

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

AGENDA DATE: April 26, 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.

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.

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?

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)

PRIOR COUNCIL ACTION:

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

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

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

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? ☒ YES ☐ NO

PRIMARY DEPARTMENT: Tax Office

SECONDARY DEPARTMENT: N/A

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

DEPARTMENT HEAD:



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

TAX REFUNDS
April 26, 2022

1. Mt. Carmel Funeral Home, in the amount of \$3,116.81 made an overpayment on December 30, 2021 of 2021 taxes.
(Geo. # 2001-999-5234-0050)
2. Mt. Carmel Funeral Home, in the amount of \$67,249.30 made an overpayment on December 30, 2021 of 2021 taxes.
(Geo. # G510-999-0020-0600)
3. Weststar Title, in the amount of \$10,248.87 made an overpayment on July 15, 2019 of 2018 taxes.
(Geo. # U819-000-0230-01A0)
4. McDowell Building Partnership, L.P., in the amount of \$6,229.13 made an overpayment on December 28, 2021 of 2021 taxes.
(Geo. # X008-999-000B-8600)
5. Helena Agri Enterprises LLC, in the amount of \$3,057.44 made an overpayment on September 21, 2020 of 2019 taxes.
(Geo. #X292-000-0000-0449)
6. Helena Agri Enterprises LLC, in the amount of \$2,769.13 made an overpayment on May 30, 2019 of 2017 taxes.
(Geo. # X292-000-0000-0449)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



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

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

MT CARMEL FUNERAL HOME
1755 N ZARAGOSA
EL PASO, TX 79936

Geo No. 2001-999-5234-0050	Prop ID 505228
Legal Description of the Property CMP FURN MACH VEH 1755 N ZARAGOZA RD OWNER: MT CARMEL FUNERAL HOME	
2021 OVERAGE AMOUNT \$3,116.81	

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: MT CARMEL FUNERAL HOME			
	Address: 1755 N ZARAGOZA			
	City, State, Zip: EL PASO TX 79936			
	Daytime Phone No.: 915-857-3535		E-Mail Address: Fundis11@aol.com	
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Echeck	4062095	12/30/21	3116.81
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> 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) Juno 4-11-22		PRINTED NAME & DATE James A. Montoya	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 4-8-22				

Deposit Status

Notes

Go To

LUZR
ACT80122 v1.91

04/18/2022 11:11:31
ACTEP

DEPOSIT
Remittance
Detail

Summary Query

Summary

Deposit No.
EC010322

Account No.
200199952340050

Remit Seq No.

Check No.

Payment Amount

Payment Agreement No.

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC010322	12/30/2021	48879370	CC004062095	EC	\$3,116.81	\$3,116.81	LG	200199952340050	30431161-MT CARMEL FL
	EC010322	12/30/2021	48879368	CC004062083	EC	\$3,116.81	\$3,116.81	PA	200199952340050	30431159-MT CARMEL FL
	EC12292098	12/28/2020	45546922	CC003325791	EC	\$3,104.99	\$3,104.99	PA	200199952340050	28987555-MT CARMEL FL
	EC12311998	12/30/2019	42565951	CC002716913	EC	\$3,019.04	\$3,019.04	PA	200199952340050	27829516-MT CARMEL FL
	EC02011998	01/31/2019	40557719	CC002390648	EC	\$3,321.48	\$3,321.48	PA	200199952340050	27125210-MT CARMEL FL
	EC01021868	12/29/2017	36686211	CC001808333	EC	\$3,315.77	\$3,315.77	PA	200199952340050	25931283-MT CARMEL F
	EC01311798	01/30/2017	34587361	CC001544860	EC	\$4,170.59	\$4,170.59	PA	200199952340050	25276024-MT CARMEL FL
	EC12301598	12/30/2015	30634582	CC001148921	EC	\$4,485.69	\$4,485.69	PA	200199952340050	24230551-MT CARMEL F
*	X0105151025	12/31/2014	27695287	27267	CH	\$4,831.67	\$4,831.67	PA	200199952340050	MT CARMEL FUNERAL H
	A12311372	12/31/2013	24652492	25431	CH	\$5,670.66	\$5,632.51	PA	200199952340050	MT CARMEL FUNERAL H
	A04251354	04/25/2013	23403118	24129	CH	\$547.43	\$547.43	PA	200199952340050	MT CARMEL FUNERAL H
	A01291323	01/29/2013	22701199	23670	CH	\$5,474.32	\$5,474.32	PA	200199952340050	MT CARMEL FUNERAL H
Applied Total						\$79,307.27				



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

MT CARMEL FUNERAL HOME
1755 N ZARAGOSA
EL PASO, TX 79936

Geo No. G510-999-0020-0600	Prop ID 155031
Legal Description of the Property 2 GOLDEN GATE COMMERCIAL PARK 6 & 7 (102880 SQ FT) 1755 N ZARAGOZA RD 79936 OWNER: GOLDEN GATE FAMILY LTD PART	
2021 OVERAGE AMOUNT \$67,249.30	

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient.

