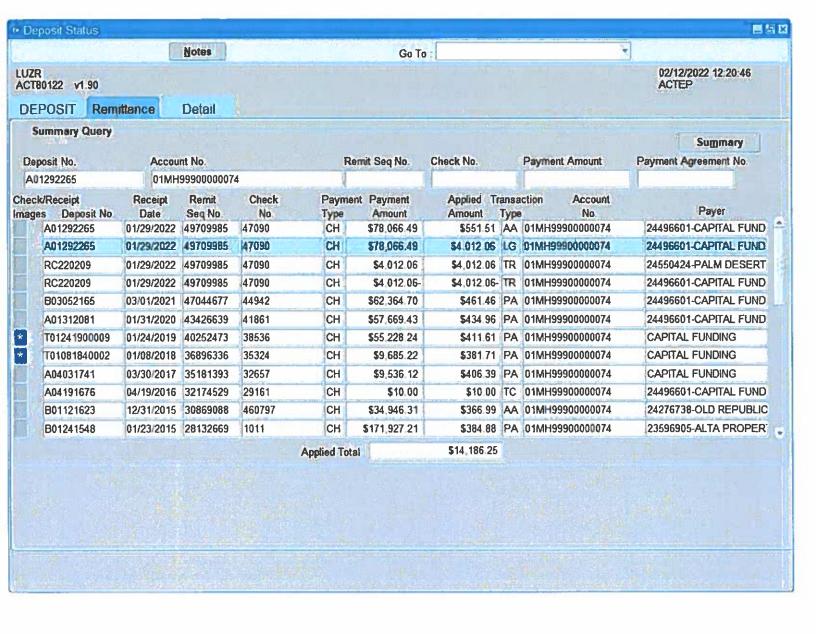
Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

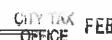
Step 1. Identify the refund	Who should the refund be issued to:			orting documentation to be valid.				
recipient, Show information for	Name: Palm Desert	El Paso 1	LC					
whomever will be receiving the refund.	City State Zin: O	Cruy #	744	V				
4	Daytime Phone No.: 743-545	-5524		Emurtiosya Perka				
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid				
Please attach copy of cancelled theck, original receipt, online payment confirmation or	apt at harding despurition	47090	1/2/2-2	\$ 78,00eie.49				
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)							
Step 3. Provide reason for his 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 with this overage.	I overpaid this account. Please refund the excess to the address listed in Step 1.							
The time of trugo.	I want this payment applied to next year's taxes.							
	This payment should have been ap	oplied to other tax acco	ount(s) and/or year(s), escrow (listed below):				
	1 part							
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the rhave given on this form is true and correcguilty of a Class A misdementor or a stat	t. (If vou make a fals	se statement on this a	upplication, you could be found.				
1	SIGNATURE OF REQUESTOR (REQU	IRED) PR	RINTED NAME & D	DATE				
			100	1 300				
X OFFICE USE ONLY:	Approved Denied By	1747	Date:	2-10-22				

v52.1.7

Print Date: 01/29/2022









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

ESTELA SALGADO 6181 SNOWY RIVER PLACE **EL PASO, TX 79932**

- 2500

Geo No. C100-000-0000-0122 Prop ID 640419

Legal Description of the Property

CANUTILLO ACREAGE SWLY PT OF 12 BEG 63.64 N OF SWC (64.67 FT ON ST- 200 FT ON N= 64.68 FT ON E- 194.75 FT ON S) (12732.35 SQ FT)

6712 DONIPHAN DR

OWNER: SALGADO JACOB

2021 OVERAGE AMOUNT \$5,136.85

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

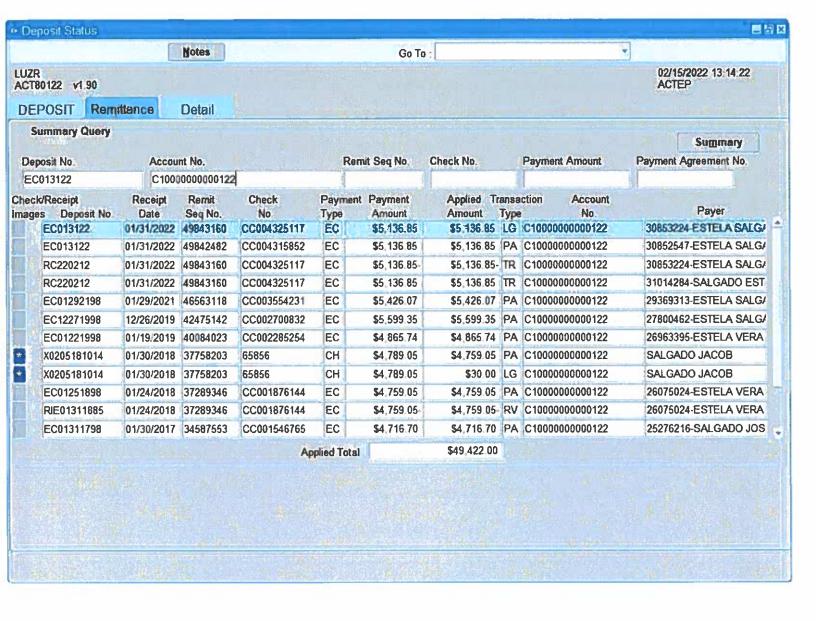
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APPLICATION FOR PROPER	TY TA	X REFUND:	This application	on must be com	pleted, signed, a	nd submitted	with suppo	rting documentat	ion to be vali	d.
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recipient. Show information for	Name: Estele salgado									1
whomever will be receiving	Addre	ess: (a)	81 5	Samo	N R	1300	8	lace	1/	
the refund.		State, Zip:	13	Past	1-	exas	4-	1993	2	
	Dayti	me Phone No	(915) 21	9-1561		E-Mail A	Address: <	estelacal	abas	Sast com
Step 2. Provide payment	Payme	ent made by:			Check No.	Date Pa	id	Amount I	Pand	
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	E	chec	K	4325	5117	1/31	22	5136	.85	
bank/credit card statement.					AID (sum of t	he above an	nounts)			200 and 1
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.	have	given on this		d correct. (It	f you make a fa	alse statemer	nt on this	ertify that the in application, you Sec. 37.10.)		
	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE 2002									
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(30)					A B			2123		
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Print Date: 02/02/2022

v52.1.7



TAX OFF

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300 El Paso, Texas 79901 FEB 0 9 2022

Phone

Phone (915) 212-0106. Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

	300					-			
	APPLICATION FOR TAX REFUND								
	solidated Tax Office col			gible proper	ty taxing er	ntities within El	Paso Coun	ity	
	VIDE THE FOLLOWING INF								
Refund To:		Phone:			Property II	0# (One application	per account)		
		HOME: g	15 487-9735						
Richard Kern	1		915 779-3931		71867				
	V				EOS	1-999-	0390	-010D	
Address (mail refund to	1)	Property A	ddress:						
	\checkmark	And/or	11100 540	rboard Ln. B	El Paga Ti	70026			
11100 Starboard Ln	. El Paso. TX 79936	Legal Desc	pription:	iibbaiu Eii, t	LIF35U, 17	V 15500			
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of I	axes paid:		f refund reg	vested:	
1. 2021	February 2, 2022	Online	02-02- 2022	4437.46		4437.46	/		
2. 2021	January 16, 2022	1103	01-18-2022	4147.15		0			
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online portal. (\$4	.437.46)								
		-							
## ## . #h - # 1 . #		2 41 1							
i centify that info	ormation given to obta	ain this rei	rund is true and d	correct."					
Richar	d Kern				Date:	February 09, 2022			
Requestor signat	ure:		· · · · · ·						
Richard Kern						Owner			
Printed name:					Title				
A	ny person knowingly submitt	ling false ent	ries is subject to: (1) in	oprisonment o	f 2 to 10 year	s, or \$5,000 fine, c	or both.		
(2) Imprisonment u	ip to one year, or fine not ov						ade within 3)	vears after	
	the date of th	e payment o	r the taxpayer waives	the righto the	refund (Sec 3	1.11 (c)).	TENER P		
TAX OFFICE Entry:	(V REFU	ND APPRO	VED	•			 -	V	
	_							•	
Tax Office Approval:	0	4.6				Date:	2.1	2-32	
_	Dava	1	100						
/	1 rue 2	. [15]	122			Date:			
(Placed on City Co	nci Agenda over \$2,50	0)				-			
() DISAPPROVED	() Retur	ned to sen	der ()	See below/a	ttached		•		
() Required	documentation (Tax re					not submitted.			
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Ni .	not found as identified								
() Other:									
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Application for Tay Refund-Webver





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

ESCROW INC 11395 JAMES WATT A4 EL PASO, TX 79936

Geo No. Prop ID E131-999-0040-6900 212998

Legal Description of the Property 4 EASTSIDE INDUSTRIAL DIST 26 & 27

6821 MARKET AVE

OWNER: GOMEZ MARCO A & AARON

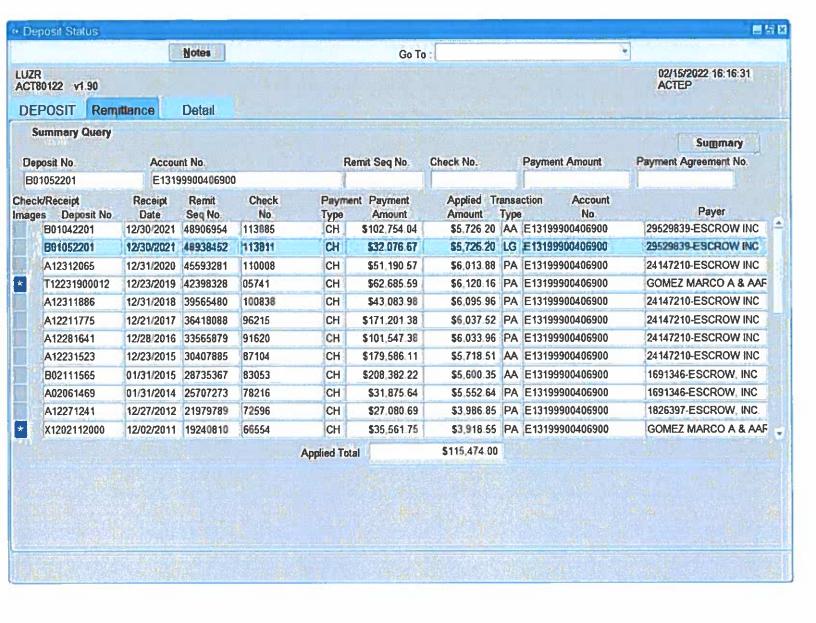
2021 OVERAGE AMOUNT \$5,726,20

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

Dear Tuxpayer:

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 outitled 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 writton 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 puid 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 with a 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 rofunds in excess of \$2500.

