

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

**AGENDA DATE:** January 31, 2023  
**PUBLIC HEARING DATE:** N/A

**CONTACT PERSON(S) NAME AND PHONE NUMBER:** Maria O. Pasillas, (915) 212-1737

**DISTRICT(S) AFFECTED:** All

**STRATEGIC GOAL:** Goal 6 – Set the Standard for Sound Governance and Fiscal Management

**SUBGOAL:** 6.11 Provide efficient and effective services to taxpayers

**SUBJECT:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what?  
Be descriptive of what we want Council to approve. Include \$ amount if applicable.

That the tax refunds listed on the attachment posted with this agenda be approved. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments greater than \$2,500.00. (See Attachment A).

**BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Approve property tax overpayment refunds greater than \$2,500.00, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

**PRIOR COUNCIL ACTION:**

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

Council has considered this previously on a routine basis.

**AMOUNT AND SOURCE OF FUNDING:**

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

**HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED?** ☒ YES ☐ NO

**PRIMARY DEPARTMENT:** Tax Office  
**SECONDARY DEPARTMENT:** N/A

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

 for Maria O. Pasillas

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

TAX REFUNDS  
January 31, 2023

1. Hassan Salloum, in the amount of \$4,559.08 made an overpayment on December 16, 2022 of 2022 taxes.  
(Geo. #C742-999-0040-4000)
2. Veronica Valdez, in the amount of \$2804.19 made an overpayment on January 08, 2023 of 2022 taxes.  
(Geo. #G760-000-0010-3300)
3. David Collins, in the amount of \$3,900.00 made an overpayment on December 31, 2022 of 2022 taxes.  
(Geo. #N425-999-0080-3700)
4. Ruben Ruiz, in the amount of \$4,782.80 made an overpayment on November 29, 2022 of 2022 taxes.  
(Geo. #P654-999-0580-5300)
5. Wannamaker Properties LLC, in the amount of \$8,140.42 made an overpayment on January 03, 2023 of 2022 taxes.  
(Geo. #S669-999-0020-3000)
6. Member First Mortgage, in the amount of \$6,754.31 made an overpayment on January 09, 2023 of 2022 taxes.  
(Geo. #X579-000-3180-4230)

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Laura D. Prine  
City Clerk

*Sheryl R. Mack* for Maria O. Pasillas  
Maria O. Pasillas, RTA  
Tax Assessor Collector



TAX OFFICE  
RECEIVED  
DEC 27 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 Email: taxforms@elpasotexas.gov

HASSAN SALLOUM  
404 BOREALIS LN  
EL PASO, TX 79912

OP  
+2500 ✓

<b>Geo No.</b> C742-999-0040-4000	<b>Prop ID</b> 239420
<b>Legal Description of the Property</b> 4 COLUMBIA NORTH LOT 40 (5492.51 SQ FT)  5741 MICHAEL P ANDERSON LN	
OWNER: HMST FAMILY LP	

2022 OVERAGE AMOUNT \$4,559.08 ✓

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	<b>Who should the refund be issued to:</b>			
	Name: Hassan Salloom			
	Address: 404 Borealis Ln			
	City, State, Zip: El Paso, TX, 79912			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915-474-5554		E-Mail Address: Hsalloom404@gmail.com	
	<b>Payment made by:</b>			
	Check No.	Date Paid	Amount Paid	
	Echeck	4767445	12/16/22	\$ 4559.08
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	<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):			
	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) Hassan Salloom		PRINTED NAME & DATE Hassan Salloom 12/24/2022	

TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: N/A Date: 1-14-23



Notes

Go To :