Show information for whomever will be receiving the refund.

Who should the refund be issued to:

Name: MT CARMEL FUNERAL HOME

Address: 1755 N ZARAGOSA

City, State, Zip: EL PASO TX 79936

Daytime Phone No.: 915-857-3535

E-Mail Address: Funding@apac.com

Step 2. Provide payment information.

Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.

Payment made by:

Check No.

Date Paid

Amount Paid

Echeck

4062084

12/30/21

67,249.30

TOTAL AMOUNT PAID (sum of the above amounts)

Step 3. Provide reason for this refund.

Please list any accounts and/or years that you intended to pay with this overage.

Please check one of the following:

☒ I paid this account in error and I am entitled to the refund.

☐ I overpaid this account. Please refund the excess to the address listed in Step 1.

☐ I want this payment applied to next year's taxes.

☐ This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):

Step 4. Sign the form.

Unsigned applications cannot be processed.

By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)

SIGNATURE OF REQUESTOR (REQUIRED)

PRINTED NAME & DATE

[Signature]

James A. Martinez

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

NH

Date:

4-8-22

Deposit Status

Notes

Go To :

LUZR

ACT80122 v1.91

04/18/2022 11:11:31

ACTEP

DEPOSIT

Remittance

Detail

Summary Query

Summary

Deposit No.

Account No.

Remit Seq No.

Check No.

Payment Amount

Payment Agreement No.

EC010322

G51099900200600

Check/Receipt Images

Deposit No.

Receipt Date

Remit Seq No.

Check No.

Payment Type

Payment Amount

Applied Amount

Transaction Type

Account No.

Payer

EC010322

12/30/2021

48879369

CC004062084

EC

\$67,249.30

\$67,249.30

LG

G51099900200600

30431160-MT CARMEL FU

EC010322

12/30/2021

48879361

CC004061910

EC

\$67,249.30

\$67,249.30

PA

G51099900200600

30431152-MT CARMEL FU

A09282190

09/28/2021

47764536

CA

\$10.00

\$10.00

TC

G51099900200600

GOLDEN GATE FAMILY L

EC12312098

12/30/2020

45627837

CC003343360

EC

\$25,477.02

\$25,477.02

PA

G51099900200600

29017198-MT CARMEL HC

EC12292098

12/28/2020

45546943

CC003325887

EC

\$25,000.00

\$25,000.00

PA

G51099900200600

28987576-MT CARMEL FU

EC06012085

05/31/2020

44263377

CC003066794

EC

\$22,974.53

\$22,974.53

PA

G51099900200600

28504085-MT CARMEL FU

EC05012085

04/30/2020

44124107

CC003029290

EC

\$10,000.00

\$10,000.00

PA

G51099900200600

28433376-MT CARMEL FU

EC03262085

03/26/2020

43990405

CC002984105

CR

\$5,000.00

\$5,000.00

PA

G51099900200600

28357976-MT CARMEL FU

EC02032098

01/31/2020

43555190

CC002906303

EC

\$10,000.00

\$10,000.00

PA

G51099900200600

28163453-MT CARMEL FU

EC12311998

12/30/2019

42566958

CC002716974

EC

\$6,980.96

\$6,980.96

PA

G51099900200600

27829523-MT CARMEL FU

EC04101998

04/10/2019

41097513

CC002485208

EC

\$7,469.94

\$7,469.94

PA

G51099900200600

27344799-MT CARMEL FU

EC03291998

03/29/2019

41039688

CC002472882

EC

\$8,000.00

\$8,000.00

PA

G51099900200600

27317013-MT CARMEL FU

Applied Total

\$754,751.08



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

TAX OFFICE
RECEIVED
APR 06 2022

Geo No.
U819-000-0230-01A0

Prop ID
148143

Legal Description of the Property
23 UPPER VALLEY TR 1-A (8.9960 AC)

301 W WASHINGTON ST 79821

WESTSTAR TITLE
641 N. STANTON
EL PASO, TX 79901

OWNER: MOUNTAINS BLACKSMITH INC

2018 OVERAGE AMOUNT \$10,248.87

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 PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient.