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:							
whomever will be receiving	Address: / escrow, inc.							
the refund.	City, State, Zip:							
	Daytime Phone No.: 108664398 E-Mail Address Male 25 Thu 101 -Co.							
Step 2. Provide payment information.	Payment made by Cheek No. Date Paid Amount Paid							
Please attach copy of cancelled check, original receipt, online	BONOW/NO 113885 12-30-21 5726.20							
payment confirmation or bank/credit card statement.								
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	I paid this account in error and I am entitled to the refund.							
with this overage.	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):							
	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 falso statement on this application, you could be found guilty of a Class A misdemennor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
The 215pz	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE FINAL TIPLE 2-10-20							
TAX OFFICE USE ONLY:	Approved Denied By: N. Date: 2-12-22							





TAX OFFILE 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 www.elpasotexas.gov/tax-office

FEB 0 9 2022

Geo No. G550-000-0230-0030 Prop ID 324000

Legal Description of the Property 23 GOULD LOT 3 (10000 SO FT)

705 MARGARITA ST

4151 CITIZENS ONE HOME LOANS **3001 HACKBERRY ROAD** IRVING, TX 75063

OWNER: DOZAL HECTOR F & EVA F (JTROS)

2019 OVERAGE AMOUNT \$3,462.30

6: COUNTY OF EL PASO, 7. EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 16: ANTHONY ISD, 17: TOWN OF ANTHONY, 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:	his application m	ust be completed, signed,	and submitted with sup	porting documentation to	be valid.			
Step 1. Identify the refund	Who should the refun	d be issued to:							
recipient. Show information for whomever will be receiving the refund.	Name: GAL	TERIO CA	MARA		,	- 19			
	Address: 70	03 MARGA	ARITA ST.						
	City, State, Zip:	ANTHON	NY TX 798210		79821-	7250			
	Daytime Phone No.:		83-7354	E-Mail Address:	daaskew@corelo	gic.com			
Step 2. Provide payment information.	Payment made by:		Check No.	Date Paid	Amount Paid				
Please attach copy of cancelled			<u>.</u>						
check, original receipt, online payment confirmation or									
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)								
step 3. I to fide 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.	have given on this for	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 for guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
0	SIGNATURE OF RE	QUESTOR (RI	EQUIRED)	PRINTED NAME &	& DATE	1/			
Jue 219/22	vinod			02/09/202	.2				
U	/				-035	1/			
TAX OFFICE USE ONLY:	Approved	Denied	By: 104	Date:	24.99				

Print Date: 02/02/2022



TAX OFFICE RECEIVED
FEB 0 8 2022

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

/ IHE

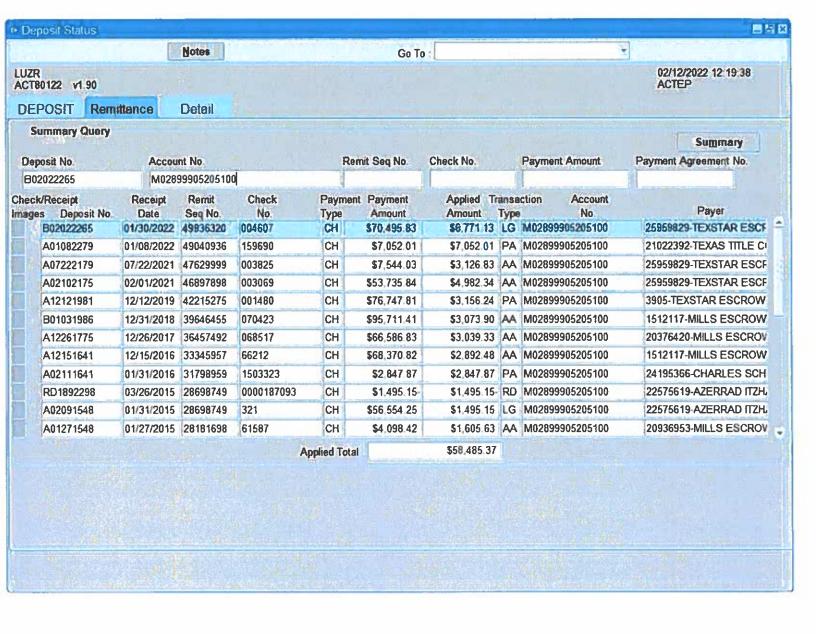
221 N. Kansas, Suite 300 El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

APPLICATION FOR TAX REFUND

			ty taxes for all elig	gible property taxing enti-	ies within the aso County.
	VIDE THE FOLLOWING INF			75 . 152	
Refund To:	1	Phone:		Property ID4	(One application per account)
1_CV 27an	EMILO,	HOME:	750	2/2	52/5
		WORK.	01/100	n law.	000 0505 500
			201-475	MD28-	999-0520-5700
ddiress (mail refund to	//	Property Ac	ldress /	Pank. St.	
5709 40	alla Unite	Appl/or	WUU	The state of the s	11 811
61 Din	71799101	Legal Dosc	ription / n+ /	1 BK 35	Mogoffin Aldin
CLECKU 1	K HILL		0.00		Amount of refund requested:
ax year requested:	Date payment made:		& Date if known:	Amount of taxes paid	Amount of related requested
L 2021 -	1-19-3004	1/607	1-19-22	p. (0, 21.11. 173)	50,3741.
?					
}	TOTAL AMOU	INT (sum of t	he above amounts)		
	TOTAL NIMOU	1141 (3011-016	ne above onteams;	1	pproval required if over \$2,500)
A TOTAL CONTRACTOR	REQUIRED:	Copy of or	iainal receipt, fro	nt & back of negotiated	
				he bank & taxpayer nam	
REASON FOR OV	The state of the s	-	in 1418		
				51617-51	===-333500
"I certify that inf	ormation given to ob	tain this re	fund is true and	correct."	
v					**F 2
Inn	12.1.1	Ã.		Date	1-27 20
Requestor signa	1. T. T. T. C. C. Front	<u>C</u>		Date	1
Requestor signa	ture.				
HIVE	e Extendo				Manifela
Printed name.	1 Avorent to the			Title	
Marine Historia	Any person knowingly subm	itting false en	tries is subject to: (1) i	imprisonment of 2 to 10 years	or \$5,000 fine, or both.
(2) Imprisonment	up to one year, or fine not	over \$2,000, o	r.bath. (Sec 37.10 Pen	ni Code) An application for a I	efund must be made within 3 years after
No. 25 Table 1972	the date of	the payment o	or the taxpayer waive	s the righto the refund (Sec 31	.11 (c)).
TAX OFFICE Entry:	(U REI	UND APPRO	VFD		
	and a		V.		
Tax Office Approval	t tarres and the	NI	1		Date: 2-10-24
	Days	211	2 12		
	True	211	100		Date:
(Placed on City Co	uncil Agenda over \$2,5			NY WALLOW BUILDING TO THE PARTY OF THE PARTY	
() DISAPPROVE		urned to se) See below/attached	
				ik Statement, or Other) r	iot Submitted,
	of overpayment not fo				
() Propert	y not found as identifi	ed, resubmi	t atter correction		
() Other:					
	75				
					The state of the s