LUZR  
ACT80122 v1.9101/14/2023 14:20:02  
ACTEP

DEPOSIT Remittance Detail

## Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
EC121922	C74299900404000				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC121922	12/16/2022	51708257	CC004767445	EC	\$4,559.08	\$4,559.08	LG	C74299900404000	31808794-HASSAN SALL
	EC121922	12/16/2022	51708255	CC004767437	EC	\$4,559.08	\$4,559.08	PA	C74299900404000	31808792-HASSAN SALL
	EC122221C	12/23/2021	48641054	CC004019794	EC	\$16,824.32	\$4,351.52	PA	C74299900404000	28942237-HASSAN SALL
	EC12212098B	12/22/2020	45398366	CC003295162	EC	\$64,529.14	\$3,446.94	PA	C74299900404000	27299727-HASSAN SALL
	A10221941	10/22/2019	41639652	007341	CH	\$3,393.19	\$3,393.19	PA	C74299900404000	21589308-SIERRA TITLE
	A05161941	05/16/2019	41201359	8622	CH	\$661.29	\$20.19	PA	C74299900404000	20305467-ROCKY MOUN
	A05161941	05/16/2019	41201322	36738	CH	\$346.27	\$346.27	AA	C74299900404000	20305467-ROCKY MOUN
	M18234740001	12/24/2018	39415853	181221108510	EF	\$34,084,724.48	\$3,030.31	PA	C74299900404000	23474547-ACCUMATCH
	M17RE1800001	12/18/2017	36356004	171215192214	EF	\$232,569,225.62	\$2,904.33	PA	C74299900404000	800000-CORELOGIC
	M16800000001	12/21/2016	33448420	161219150695	EF	\$213,062,589.29	\$2,764.00	PA	C74299900404000	800000-CORELOGIC
	M15800000001	12/31/2015	30589755	151231121119	EF	\$199,122,808.45	\$2,720.04	PA	C74299900404000	800000-CORELOGIC
	M14800000001	12/24/2014	27452431	141224101136	EF	\$200,035,948.32	\$2,746.76	PA	C74299900404000	800000-CORELOGIC

Applied Total \$58,933.43



OP  
+2500  
Credit card

## 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

TAX OFFICE  
RECEIVED  
JAN 11 2023

## APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

## APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Refund To:  Veronica Valdez	Phone: HOME: 9158677321 WORK:  302359 6760-000-0010-3300	Property ID# (One application per account)		
Address (mail refund to :)  866 Limerick Drive, Merritt Island FL 32953	Property Address: And/or Legal Description: 13301 Greendale El Paso TX			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2022	01-08-23		2804.19	2,859.71
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)				2859.71

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR  
bank statement showing item cleared (both the bank & taxpayer name must appear)

## REASON FOR OVERPAYMENT:

Struggled with website and verification of payment screen didn't pop up in a timely manner. I wanted to verify it went through,  
I changed payment method, and then saw the two receipts in my email.

"I certify that information given to obtain this refund is true and correct."

Requestor signature:

Veronica Valdez

Printed name:

Date: 1/11/23

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.

(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after  
the date of the payment or the taxpayer waives the right to the refund (Sec 31.11(c)).

TAX OFFICE Entry:

(✓) REFUND APPROVED

Tax Office Approval:

Date:

1-14-23

(Placed on City Council Agenda over \$2,500)

- ( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached  
( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.  
( ) Record of overpayment not found on this property.  
( ) Property not found as identified, resubmit after correction.  
( ) Other:

for Maria O. Pasillas



Notes

Go To :

LUZR  
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01/19/2023 12:07:15  
ACTEP

DEPOSIT **Remittance** Detail

Summary Query

Summary

Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
IP010923		G76000000103300									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	EC010923	01/08/2023	52223894	CC004891583	EC	\$2,804.19	\$2,804.19	LG	G76000000103300	32031989-VERONICA VA	
	IP010923	01/08/2023	52171683	CC004891565	CR	\$2,804.19	\$2,804.19	PA	G76000000103300	32008582-VERONICA VA	
	EC011822	01/18/2022	49313734	CC004157966	EC	\$2,580.28	\$2,580.28	PA	G76000000103300	30608189-VERONICA VA	
	M2030000001	12/28/2020	45465997	4416208	CH	\$55,913,550.55	\$2,270.10	PA	G76000000103300	3000-WELLS FARGO HO	
	M19C30000001	12/23/2019	42395858	7036476484	CH	\$62,318,251.54	\$2,291.72	PA	G76000000103300	3000-WELLS FARGO HO	
	M18B30000001	12/17/2018	39314600	7035275608	CH	\$64,715,202.42	\$2,211.04	PA	G76000000103300	3000-WELLS FARGO HO	
	M1730000001	12/26/2017	36468641	7033634770	CH	\$63,235,613.81	\$2,068.42	PA	G76000000103300	3000-WELLS FARGO HO	
	M163000B0001	12/22/2016	33464275	3183364	CH	\$63,571,354.67	\$2,041.57	PA	G76000000103300	3000-WELLS FARGO HO	
	M1530000001	12/23/2015	30430546	0002822983	CH	\$64,479,376.52	\$2,026.83	PA	G76000000103300	3000-WELLS FARGO HO	
	A12161448	12/16/2014	27312607	56603	CH	\$2,065.09	\$2,065.09	PA	G76000000103300	21225105-VALERO TITLE	
	M13800000001	12/30/2013	24637732	62075007	CH	\$133,990,884.95	\$1,825.46	PA	G76000000103300	800000-CORELOGIC	
	M12800000001	12/17/2012	21840980	122059711	CH	\$137,358,358.38	\$1,766.49	PA	G76000000103300	800000-CORELOGIC	
Applied Total						\$48,240.11					