Show information for whomever will be receiving the refund.

Who should the refund be issued to:

Name: Weststar Title

Address: 601 N MESA ST 1025

City, State, Zip: El Paso TX 79901

Daytime Phone No.: 915-849-5516

E-Mail Address: adominguez@weststar-title.com

Step 2. Provide payment information.

Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.

Payment made by:

Check No.

Date Paid

Amount Paid

Weststar Title 20163596 4/15/19 \$23,116.30

TOTAL AMOUNT PAID (sum of the above amounts)

Step 3. Provide reason for this refund.

Please list any accounts and/or years that you intended to pay with this overage.

Please check one of the following:

I paid this account in error and I am entitled to the refund.

I overpaid this account. Please refund the excess to the address listed in Step 1.

I want this payment applied to next year's taxes.

This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):

Step 4. Sign the form.

Unsigned applications cannot be processed.

By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)

SIGNATURE OF REQUESTOR (REQUIRED)

PRINTED NAME & DATE

Adriana Dominguez

Adriana Dominguez 4/4/22

TAX OFFICE USE ONLY:

Approved

Denied

By:

N.H.

Date:

4-7-22

Print Date: 04/06/2022

Notes

Go To:

LUZR
ACT80122 v1.9104/18/2022 11:11:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A07151965	U819000023001A0				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	A07151965	07/15/2019	41398311	20163596	CH	\$23,116.30	\$23,116.30	LG	U819000023001A0	25762393-WESTSTAR TIT
	R031221767	07/15/2019	41398311	20163596	CH	\$0.00	\$4,169.52	TR	U819000023001A0	25762393-WESTSTAR TIT
	R031221767	07/15/2019	41398311	20163596	CH	\$0.00	\$4,354.75	TR	U819000023001A0	25762393-WESTSTAR TIT
	R031221767	07/15/2019	41398311	20163596	CH	\$0.00	\$4,354.75	LG	U819000023001A0	25762393-WESTSTAR TIT
	R031221767	07/15/2019	41398311	20163596	CH	\$0.00	\$4,343.16	TR	U819000023001A0	25762393-WESTSTAR TIT
	R031221767	07/15/2019	41398311	20163596	CH	\$0.00	\$4,343.16	LG	U819000023001A0	25762393-WESTSTAR TIT
	R031221767	07/15/2019	41398311	20163596	CH	\$0.00	\$4,169.52	LG	U819000023001A0	25762393-WESTSTAR TIT
	RC220407	07/15/2019	41398311	20163596	CH	\$10,248.87	\$10,248.87	TR	U819000023001A0	31217025-WESTSTAR TIT
	RC220407	07/15/2019	41398311	20163596	CH	\$10,248.87	\$10,248.87	TR	U819000023001A0	25762393-WESTSTAR TIT
	IP02011998	01/31/2019	40500806	CC002372584	CR	\$148.26	\$148.26	PA	U819000023001A0	27100694-LUIS VELA
	IP01311898	01/30/2018	37466228	CC001909423	CR	\$149.43	\$149.43	PA	U819000023001A0	26129982-ANABEL VELA
	IP01261798	01/25/2017	34299800	CC001510915	CR	\$143.42	\$143.42	PA	U819000023001A0	25190434-ANABEL VELA

Applied Total \$35,601.37



**TAX OFFICE
RECEIVED
APR 11 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

**MCDOWELL BUILDING PARTNERSHIP LP
PO BOX 2771
CENTENNIAL, CO 80161-2771**

Geo No. X008-999-000B-8600 ✓	Prop ID 133268
Legal Description of the Property F NEVE SURV 8 ABST #162 2.105 AC (0.943 AC) TR 6-C & 1.162 AC ADJ IN UNPL NEVE #8 401 RAYNOLDS ST OWNER: EL PASO COUNTY HOSPITAL DISTRICT	
2021 OVERAGE AMOUNT \$6,229.13 ✓	

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>McDowell Building Partnership, L.P.</u>			
	Address: <u>P.O. Box 2771</u>			
	City, State, Zip: <u>Centennial, CO 80161</u> ✓			
Daytime Phone No.: <u>575-491-5028</u>		E-Mail Address: <u>patty5280@gmail.com</u>		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
		<u>OK 1196</u>	<u>12/28/21</u>	<u>6229.13</u>
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund. ✓			
	<input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<input type="checkbox"/> 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) <u>Patricia C English</u>		PRINTED NAME & DATE <u>Patricia C English</u> <u>4/1/22</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NA</u> Date: <u>4-12-22</u> ✓				