Application before seduced with the



THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

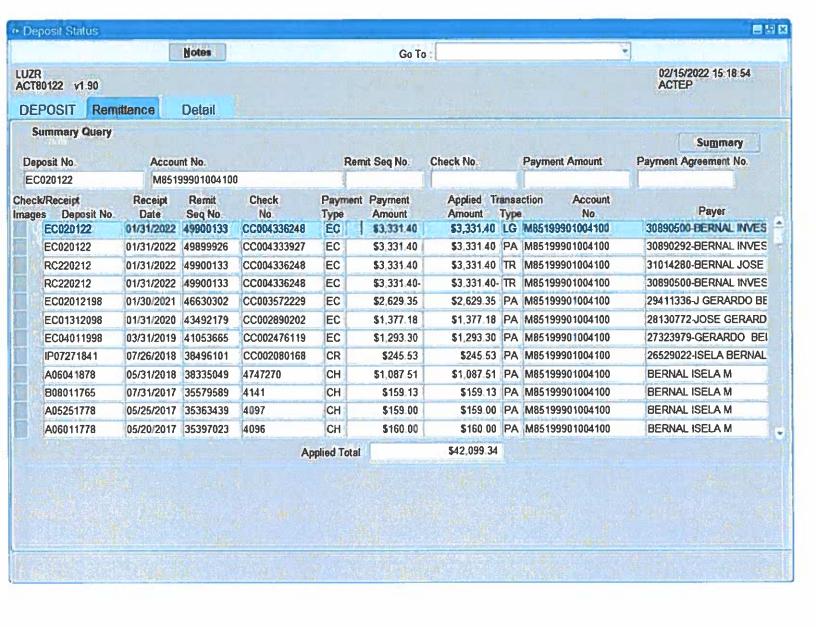
8/16/2017

Application for Tax Refund-WebVer

El Paso, Texas 79901 () Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

APPLICATION FOR TAX REFUND

The Consolidated T	ax Office collects p	roperty taxes for all elig	jible properl	ty taxing entities	within El Paso Cou	nty.
APPLICANT MUST PROVIDE THE FO	DLLOWING INFORMAT	ION:				
Refund To:	Phone	·-		1 ' '	ne application per account)	
Jose Genardo B	ernal HON			806	85	
	WOF	915-820-1	·		99-0100-	4100
Address (mail refund to:) 1248 Fran Klint	erch Pl And		o m+	·Whit	ncy Dr	
EI PASO, TX 79	912/1	Description: Mounta				
		No. & Date, if known:	Amount of t	axes paid:	Amount of refund red	quested:
1.2021 1-8	1-22		0,0	07-100	3,23	1.710
2.			10,10	CO A - OL		- √
<u>, </u>	OTAL AMOUNT (sur	n of the above amounts)	6.6	62.80	3.33 oval required if over \$. 40
A DIT # A SANSA		of original receipt, fron	t & back of	negotiated che	ck, OR	2,300)
	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	g item cleared (both th				044
REASON FOR OVERPAYM			1 ent	O-n lin	e, Fres	<u>. payme</u>
s deducted t	wice f	com mos	rocc	ount.		. ,
		0				
"I certify that information g	niven to obtain thi	s refund is true and c	orrect."			
, oonly true information g						/
Requestor signature:	13-			Date:	2-9-23	» /
. Gerard		1)
1. Gerard	o Dern	al			owner	<u> </u>
Printed name:				Title:		
Any person kn	owingly submitting fal	se entries is subject to: (1) In	nprisonment o	f 2 to 10 years, or \$	5,000 fine, or both.	
(2) Imprisonment up to one yea	ir, or fine not over \$2,0 the date of the nava	00, or both. (Sec 37.10 Pena. eent or the taxpayer waives :	l Code) An app the righto the	olication for a refun refund (Sec 31.11 f	d must be made within 3 c)).	years after
				· · · · · · · · · · · · · · · · ·		
TAX OFFICE Entry:	(REFUND AF	PROVED				
Tax Office Approval:	41.14				Date:	12.22
Tax Office Apploran	A. is	2/11/20				
# X 40 E T T T T T	me	-101	400 N T		Date:	
(Placed on City Council Agend	ia over \$2,500)					
() DISAPPROVED	() Returned to		See below/a			
		, Canceled Check, Bank	Statement,	, or Other) not s	ubmitted.	
() Record of overpayr						
() Property not found	l as identified, resu	bmit after correction.				
() Other:						
					· · · · · · · · · · · · · · · · · · ·	





MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 1221N. ICAPISAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

22 FEB 10 P1:44

CITY TAX

ESCROW INC 11395 JAMES WATT DR., STE A 4 EL PASO, TX 79936

Prop ID Geo No. P086-000-0150-2100 670684

Legal Description of the Property

BLK 15 PAINTED SKY AT MISSION RIDGE LOT

13421 PLUMPTON RD 79928

OWNER: LARA CARLOS A JR

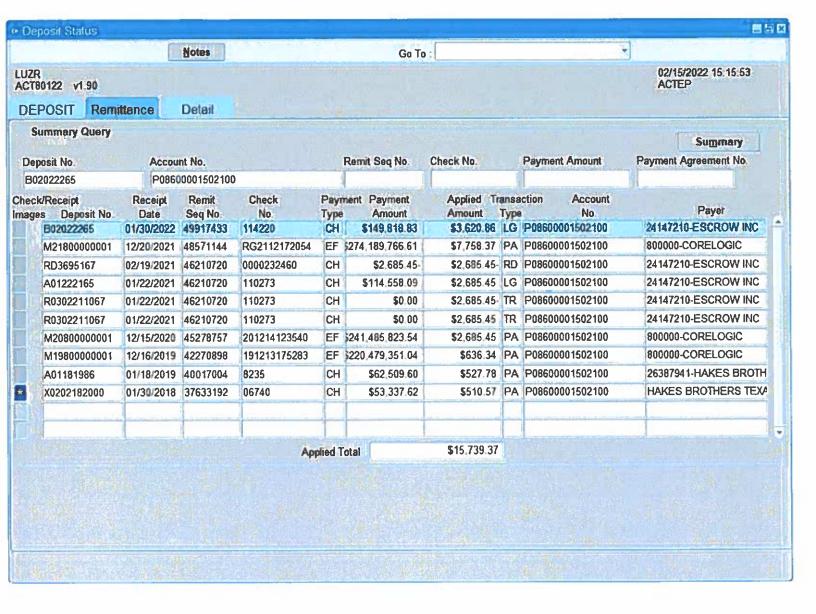
2021 OVERAGE AMOUNT \$3,620.86

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 15: EMERG. SERVICES DIST #1, 52: PASEO DEL ESTE #8

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 bolieve you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid those taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you wrive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

Step 1. Identify the refund recipient. Name: Address: Daytime Phone No.: Up - 866 Day E-Mail Address made O-88 Crown. Step 2. Provide payment Information or Blease attach copy of cancellec check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage. Total AMOUNT PAID (sum of the above amounts) Total AMOUNT PAID (sum of the above amounts) 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 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 heroby 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 juil felony under the Toxas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE WHO SHORD AND AND AND AND AND AND AND AND AND AN	APPLICATION FOR PROPERT	TY TAX REFUND: This application	n must be completed, signed, in	id submitted with support	mp documentation to be valid.				
Show information for whomever will be receiving the refund. City, State, Zip: Daytime Phone No.: U5-850009 E-Mail Address mod O-SCIPTOPM. Step 2. Provide payment information. Please attach copy of cancelleccheck, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage. Total AMOUNT PAID (sum of the above amounts) Please list any accounts and/or years that you intended to pay with this overage. 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 heroby 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 juil felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE	•	Who should the refund he issued to:							
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Unsigned applications cannot be processed. 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 juil felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE									
SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE PRINTED NAME & DATE PRINTED NAME & DATE 10-28	Unsigned applications cannot	have given on this form is true and guilty of a Class A misdemeanor	d correct. (If you make a fa or a state jail felony under the	ilse statement on this aj	pplication, you could be found				
	Ana 211/22	signature of requestor	(REQUIRED)						
TAX OFFICE USE ONLY: Approved Denied By: Dute: 3-12-1-	TAY OFFICE LIFE ONLY	Approved Denied	Bv: 14	Date:	-12-22				





MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

ESTELA SALGADO 6181 SNOWY RIVER PLACE EL PASO, TX 79932 OP +2,500
 Geo No.
 Prop ID

 R576-999-0040-0900
 250720

 Legal Description of the Property

 4 RIVER PARK WEST #1 LOT 9 (5465.00 SQ FT)

 6181 SNOWY RIVER PL

OWNER: SALGADO JOSE & ESTELLA

2021 OVERAGE AMOUNT \$3,360.40

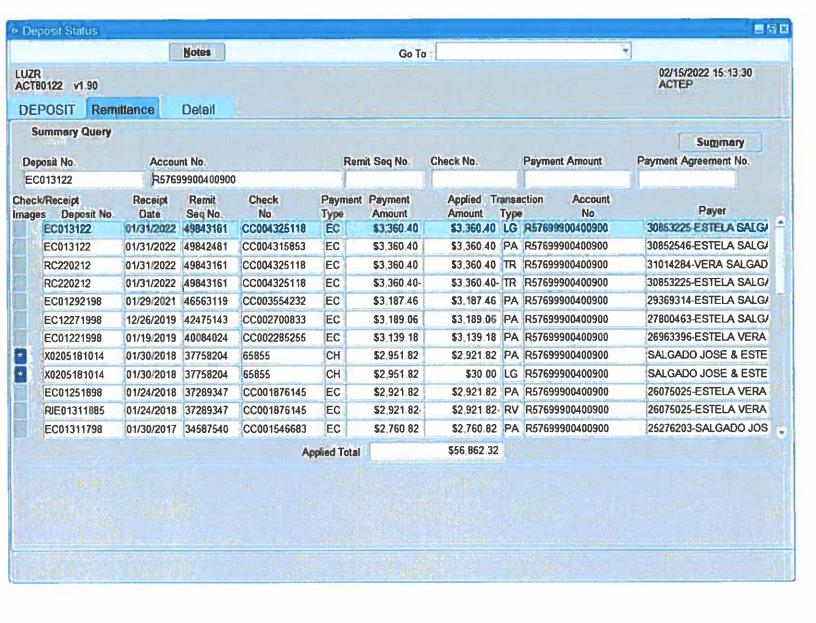
1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD

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	n must be completed, signed, an	nd submitted with support	orting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:							
recipient. Show information for	Name: Estela Vera Salado							
whomever will be receiving		Dury Rive	c Plac	e 1/				
the refund.		Paso, Tex	ec 100	132				
	Daytime Phone No.:		E-Mail Address:					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online	Etherk	4325118	1 31 22	3360.40				
payment confirmation or			0.0000000000000000000000000000000000000					
bank/credit card statement.	Please check one of the following:	MOUNT PAID (sum of th	ne above amounts)					
Step 3. Provide reason for 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 thave given on this form is true and guilty of a Class A misdemeanor	l correct. (If you make a fa	lse statement on this	application, you could be found				
fuer 115/2	SIGNATURE OF REQUESTOR	(REQUIRED) P	PRINTED NAME &	DATE 2/10/22/				
	/			7				
TAX OFFICE USE ONLY:	Approved Denied	By: 10.14	Date:	5-17-75				

C.L.





THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Suite 300 El Paso, Texas 79901

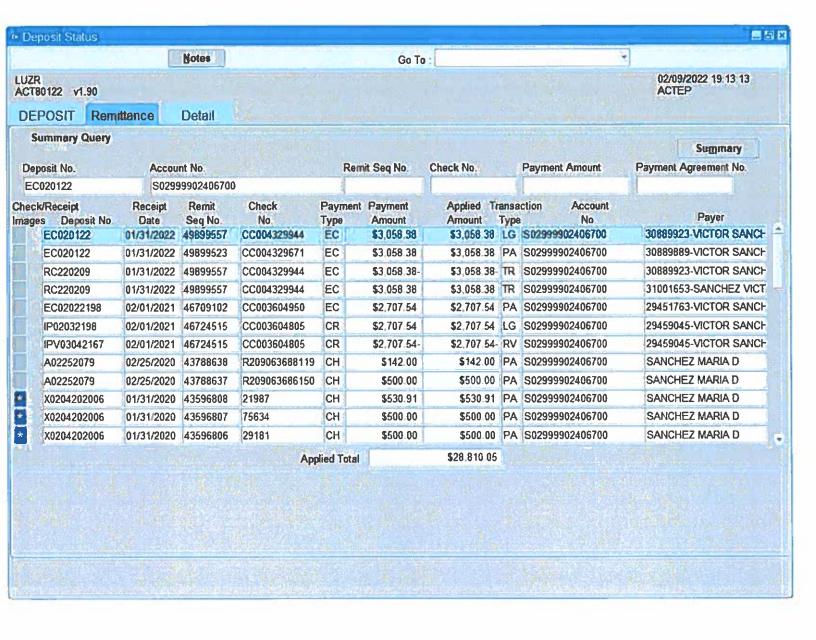
TAX OFFICE RECEIVED

FEB 0 7 2022

1200

Phone (915) 212-0106, Fax (915) 212-0108, Email taxforms@elpasotexas.gov

J.		APPLIC	ATION FOR I	AX KEFU	עאי		
The Con	solidated Tax Office co	lects proper	ty taxes for all eliq	gible propert	y taxing enti	ties within El F	Paso County.
APPLICANT MUST PRO	VIDE THE FOLLOWING INF	ORMATION:					
Refund To:		Phone:			Property ID# (One application per account)		
J		HOME: 91	5-449-7449				
Victor Sanchez	/	WORK:			244996		
	1	170700			5029-	999 - 02	40-6700
Address (mail refund to	s d	Property Ad	ldroco:		3021-		10.07.00
Address (mair relatio to).) 	And/or	01622				
7944 Hermosillo Dr	, El Paso, TX 79915	Legal Desci	rintion: 7944 He	ermosillo Dr.	, El Paso T>	< 79915	
1344 Herriosino Dr.	, El 1 830, 1X 13313	Logar Descr	iption.				
Tax year requested:	Date payment made:	Check No. i	& Date, if known:	Amount of to	aves naid:	Amount of	refund requested:
1. 2021	1/31/2022	4329671	1/31/2022	3058.38	axea paio.	3058.38	Totalia rodaostoa.
2. 2021	1/31/2022	4329944	1/31/2022	3058.38		0	
3.	1/31/2022	14020044	173172022	3036.36		- 	/
0.	TOTAL AMOU	NT (sum of th	e above amounts)	6116.76		3058.38	/
	TOTALAMOO	itt (Jani Orti	ic above amounts;		City Council a		d if over \$2,500)
William Children	RFOLURED:	Conv of ori	ginal receipt, fron	THE RESERVE OF THE PERSON NAMED IN	The American		-, ote, 42,500)
	THE RESERVE OF THE PARTY OF THE		n cleared (both th				
REASON FOR OV			The second second second second				
		-					count information.
	he receipt confirmation es I resubmitted an add						
				ilecking acc	Journ. Aner 1	eviewing my	Dank Statements It 1
noticed the mon	ies were withdrawn from	п вогн ассо	unis.				
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r certily that ini	formation given to obt	ain (nis reit	una is true ana c	orrect.			
	1.10						
	Holice Truck				Date:	2/02/2022	
Requestor signar	lure: //	7					
	(J					
Victor Sanchez		_				Mr.	
Printed name:					Title:		
	Any person knowingly submit	tting false entr	ies is subject to: (1) In	nprisonment of		or \$5,000 fine, o	r both.
	up to one year, or fine not o						
	the date of t	he payment or	the taxpayer waives	the righto the i	refund (Sec 31.	11 (c)).	
TAX OFFICE Entry:	L X REEL	IND APPROV	/FD				
TAX OF TICE EITHY.		NO ALLINO	,,,,				
Tax Office Approval:	. 10	M				Date:	2972
rux Ojjice Approvui.	- A	0/0/	,			Dute.	0-100
	Ana.	2191	22			Date:	
(Placed on City Co.	uncil Agenda over \$2,50					Dute.	
() DISAPPROVE		rned to sen	dor ()	See below/a	ttachad	·	
' '	ן אפנע () אפנע d documentation (Tax r					at cubmitted	
	of overpayment not fou			Statement,	or Other) no	or substituted.	
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	not round as identified	י, וכטטטווווני	arter correction.				'
() Other:							
							



FEB 1 1 2022

Prop ID

101586



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

T134-999-0090-0300 1

Legal Description of the Property
9 TENNIS WEST VILLAS #1 LOT 2

Geo No.

DIANA S BORREGO 421 W 3RD ST, APT 1811 AUSTIN, TX 78701



Legal Description of the Propert
9 TENNIS WEST VILLAS #1 LOT 2
720 LAKESHORE DR

OWNER: BORREGO DIANA S

2021 OVERAGE AMOUNT \$6,482.52

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

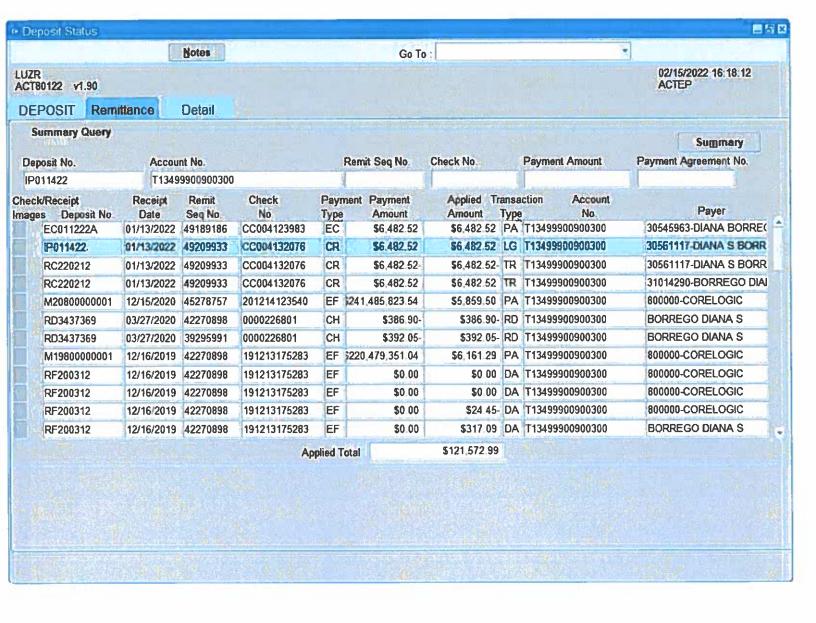
Dear Taxpayer:

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 PROPER	TY TAX REFUND: This applic	cation must be completed, signed, a	nd/submitted with supp	porting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issu	ied to:	A V TOW				
recipient. Show information for	Name: Diana Bo	orrego					
whomever will be receiving	Address: 421 W.	3rd St. #	1811				
the refund.	City, State, Zip: Aust	tin. TX 787	101				
	Daytime Phone No.: 915	588-3041	E-Mail Address:				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled	Echeck	4123983	1-13-22	6482.52			
check, original receipt, online	-						
bank/credit card statement.		AL AMOUNT PAID (sum of t	he above amounts)				
Step 3. Provide reason for	Please check one of the follow	ing:					
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.	have given on this form is true	ply for the refund of the above- e and correct. (If you make a fa nor or a state jail felony under t	alse statément on thi	s application, you could be found			
Ine to	SIGNATURE OF REQUESTOR	Lampe and the same	PRINTED NAME &				
TAX OFFICE USE ONLY:	Approved Den	1110	Date:	2.12.22 V			

Print Date: 01/14/2022

76





FFR 0 7 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 V893-999-1870-3900 353455

Legal Description of the Property 187 VISTA DEL SOL #32 LOT 20

11365 BOB MITCHELL DR

CSK-SUN CITY PROPERTIES LLC 4247 RIDGECREST DR EL PASO, TX 79902-1360

OWNER: CSK-SUN CITY PROPERTIES LLC

2021 OVERAGE AMOUNT \$4,151.44

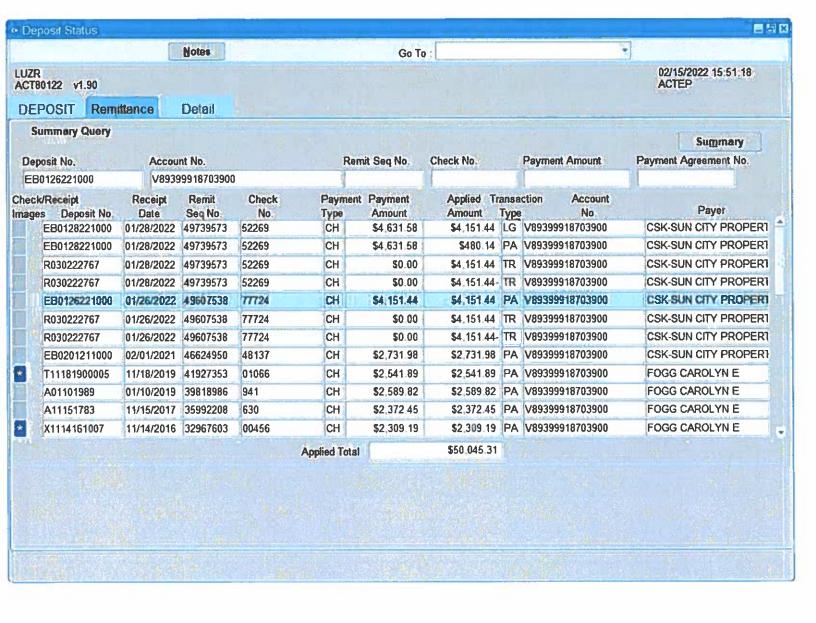
1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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.

Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for	Name:						
whomever will be receiving	Address:						
the refund.	City, State, Zip:						
	Daytime Phone No.:		E-Mail Address:				
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		52269	1/24/22	# 4121.44			
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. 2 Dillet Backs						
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.						
N. N.	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						
Inc 210/21	Agens	CSK-suncity	KennyGross	2/3/2012			
TAX OFFICE USE ONLY:	Approved De	ried By: N. H	Date:	2-12-22			

v52.1.7 Print Date: 01/31/2022



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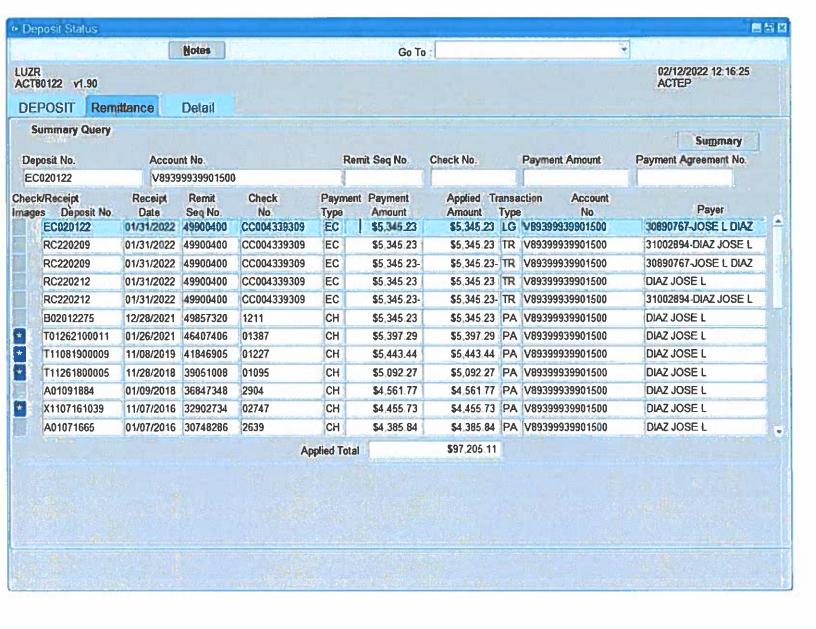
THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300
El Paso, Texas 79901
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

APPLICATION FOR TAX REFUND

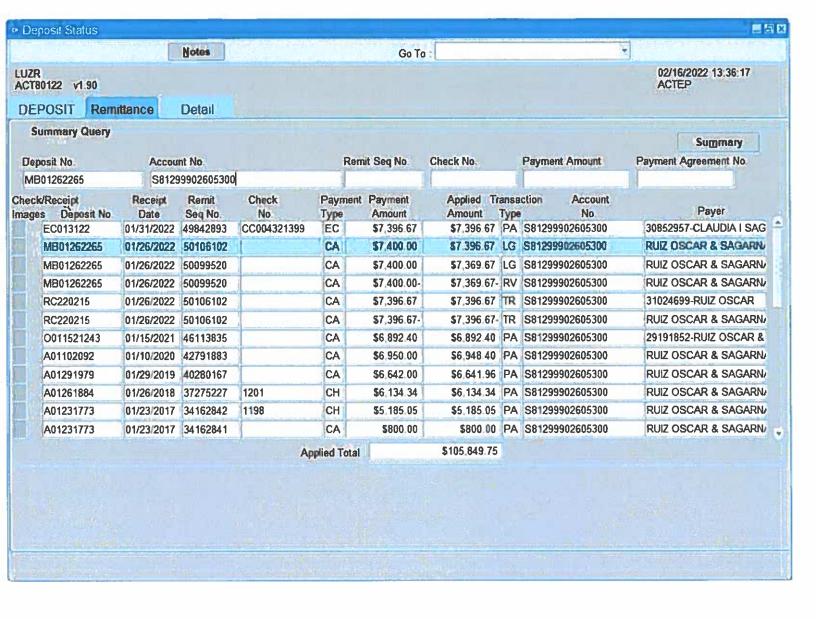
	solidated Tax Office col	<u>-</u>	rty taxes for all elig	jible propert	y taxing en	tities within El	Paso County.	
	IDE THE FOLLOWING INF	ORMATION:						
Refund To:		Phone: P			Property ID# (One application per account)			
./		HOME: (9	915) 920-1421					
Jose L Diaz		WORK: (5	WORK: (505) 3330501		238232	000 3	00-	
		`			V893	-999-3	M40-12	∞
Address (mail refund to) /	Property A	ddress					
		And/or	11525 Jam	es Grant Di	rive El Pas	so, Texas 7993	36-5417	
Jose L. Diaz, 11525	James Grant Drive, El	Legal Desc	cription			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of to	axes naid:	Amount o	f refund reque	sted.
1. 2021	02/03/2022	1211	1/17/2022	\$5,345.23	<u>-</u>	\$5,345.2	*	0100.
2. 2021	02/02/2022	ACH	4339309	\$5,345.23		\$0,040.2	.0	
3.	02/02/2022		1000000	40,010,20	<u></u>		/	-
	TOTAL AMOU!	VT (sum of t	he above amounts)	\$10,690.4	6	\$5,345.2	3 V	
						approval require		00)
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	bank statement s.	howing ite	m cleared (both th	e bank & ta	xpayer nan	ne must appea	r)	SALES OF THE PARTY
REASON FOR OV			t a hardcopy check					
	As the deadline1/31/22							
To avoid delinqu	ent tax payments, mad	e a decisio	n to make a paym	ent online (using ACH	direct from my	checking ac	count)
	n cleared on 02/02/202							
	weeks or more to finali				v how I an	assist to exped	dite a refund	owed to me
"I certify that info	ormation given to obta	ain this ref	fund is true and c	orrect."				
	\							,
Date: 02/07/2022								
Requestor signat	yre:				-			
			Owner Besid					
Jose L. Diaz				Owner Resid	ent			
Printed name:	representation and the second district				Title:	44.000.0	THE REAL PROPERTY.	CALL PROPERTY AND ADDRESS.
THE RESIDENCE OF THE PARTY OF T	ny person knowingly submit up to one year, or fine not ov	COLUMN TO SERVICE STATE OF THE PARTY OF THE	the figure of the first of the					ars after
(2) Imprisorment			r the taxpayer waives I				dae wienn 5 ye.	
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TAN OFFICE EITHY:	J (F) KEFU	IND APPRO	VLU					
Tax Office Approval:	NE	7.				Date:	2-10.	22
me. 2-12-22				Date:				
(Placed on City Cou	(Placed on City Council Agenda over \$2,500)							
() DISAPPROVE		rned to sen	ider () !	See below/a	ittached			
11 ' '	documentation (Tax re					not submitted.		
H ' '	f overpayment not fou			•	•			
() Property	not found as identified	l, resubmit	after correction.					
() Other:								

Application for Tax Refund-WebVer



HE CNY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Suite 300
El Paso, Texas 79901
Phone (916) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

		7 11 1 220	CATION FOR T				· · · · · · · · · · · · · · · · · · ·
	solidated Tax Office co		rty taxes for all elig	ible proper	ty taxing entiti	es within El	Paso County.
	VIDE THE FOLLOWING IN					-	
Refund To:		Phone:			Property ID#	(One application	per account)
	1/	HOME: 9	15-831-0269				
Oscar Ruiz		WORK:			163874		
					5812-999-0260-5300		
Address (mail refund to	n 1	Property A	ddress				
Mondo (man reight R	/	Andlor					
2064 Sun Charlot D	r /	Legal Desc	crintion 2064 Sun (Chariot			
2004 Guil Ghanot B		Logar Doo	in puon				
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of	taxes paid:	Amount o	of refund requested:
1, 2021	01/26/2022	CASH		\$7,396.67		\$7,396.6	
2.	01/20/2022	- Orton	+	W 7,000.01	<u> </u>	\$7,000.0	
3.							
J.	LOTAL AMOL	INT /sum of t	he above amounts)				
	TOTAL AWOU	JIVI Jauni Oi t	ne above amounts)		City Council or	unroyal require	ed if over \$2,500)
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Date	PAYMENT OU	PLICATI	<u> </u>			- 176 500	
	ALIST PACES IN PROPERTY.		***	.070			
1				7.1			
"I certify that in	formation given to ob	tain this rei	fund is true and o	orrect."	**		
	/					- 1	
X	//.			1,792.8	Date:	02/11	12022
Requestor signa	ture.						12022
X CSCO	TV //UIZ					CWNE	n.
Printed name:					Title:		
The state of the s	Any person knowingly subm	ittina folse ent	ries is subject to: (1) In	nprisonment o	of 2 to 10 years,	or \$5,000 fine, c	or both.
(2) Imprisanment	up to one year, or fine not	over \$2,000, oi	both. (Sec 37.10 Pena	l Code) An ap	plication for a re	fund must be n	nade within 3 years after
	the date of	the payment o	r the taxpayer waives	the righto the	refund (Sec 31.:	11 (c)).	
TAY OFFICE France	1 (1)	LINID ADDOO	VED				
TAX OFFICE Entry:	(UP NEP	UND APPRO	וענט				
		CIL				Dutai	216.22
Tax Office Approval	: 0					Date:	2-15-22
`	Thuc 21	14/22					
	///	1				Date:	
(Placed on City Co	yıfcil Agenda over \$2,5	500)					
() DISAPPROVE	D [] Ret	urned to ser	nder ()	See below/	attached		
() Require	d documentation (Tax	receipt, Can	iceled Check, Bank	Statement	, or Other) no	ot submitted	l.
() Record	of oxerpayment not fo	und on this	property.				
	y not found as to diverti						
() Other:	RECEIVED						
() other.							
	FEB 1 4 2022		discussion of the control of the con				
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FEB 1 5 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