TAX OFFICE  
RECEIVED

JAN 09 2023

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

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. N425-999-0080-3700	Prop ID 182094
Legal Description of the Property 8 NORTH HILLS #4 LOT 37 (15669.12 SQ FT)  4412 MARCUS URIBE DR	
OWNER: COLLINS LIVING TRUST	

DAVID COLLINS  
4412 MARCUS URIBE DRIVE  
EL PASO, TX 79934

OP  
+2500

2022 OVERAGE AMOUNT \$3,900.00

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 PROPERTY TAX REFUND:

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	<b>Who should the refund be issued to:</b>			
	Name: <u>David Collins</u>			
	Address: <u>4412 Marcus Uribe</u>			
	City, State, Zip: <u>El Paso, TX 79934</u>			
	Daytime Phone No.: <u>915-346-9111</u>		E-Mail Address: <u>David@AVX-Tech.com</u>	
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<b>Payment made by:</b>	<b>Check No.</b>	<b>Date Paid</b>	<b>Amount Paid</b>
	<u>Credit Card</u>	<u>4849258</u>	<u>12/31/22</u>	<u>\$3900.00</u>
	<u>Credit CARD Fees</u>		<u>12/31/22</u>	<u>\$77.22</u>
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	<b>Please check one of the following:</b>			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<u>[Signature]</u>		<u>David Collins 1-6-23</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.N</u> Date: <u>1-14-23</u>				



Notes

Go To :

LUZR  
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ACTEP

DEPOSIT Remittance Detail

## Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
IP010323	N42599900803700				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	IP010323	12/31/2022	51993213	CC004849258	CR	\$3,900.00	\$3,900.00	LG	N42599900803700	31933466-DAVID COLLIN
	IP010323	12/31/2022	51993212	CC004849251	CR	\$6,168.30	\$6,168.30	PA	N42599900803700	31933465-DAVID COLLIN
	IP11182198	11/17/2021	48136889	CC003925328	CR	\$6,077.70	\$6,077.70	PA	N42599900803700	30150535-DAVID COLLIN
	IP12142098	12/12/2020	45250845	CC003276089	CR	\$5,491.75	\$5,491.75	PA	N42599900803700	28893488-DAVID COLLIN
*	T11081900004	11/08/2019	41845398	06684	CH	\$4,885.18	\$4,885.18	PA	N42599900803700	COLLINS LIVING TRUST
	EC12071898	12/07/2018	39188755	CC002167415	EC	\$4,275.68	\$4,275.68	PA	N42599900803700	26737545-DAVID W COLI
	EC12121798	12/12/2017	36273194	CC001759502	EC	\$3,805.37	\$3,805.37	PA	N42599900803700	25824494-IVR PAYMENT
	EC12191698	12/16/2016	33406970	CC001420877	EC	\$3,623.61	\$3,623.61	PA	N42599900803700	24997895-DAVID W COLI
*	X1221151001	12/21/2015	30392769	06796	CH	\$3,561.59	\$3,561.59	PA	N42599900803700	COLLINS LIVING TRUST
	EC12311468	12/30/2014	27634676	CC000903463	CH	\$3,636.08	\$3,636.08	PA	N42599900803700	23512410-IVR PAYMENT
	EC12161368	12/12/2013	24439583	CC000700909	CH	\$3,565.79	\$3,565.79	PA	N42599900803700	22784409-DAVID COLLIN
*	X1207121000	12/07/2012	21727326	06709	CH	\$4,076.64	\$4,076.64	PA	N42599900803700	COLLINS DAVID W