Deposit Status

Notes
Go To

LUZR
ACT80122 v1.91

ACCOUNT NO (X008999000B8600): YEAR = 2017, LEGAL STATUS = ACTIVE, CAUSE NUMBER = 2018DTX0741

04/18/2022 11:11:31
ACTEP

DEPOSIT
Remittance
Detail

Summary Query
Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
T12282100007	X008999000B8600				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	RC220329	12/28/2021	48753848	01196	CH	\$6 229 13	\$6 229 13	LG	X008999000B8600	31180816-MCDOWELL BL
	RC220329	12/28/2021	48753848	01196	CH	\$6 229 13-	\$6 229 13-	TR	X008999000B8600	EL PASO COUNTY HOSF
*	T12282100007	12/28/2021	48753848	01196	CH	\$6,229 13	\$6,229 13	LG	X008999000B8600	EL PASO COUNTY HOSF
	RD3896650	12/10/2021	47737030	0000240340	CH	\$42 43-	\$42 43-	RD	X008999000B8600	28668239-LONE STAR TIT
	A09082165	09/08/2021	47737030	512654	CH	\$12 689 19	\$12 689 19	PA	X008999000B8600	28668239-LONE STAR TIT
	R9202167	09/08/2021	47737030	512654	CH	\$0 00	\$0 00	TR	X008999000B8600	28668239-LONE STAR TIT
	RC211208	09/08/2021	47737030	512654	CH	\$42 43	\$42 43	TR	X008999000B8600	28668239-LONE STAR TIT
	RC211208	09/08/2021	47737030	512654	CH	\$42 43-	\$42 43-	TR	X008999000B8600	MC DOWELL BUILDING F
	RF211130	09/08/2021	47737030	512654	CH	\$0 00	\$0 00	DA	X008999000B8600	28668239-LONE STAR TIT
	RF211130	09/08/2021	47737030	512654	CH	\$0 00	\$0 00	DA	X008999000B8600	28668239-LONE STAR TIT
	RF211130	09/08/2021	47737030	512654	CH	\$0 00	\$0 00	DA	X008999000B8600	28668239-LONE STAR TIT
	RF211130	09/08/2021	47737030	512654	CH	\$0 00	\$18 39	DA	X008999000B8600	MC DOWELL BUILDING F
Applied Total						\$487,052 15				



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

TAX OFFICE
RECEIVED

APR 06 2022

HELENA AGRI ENTERPRISES LLC
225 SCHILLING BLVD SUITE 300
COLLIERVILLE, TN 38017

Geo No. X292-000-0000-0449 Prop ID 268035

Legal Description of the Property
SA & M G RR SURV 292 ABST 9719 TR 1
(1.9490 AC)

18921 ALAMEDA AVE-B 79853

OWNER: DRAKE DALE

2019 OVERAGE AMOUNT \$3,057.44

6: COUNTY OF EL PASO. 7: EL PASO COMMUNITY COLLEGE. 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 20: TORNILLO ISD. 27: ENERGI SERVICES DIST. #2. 30: TORNILLO WATER DISTRICT

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

this application must be completed, signed and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient.

Show information for whomever will be receiving the refund.

Who should the refund be issued to:

Name:

Address:

City, State, Zip:

Daytime Phone No.:

E-Mail Address:

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:

Helena Agri ck 3396190 9/21/20 3082.91

TOTAL AMOUNT PAID (sum of the above amounts)

Step 3. Provide reason for this refund.

Please list any accounts and/or years that you intended to pay with this overage.

Please check one of the following:

I paid this account in error and I am entitled to the refund.

I overpaid this account. Please refund the excess to the address listed in Step 1.

I want this payment applied to next year's taxes.

This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):

Step 4. Sign the form.

Unsigned applications cannot be processed.

By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)

SIGNATURE OF REQUESTOR (REQUIRED)