YANG KUNLIN & HUNG YULING 12075 PUEBLO LAGUNA DR EL PASO, TX 79936-0902

1200

 Geo No.
 Prop ID

 V897-999-1200-3000
 13911

 Legal Description of the Property

Legal Description of the Property 120 VISTA HILLS #41 LOT 30 (9000.00 SQ FT)

12075 PUEBLO LAGUNA DR

OWNER: YANG KUNLIN & HUNG YULING

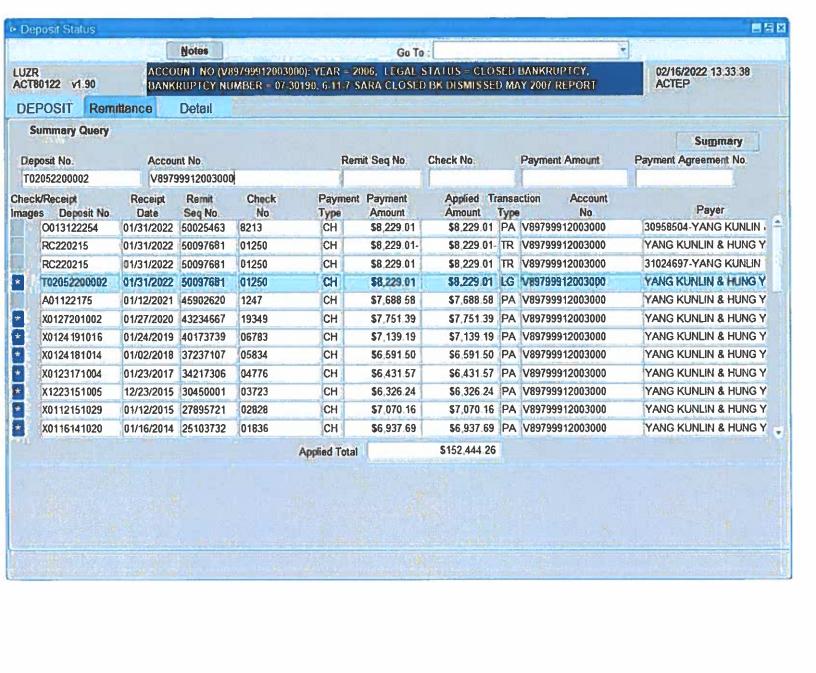
2021 OVERAGE AMOUNT \$8,229.01

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

Step 1. Identify the refund	Who should the refund be issued to: This application must be completed, signed, and submitted with supporting documentation to be valid.					
recipient. Show information for whomever will be receiving the refund.	Name: Kunlin Yang					
	Address: 12075 Pueblo Laguna Dr					
	City, State, Zip: 21 Paso, Tx 79936-0902					
	Daytime Phone No.: 9/58924428 E-Mail Address: Kunlino213 @gmuil					
Step 2. Provide payment information.	Payment made by: Check No. Date Paid Amount Paid					
Please attach copy of cancelled	01250 1/31/22 \$8727.01					
check, original receipt, online payment confirmation or bank/credit card statement.	8213 1/3/22 #8229.01					
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	I paid this account in error and I am entitled to the refund.					
with this overage.	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.)					
XVOC 2/14/22	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE KUN lin Yang 2/11/2022					
TAX OFFICE USE ONLY:	Approved Denied By: N.D Date: 2-1522					





FEB 15 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. R183-999-0010-8000 Prop ID 205527

Legal Description of the Property

1 RANCHLAND COMMERCIAL DIST #3 41 & 40 (EXC NW PT) & SE PT OF 39 & SEC OF 38)

(32487 SQ FT)

1200 GILES RD

OWNER: AVILA DAVID

OP 12500

DAVID AND TOM AVILA FREEWAYCAR

1206 GILES ROAD

EL PASO, TX 79915

2021 OVERAGE AMOUNT \$2,522.70

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

Dear Taxpayer:

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APPLICATION FOR PROPERT	This application thus be completed, signed, and soonated with application							
Step 1. Identify the refund	Who should the refund be issued to:							
Show information for whomever will be receiving	Name: Tom Avi A Freeway Canpets & lenco Flores)							
	Address: 1206 Giles Road							
	City, State, Zip: FI Paso Texas 79915							
	Daytime Phone No.: 915-591-9911 E-Mail Address: to: Mavila 21 @andil 10							
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid							
information.	Feliesk 4327279 1/31/22 252,2.70							
Please attach copy of cancelled check, original receipt, online	Ecaleck 4500 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
payment confirmation or								
oank/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.)							
Physlip 2	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & PATE							
	Tom HullAtebio, all							
TAX OFFICE USE ONLY:	Approved Denied By: Date: Date:							

Print Date: 02/04/2022

Deposit Status		Notes	And the second		Go To			100 110 110		•
UZR CT80122 v1.90		UNT NO (R	18399900108000): . MONTHLY PAY		AGREEMENT	#104788. BEGI			1/2022, END	02/16/2022 16:14:55 ACTEP
DEPOSIT Ren	nittance	Detail				N. No. of the least of	Mark			
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Deposit No.	Accou	int No.		Rei	mit Seq No.	Check No.		Payment	Amount	Payment Agreement No.
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eck/Receipt ages Deposit No	Receipt Date	Remit Seg No.	Check No	Paymen Type	t Payment Amount	THE RESERVE THE PARTY OF THE PA	ansa Type	ction	Account No.	Payer
EC020122	01/31/2022	49899212	CC004327279	EC	\$2.522.70	\$2,522.70	LG	R183999	00108000	30889579-DAVID AND TO
RC220216	01/31/2022	49899212	CC004327279	EC	\$2,522.70	\$2,522.70	TR	R183999	00108000	31028143-AVILA TOM
RC220216	01/31/2022	49899212	CC004327279	EC	\$2,522.70	\$2,522.70	TR	R183999	00108000	30889579-DAVID AND TOI
EC013122	01/29/2022	49838709	CC004273321	EC	\$2.522.70	\$2,522.70	PA	R183999	00108000	30848788-DAVID AND TO
EC012622	01/26/2022	49606817	CC004225227	EC	\$833.00	\$833.00	PA	R183999	00108000	30728525-DAVID AND TO
EC012422	01/22/2022	49499124	CC004187274	EC	\$833.00	\$833.00	PA	R183999	00108000	30680697-DAVID AND TO
RIE01282297	01/22/2022	49499124	CC004187274	EC	\$833.00-	\$833.00-	RX	R183999	00108000	30680697-DAVID AND TO
EC011822	01/15/2022	49312489	CC004144403	EC	\$833.00	\$833 00	PA	R183999	00108000	30606949-DAVID AND TO
EC010322	01/03/2022	48881032	CC004083093	EC	\$833.00	\$833.00	PA	R183999	00108000	30432810-DAVID AND TO
EC122821	12/27/2021	48745896	CC004034885	EC	\$833.00	\$833.00	PA	R183999	000108000	30376735-DAVID AND TO
EC120821	12/08/2021	48381798	CC003971478	EC	\$833.00	\$833.00	PA	R183999	000108000	30243908-DAVID AND TO
EC112921	11/29/2021	48242241	CC003943345	EC	\$833.00	\$833.00	PA	R183999	000108000	30189402-DAVID AND TO
			An	plied Total		\$130,448.45				
			A PROPERTY OF THE PARTY OF THE		Consumer and the					

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. F856-999-0010-0600 Prop ID 399544

Legal Description of the Property

FRUITVALE LOT A (REPLAT OF E PT OF 1)

8445 NEW HAVEN DR 79907

OWNER CONTRERAS MARIA A & 3

2021 OVERAGE AMOUNT \$3,679.86

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:

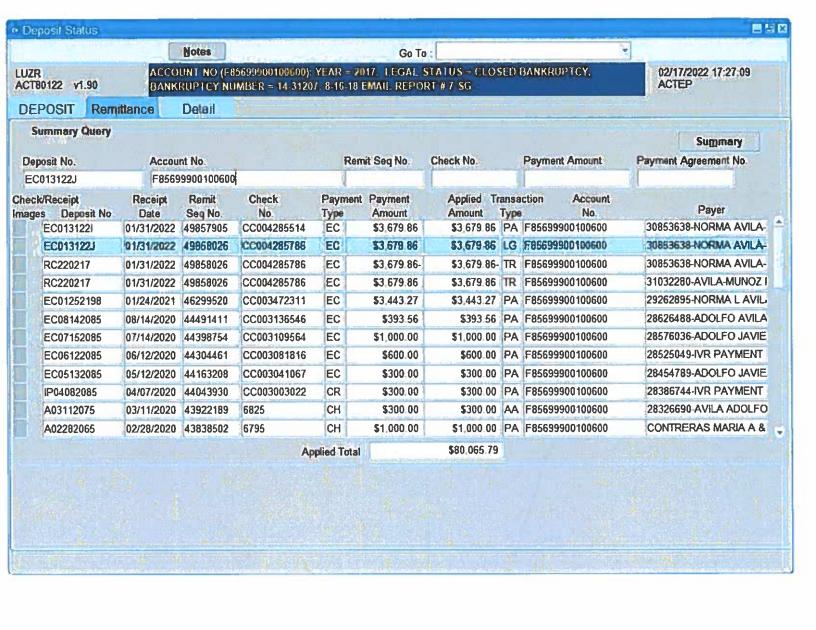
NORMA AVILA-MUNOZ

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	-Fi described 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: NORMA AVILA-MUNOZ Address: 10/7 JAN ELLYN LN City, State, Zip: EL PASO, TX 799/2							
Step 2. Provide payment information.	Daytime Phone No.: (915) 241-4273 E-Mail Address: navilam@qmail, co							
Please attach copy of cancelled check, original receipt, online payment confirmation or	Echeck 4285786 1/31/22 3679.86							
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following:							
Step 3. Provide reason for 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.)							
fre 2/1/2	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE NORMA AVILA-MUNOZ 2/15/22							
TAX OFFICE USE ONLY:	Approved Denied By: N.P. Date: 2-17-22							

v52.1.7

Print Date: 02/01/2022



CITY TAX

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

W145-999-0040-3900

22564

Legal Description of the Property

4 WEST HILLS #2 LOT 39 (5615.83 SQ FT)

7308 ROYAL ARMS DR

OWNER: MUNOZ RAFAEL F

2021 OVERAGE AMOUNT \$4,090.62

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

MIDI

Dear Taxpayer:

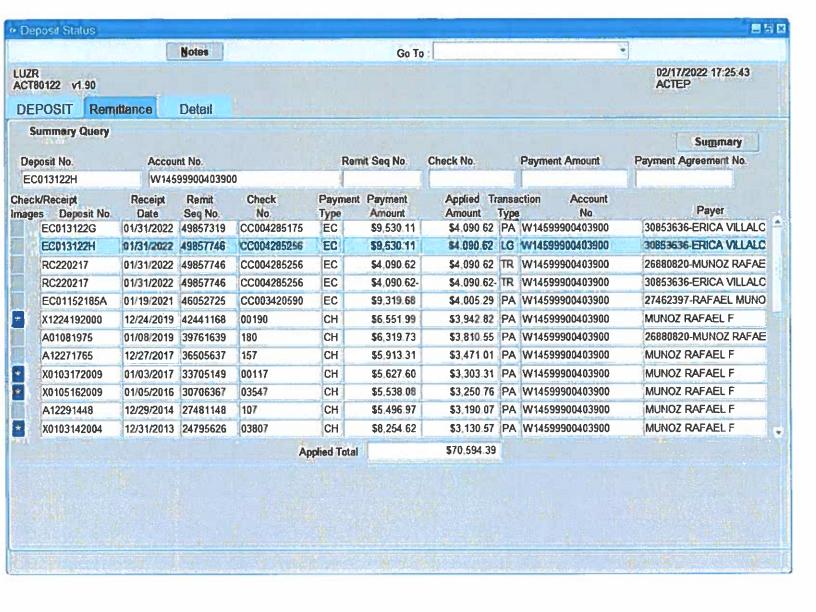
ERICA VILLALOBOS

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	appreciation mass be evaluated, signed, and submitted with supporting documentation to be valid.						
Step 1. Identify the refund recipient.	Who should the refund be issued to:						
Show information for whomever will be receiving the refund.	Name: RAFAEL F. MUNOZ						
	Address: 1017 JAN ELLYN LN						
	City, State, Zip: EL PASO, TX 79912						
	Daytime Phone No.: (915) \$494-3907 E-Mail Address: PMUNOZ & Swilds, ne						
Step 2. Provide payment information.	Payment made by: Check No. Date Paid Amount Paid						
Please attach copy of cancelled	Echeks 4285256 1 31/22 9530.11						
check, original receipt, online							
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 foun guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
the 21/12	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE						
	RAFAEL F. MUNOZ 04/11/2022						
JAX OFFICE USE ONLY.	Approved Denied By: NH. Date: 2-19-22						

v52.1.7

Print Date: 02/01/2022







MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300

221 N. KANSAS, STE 300 EL PASO, TX 79901

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

Geo No. T213-999-0010-0700 Prop ID 358378

Legal Description of the Property

1 THE HIGHLANDS #1 LOT 7 (8764,84 SQ FT)

1017 JAN ELLYN LN

OWNER: VILLALOBOS NORMA L

2021 OVERAGE AMOUNT \$5,439.49

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:

ERICA VILLALOBOS

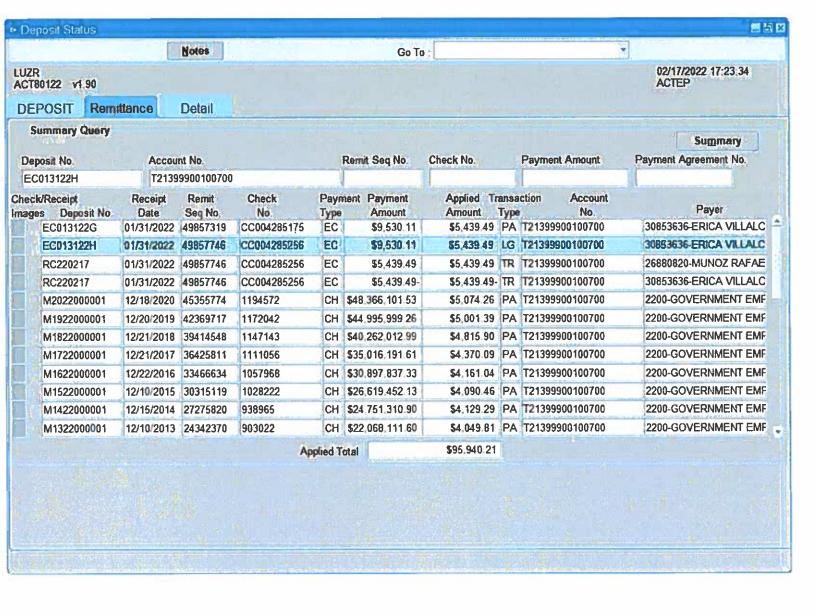
Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by 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	musi be completed, signed, and	a submitted with supp	orting 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: RAFAEL F.	MUNOZ	V					
	Address: 1017 JAN	ELLYN LN	,					
	City, State. Zip: EL PA.	50, Tx 7991	2					
	Daytime Phone No. (915) 49	94-3907	E-Mail Address:	rmunoze swlds. net				
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	Echeck	4285 256	1/31/22	9530.11				
bank/credit card statement.	TOTALA	MOUNT PAID (sum of th	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	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 have given on this form is true and guilty of a Class A misdemeanor of	correct. (If you make a fal-	se statement on this	application, you could be found				
mezin 122	SIGNATURE OF REQUESTOR (RINTED NAME & PARAEL F. M	DATE V NUMOZ 02/14/2000				
2	1 70	100 20		V				
TAX OFFICE USE ONLY	Approved Denied	By: N.H.	Date:	2-17-22				

Print Date: 02/01/2022



v52.1.7



TAX OFFICE RECEIVED

FEB 18 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

HEIDT ROGER E & MARY L
4485 GEN MALONEY CIR
EL PASO , TX 79924-6831

 Geo No.
 Prop ID

 C231-999-0280-7300
 53441

 Legal Description of the Property

 28 CASTNER HEIGHTS #7 LOT 53 (7140 SQ FT)

4485 GENERAL MALONEY CIR

OWNER: HEIDT ROGER E & MARY L

2021 OVERAGE AMOUNT \$4,342.63

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

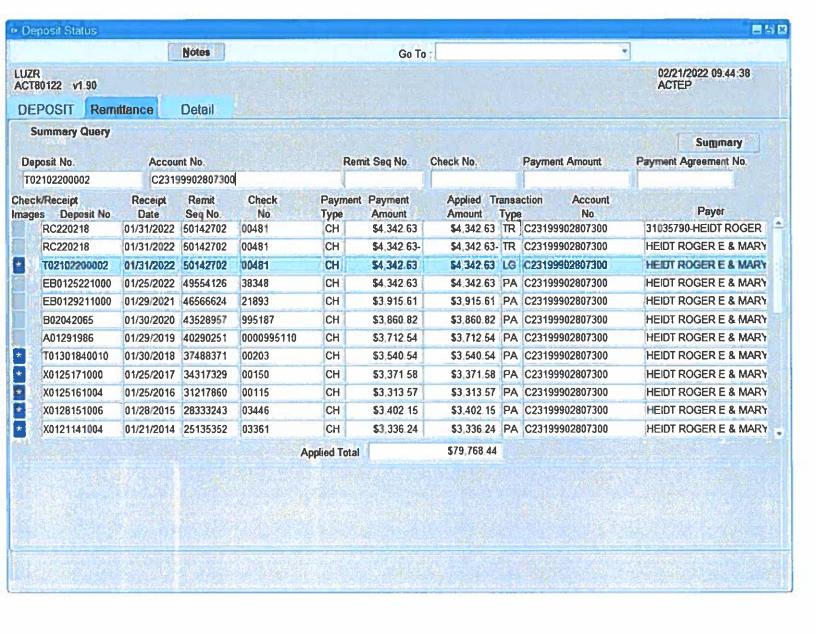
Dear Taxpayer:

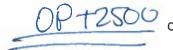
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APPLICATION FOR PROPER		tion must be completed, signed, an	d submitted with suppo	orting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:							
recipient. Show information for	Name: Roper E 1	leidt		/				
whomever will be receiving	Name: Roger E Heidt Address: 4485 Gen Maloney Cir City, State, Zip: El Paso, TX 79924							
the refund.	City, State, Zip: El Pas	30 . TX 7992	14					
<u></u>	Daytime Phone No.:		E-Mail Address:					
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid				
Please attach copy of cancelled	Roger E/Mary L He	H 00481	1131122	# 4342.63				
check, original receipt, online payment confirmation or	, 			4342.63				
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)							
Step 3. Provide reason for this refund.	Please check one of the followin	ig:						
Please list any accounts and/or	X 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.)							
Pric 2/21/02	SIGNATURE OF REQUESTOR	R (REQUIRED) PI	Mary L	Heidt V				
TAX OFFICE USE ONLY:	Approved Denied	d By: \(\sum_1\).\\	Date:	2.18.22 V				

v52.1.7

Print Date: 02/11/2022





THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

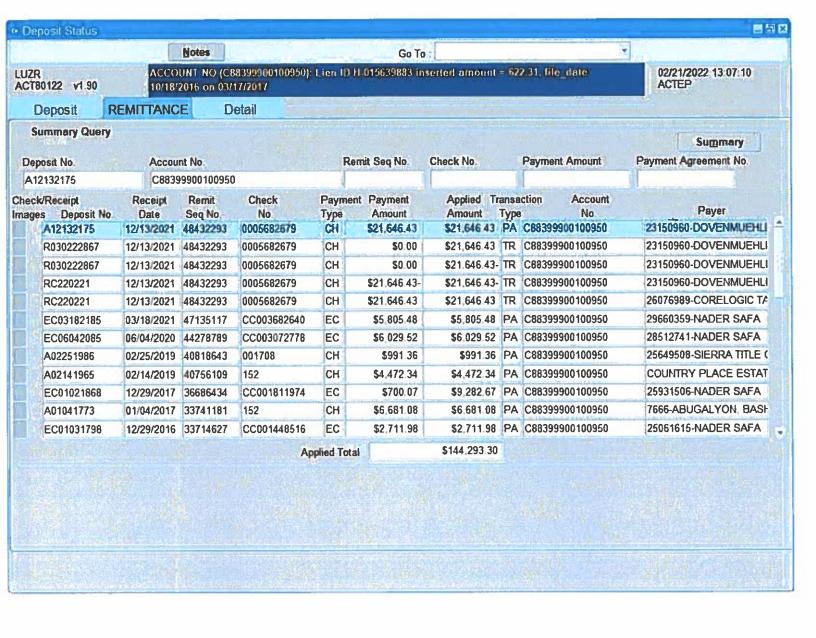
221 N. Kansas, Suite 300 El Paso, Texas 79901

TAX OFFICE RECEIVED FEB 0 8 2022

Phone (915) 212-0106, Fax (915) 212-0108

APPLICATION FOR TAX REFUND

THE COI	isolidated tax Office col	lects proper	rty taxes for all el	igible proper	ty taxing en	tities within El i	Paso County.	
APPLICANT MUST PRO	VIDE THE FOLLOWING INF	ORMATION:				_		
Refund To:		Phone:			Property ID# (One application per account)			
		HOME:						
CoreLogic Tax Service		WORK: 58	WORK: 585-321-6736			C88399900100950 2 5339		
Address (mail refund to	0:)	Property Ad	ldress:					
,	,							
ATTN: Centralized	Refunds, 3001 Hackbe	Legal Desc	ription: 871 COU	NTRY CLUE	RD #6C, E	L PASO, TX 7	79932	
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of t	axes paid:	Amount o	f refund requested:	
1. 2021		00056826	12/08/2021	\$21,646.4	13	\$21,646.	43	
2.						0.374.00		
3.								
	TOTAL AMOUN	VT (sum of th	ne above amounts)					
		, a	,		City Council	approval require	ed if over \$2,500)	
	REQUIRED: 0	Copy of orig	inal receipt, fron	The second secon	design to the later of the late	THE RESERVE OF THE PERSON NAMED IN	CALL PROPERTY OF THE PARTY OF T	
		Charles of the Control	em cleared (both		Committee of the Commit			
REASON FOR OV						ac appear,		
	were paid in error by Co	arol ogio on	hohalf of Dayson	muchlo Mod	race ice 6'	24 646 42		
The 2021 taxes	were paid in entor by Co	JI ELOGIC OIL	Denair of Dover	imuenie Mon	gage lao 3/	21,040.43		
							·	
								
"I certify that inf	formation given to obta	ain this refu	und is true and	correct."				
Requestor signa	ver Barr	ves-			Date:	2/08/2022		
Requestor signa Sommer Barnes	ture:	ves-			Date:		e, Customer Product Sur	
Requestor signa	ture:	ves-			Date:		e, Customer Product Sur	
Sommer Barnes Printed name:	ture:			mprisonment o	- Title:	Sr. Associate		
Sommer Barnes Printed name:	ture: S Any person knowingly submiti up to one year, or fine nat ov	ting false entr. er \$2,000, or l	ies is subject to: (1) l both. (Sec 37.10 Pen	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, a	r both.	
Sommer Barnes Printed name:	ture: S Any person knowingly submiti up to one year, or fine nat ov	ting false entr. er \$2,000, or l	ies is subject to: (1) I	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, a	r both.	
Sommer Barnes Printed name: (2) Imprisonment	ture: s Any person knowingly submit up to one year, or fine nat ov the date of th	ting false entr. er \$2,000, or t e payment or	ies is subject to: (1) I both. (Sec 37.10 Pend the taxpayer waives	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, a	r both.	
Sommer Barnes Printed name:	ture: s Any person knowingly submit up to one year, or fine nat ov the date of th	ting false entr. er \$2,000, or l	ies is subject to: (1) I both. (Sec 37.10 Pend the taxpayer waives	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, a	r both. ade within 3 years ofter	
Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry:	Any person knowingly submit up to one year, or fine nat ov the dat 2 of th	ting false entr. er \$2,000, or t e payment or	ies is subject to: (1) I both. (Sec 37.10 Pend the taxpayer waives	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, of a fund must be m. (11 (c)).	r both. ade within 3 years ofter	
Sommer Barnes Printed name: (2) Imprisonment	Any person knowingly submit up to one year, or fine nat ov the dat 2 of th	ting false entri er \$2,000, or to e payment or ND APPROV	ies is subject to: (1) I both. (Sec 37.10 Pend the taxpayer waives	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, a	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval:	Any person knowingly submits up to one year, or fine nat over the date of the	ting false entr. er \$2,000, or to e payment or ND APPROV	ies is subject to: (1) I both. (Sec 37.10 Pend the taxpayer waives	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, of a fund must be m. (11 (c)).	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City Co	Any person knowingly submitt up to one year, or fine nat ov the dat 2 of th (V) REFU (U) REFU (V) REFU (V) REFU (V) REFU	ing false entr. er \$2,000, or to e payment or ND APPROV	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpayer waives /ED	al Code) An app	Title: f 2 to 10 years lication for a r	Sr. Associate or \$5,000 fine, or \$6,000 fine, or \$11 (c)).	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City (A)) () DISAPPROVE	Any person knowingly submits up to one year, or fine nat ov the datz of th (V) REFU	ting false entr. er \$2,000, or to e payment or ND APPROV	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpoyer waives /ED	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City (A)) () DISAPPROVE	Any person knowingly submitt up to one year, or fine nat ov the dat 2 of th (V) REFU (U) REFU (V) REFU (V) REFU (V) REFU	ting false entr. er \$2,000, or to e payment or ND APPROV	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpoyer waives /ED	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City College) () DISAPPROVE () Required	Any person knowingly submits up to one year, or fine nat ov the datz of th (V) REFU	ting false entr. er \$2,000, or to e payment or ND APPROV 0 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ies is subject to: (1) l both. (Sec 37.10 Pen the toxpayer waives /ED der () seled Check, Banl	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval: (Placed on City for a continuous printed) () DISAPPROVE	Any person knowingly submits up to one year, or fine nat over the date of the	ting false entr. er \$2,000, or to be payment or ND APPROV D	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpayer waives /ED der () teled Check, Banl troperty.	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City (A) () DISAPPROVE	Any person knowingly submittup to one year, or fine nat of the date of the dat	ting false entr. er \$2,000, or to be payment or ND APPROV D	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpayer waives /ED der () teled Check, Banl troperty.	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval: (Placed on City for a continuous printed) () DISAPPROVE	Any person knowingly submittup to one year, or fine nat of the date of the dat	ting false entr. er \$2,000, or to be payment or ND APPROV D	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpayer waives /ED der () teled Check, Banl troperty.	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City (A) () DISAPPROVE	Any person knowingly submittup to one year, or fine nat of the date of the dat	ting false entr. er \$2,000, or to be payment or ND APPROV D	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpayer waives /ED der () teled Check, Banl troperty.	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	
Requestor signa Sommer Barnes Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval (Placed on City (A) () DISAPPROVE	Any person knowingly submittup to one year, or fine nat of the date of the dat	ting false entr. er \$2,000, or to be payment or ND APPROV D	ies is subject to: (1) l both. (Sec 37.10 Pen the taxpayer waives /ED der () teled Check, Banl troperty.	ol Code) An app the righto the the righto the	Title: f 2 to 10 years lication for a r refund (Sec 31	Sr. Associate or \$5,000 fine, a efund must be in11 (c)). Date: Date:	r both. ade within 3 years ofter	





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

 V927-999-0160-2800
 169705

Legal Description of the Property

J6 VISTA REAL #1 LOT 28 (16711.37 SQ FT)

11808 STONE CASTLE DR

CHARLES R. FRANTZ 11808 STONE CASTLE DR EL PASO, TX 79936

12500

OWNER: FRANTZ CHARLES R

2021 OVERAGE AMOUNT \$4,026.88

1: CITY OF EL PASO. 6: COUNTY OF EL PASO. 7: FL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 9: SOCORRO ISD

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR 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:						
recipient. Show information for whomever will be receiving the refund.	Name: Charles Robert Frantz						
	Address: 11808 Stone Castle O1.						
	City, State, Zip. El Paso TX 7993C.						
	Daytime Phone No.: 915-525-8881 E-Mail Address: mickey_crf@yahoo						
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
information. Please attach copy of cancelled	Echeck 4297147 1/31/22 4026.88						
check, original receipt, online	Control (1)						
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.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I						
Unsigned applications cannot	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.)						
be processed.							
In a holy	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE						
XIIICO	Charles Robert France 2/15/2022						
TAX OFFICE USE ONLY:	Approved Denied By: N.W Date: 2-1832						

v52.1.7 Print Date: 02/04/2022