Applied Total \$102,623.95



TAX OFFICE  
RECEIVED

JAN 07 2023

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

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

RUBEN RUIZ  
2532 COVE BROOK  
SCHERTZ, TX 78154-2682

OP  
+2500

Geo No. P654-999-0580-5300	Prop ID 339629
Legal Description of the Property 58 PEBBLE HILLS REPLAT LOT 20 (7606 SQ FT)  3340 VOSS DR	
OWNER: RUIZ RUBEN & LORENZA T	

2022 OVERAGE AMOUNT \$4,782.80

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Ruben Ruiz</u>			
	Address: <u>2532 Cove Brook</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	City, State, Zip: <u>Schertz, TX 78154-2682</u>		Daytime Phone No.: <u>(214) 771-3566</u>	
	E-Mail Address:		Payment made by: <u>E-check</u>	
	Check No. <u>See attached bank account,</u>		Date Paid: <u>11/29/2022</u>	Amount Paid: <u>\$4792.80</u>
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 check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
Step 4. Sign the form. Unsigned applications cannot be processed.	<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):			
	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. )			
TAX OFFICE USE ONLY:	SIGNATURE OF REQUESTOR (REQUIRED) <u>Ruben Ruiz</u>		PRINTED NAME & DATE <u>Ruben Ruiz/1-7-2023</u>	
	By: <u>NH</u>		Date: <u>1-14-23</u>	



Notes

Go To :

LUZR  
ACT80122 v1.91

01/19/2023 12:18:13  
ACTEP

DEPOSIT Remittance Detail

## Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
EC112922	P65499905805300				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC112922	11/29/2022	51424349	CC004710422	EC	\$4,782.80	\$4,782.80	LG	P65499905805300	31687061-RUBEN RUIZ
	EC112922	11/29/2022	51424338	CC004710279	EC	\$4,782.80	\$4,782.80	PA	P65499905805300	31687050-RUBEN RUIZ
	RC230114	11/29/2022	51424349	CC004710422	EC	\$4,782.80	\$4,782.80	TR	P65499905805300	31687061-RUBEN RUIZ
	RC230114	11/29/2022	51424349	CC004710422	EC	\$4,782.80	\$4,782.80	TR	P65499905805300	32092074-RUIZ RUBEN
	EC120621	12/05/2021	48338222	CC003962254	EC	\$4,029.31	\$4,029.31	PA	P65499905805300	30227098-RUBEN RUIZ
	EC12072098	12/06/2020	45146131	CC003259893	EC	\$3,530.63	\$3,530.63	PA	P65499905805300	28864693-RUBEN RUIZ
	EC12181998	12/18/2019	42328298	CC002682892	EC	\$3,430.71	\$3,430.71	PA	P65499905805300	27760318-RUBEN RUIZ
	EC11011841	11/01/2018	38797209	CC002125550	EC	\$3,382.62	\$3,382.62	PA	P65499905805300	26641827-RUBEN RUIZ
	EC12261798	12/21/2017	36484441	CC001777626	EC	\$3,075.99	\$3,075.99	PA	P65499905805300	25869916-RUBEN RUIZ
	EC12121698	12/12/2016	33283435	CC001415215	EC	\$3,023.58	\$3,023.58	PA	P65499905805300	24974175-RUBEN RUIZ
	EC12081598	12/07/2015	30190127	CC001119848	EC	\$2,998.20	\$2,998.20	PA	P65499905805300	24145635-RUBEN RUIZ
	EC12221468	12/20/2014	27429594	CC000891019	CH	\$2,990.38	\$2,990.38	PA	P65499905805300	23476981-RUBEN RUIZ

Applied Total \$74,805.19





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

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

TAX OFFICE  
RECEIVED  
JAN 10 2023

WANNAMAKER PROPERTIES LLC  
1519 MONTANA AVE  
EL PASO, TX 79902

OP  
+2500

Geo No. S669-999-0020-3000	Prop ID 179231
<b>Legal Description of the Property</b> 2 STONE (REPLAT) SELY PT OF 1 & CLOSED ST ADJ (1.989 ACRE)  4171 N MESA ST-D 79902  OWNER: WANNAMAKER PROPERTIES LLC	