PRINTED NAME & DATE

Helena Agri

HELENA AGRI 4/6/2022

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: NH

Date: 4/6/22

Notes

Go To

LUZR
ACT80122 v1.9104/18/2022 11:11:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A09212075	X29200000000449				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	RD3596823	10/05/2020	44551906	0000230395	CH	\$25.47-	\$25.47-	RD	X29200000000449	26996305-HELENA AGRI I
	A09212075	09/21/2020	44551906	3396190	CH	\$3,082.91	\$3,057.44	PA	X29200000000449	26996305-HELENA AGRI I
	A09212075	09/21/2020	44551906	3396190	CH	\$3,082.91	\$25.47	LG	X29200000000449	26996305-HELENA AGRI I
	R030422267	09/21/2020	44551906	3396190	CH	\$0.00	\$3,057.44-	TR	X29200000000449	26996305-HELENA AGRI I
	R030422267	09/21/2020	44551906	3396190	CH	\$0.00	\$3,057.44	LG	X29200000000449	26996305-HELENA AGRI I
	RD3326829	10/25/2019	17747438	0000223276	CH	\$33.79-	\$33.79-	RD	X29200000000449	26996305-HELENA AGRI I
	A06031965	05/30/2019	41276599	3221939	CH	\$2,769.13	\$2,769.13	PA	X29200000000449	26996305-HELENA AGRI I
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$2,482.13	LG	X29200000000449	26996305-HELENA AGRI I
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$287.00	LG	X29200000000449	26996305-HELENA AGRI I
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$287.00-	TR	X29200000000449	26996305-HELENA AGRI I
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$2,482.13-	TR	X29200000000449	26996305-HELENA AGRI I
	A01281975	01/28/2019	40199790	3173410	CH	\$1,635.36	\$1,635.36	PA	X29200000000449	26996305-HELENA AGRI I

Applied Total \$17,004.53

TAX OFFICE
RECEIVED

APR 06 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

HELENA AGRI ENTERPRISES LLC
225 SCHILLING BLVD SUITE 300
COLLIERVILLE, TN 38017

Geo No. X292-000-0000-0449
Prop ID 268035

Legal Description of the Property
S A & M G RR SURV 292 ABST 9719 TR 1
(1.9490 AC)

18921 ALAMEDA AVE-B

OWNER: DRAKE DALE

2017 OVERAGE AMOUNT \$2,769.13

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 20: TORNILLO ISD, 27: EMERG. SERVICES DIST #2, 30: TORNILLO WATER DISTRICT

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

~~This application must be completed, signed, and submitted with supporting documentation to be valid.~~

Step 1. Identify the refund recipient.

Show information for whomever will be receiving the refund.

Who should the refund be issued to:

Name:

Address:

City, State, Zip:

Daytime Phone No.:

E-Mail Address:

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
Helena Agri	CK 3221939	5/30/19	2,769.13

TOTAL AMOUNT PAID (sum of the above amounts)

Step 3. Provide reason for this refund.

Please list any accounts and/or years that you intended to pay with this overage.

Please check one of the following:

☐ I paid this account in error and I am entitled to the refund.

☐ I overpaid this account. Please refund the excess to the address listed in Step 1.

☐ I want this payment applied to next year's taxes.

☐ This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):

Step 4. Sign the form.

Unsigned applications cannot be processed.

By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)

SIGNATURE OF REQUESTOR (REQUIRED)

PRINTED NAME & DATE

Marlene Trevino

MARLENE TREVINO 4/6/2022

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: *NN*

Date: *4-6-22*

Notes

Go To :

LUZR
ACT80122 v1.91

04/18/2022 11:11:31
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
A06031965		X29200000000449									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	A06031965	05/30/2019	41276599	3221939	CH	\$2,769.13	\$2,769.13	PA	X29200000000449	26996305-HELENA AGRI I	
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$2,482.13	LG	X29200000000449	26996305-HELENA AGRI I	
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$287.00	LG	X29200000000449	26996305-HELENA AGRI I	
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$287.00	TR	X29200000000449	26996305-HELENA AGRI I	
	R030422267	05/30/2019	41276599	3221939	CH	\$0.00	\$2,482.13	TR	X29200000000449	26996305-HELENA AGRI I	
	A01281975	01/28/2019	40199790	3173410	CH	\$1,635.36	\$1,635.36	PA	X29200000000449	26996305-HELENA AGRI I	
	R030422267	01/28/2019	40199790	3173410	CH	\$0.00	\$1,635.36	TR	X29200000000449	26996305-HELENA AGRI I	
	R030422267	01/28/2019	40199790	3173410	CH	\$0.00	\$1,635.36	LG	X29200000000449	26996305-HELENA AGRI I	
*	X0120172005	01/20/2017	34170379	81373	CH	\$72,846.86	\$1,603.73	PA	X29200000000449	DRAKE DALE	
	A01271676	01/27/2016	31249598	2734700	CH	\$1,526.63	\$1,526.63	PA	X29200000000449	21113441-HELENA CHEM	
	A01301523	01/30/2015	28348548	2583147	CH	\$1,521.20	\$1,521.20	PA	X29200000000449	21113441-HELENA CHEM	
	R03092014DUP	10/13/2014	17747438		MI	\$0.00	\$33.79	LG	X29200000000449	DRAKE DALE	
Applied Total						\$17,004.53					