2022 OVERAGE AMOUNT \$8,140.42

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: Wannamaker Properties LLC Address: 4171 N Mesa Bldg D Ste 500 City, State, Zip: El Paso, TX 79902 Daytime Phone No.: 915 525 8558 E-Mail Address: may@crwannamakerlaw.com															
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<table border="1"><thead><tr><th>Payment made by:</th><th>Check No.</th><th>Date Paid</th><th>Amount Paid</th></tr></thead><tbody><tr><td>Wannamaker Properties llc</td><td>0048</td><td>12/30/2022</td><td>82,144.21</td></tr><tr><td colspan="4"><b>TOTAL AMOUNT PAID (sum of the above amounts)</b></td></tr></tbody></table>				Payment made by:	Check No.	Date Paid	Amount Paid	Wannamaker Properties llc	0048	12/30/2022	82,144.21	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
Payment made by:	Check No.	Date Paid	Amount Paid													
Wannamaker Properties llc	0048	12/30/2022	82,144.21													
<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>																
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following: <table border="1"><tr><td><input type="checkbox"/></td><td>I paid this account in error and I am entitled to the refund.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>I overpaid this account. Please refund the excess to the address listed in Step 1.</td></tr><tr><td><input type="checkbox"/></td><td>I want this payment applied to next year's taxes.</td></tr><tr><td colspan="2">This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):</td></tr></table>				<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.	<input checked="" type="checkbox"/>	I overpaid this account. Please refund the excess to the address listed in Step 1.	<input type="checkbox"/>	I want this payment applied to next year's taxes.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
<input type="checkbox"/>	I paid this account in error and I am entitled to the refund.															
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<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) <table border="1"><tr><td>SIGNATURE OF REQUESTOR (REQUIRED)</td><td>PRINTED NAME &amp; DATE</td></tr><tr><td></td><td>Constance R Wannamaker, 01/11/2023</td></tr></table>				SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE		Constance R Wannamaker, 01/11/2023								
SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE															
	Constance R Wannamaker, 01/11/2023															

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

WJN

Date:

1-14-23

Notes

Go To :

LUZR  
ACT80122 v1.91

01/19/2023 12:14:33  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
T01052300012		S66999900203000									
Check/Receipt Images		Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	RC230114	01/03/2023	52120185	00048	CH	\$8,140.42	\$8,140.42	TR	S66999900203000	WANNAMAKER PROPER	
	RC230114	01/03/2023	52120185	00048	CH	\$8,140.42	\$8,140.42	TR	S66999900203000	32092080-WANNAMAKEI	
*	T01052300012	01/03/2023	52120185	00048	CH	\$82,144.21	\$8,140.42	LG	S66999900203000	WANNAMAKER PROPER	
*	T01052300012	01/03/2023	52120185	00048	CH	\$82,144.21	\$74,003.79	PA	S66999900203000	WANNAMAKER PROPER	
	RD4012856	05/16/2022	50599422	0000245212	CH	\$1,806.58	\$1,806.58	RD	S66999900203000	31283575-ORSO PARTNE	
	RD4012856	05/16/2022	50599422	0000245212	CH	\$360.63	\$360.63	RD	S66999900203000	31283575-ORSO PARTNE	
	RD4012856	05/16/2022	48313445	0000245212	CH	\$12,829.54	\$12,829.54	RD	S66999900203000	31283575-ORSO PARTNE	
	RD4012856	05/16/2022	45350302	0000245212	CH	\$14,674.58	\$14,674.58	RD	S66999900203000	31283575-ORSO PARTNE	
	TA220511	05/11/2022	48313445		CH	\$0.00	\$0.00	TA	S66999900203000	30218281-ORSO PARTNE	
	TA220511	05/11/2022	45350302		CH	\$0.00	\$0.00	TA	S66999900203000	28925644-MAY MATA	
	TA220511	05/11/2022	33714781		CH	\$0.00	\$0.00	TA	S66999900203000	25061768-ORSO PARTNE	
	TA220511	05/11/2022	30532410		CH	\$0.00	\$0.00	TA	S66999900203000	24209478-ORSO PARTNE	

Applied Total \$1,731,015.07





5147 092 020

TAX OFFICE  
RECEIVED

JAN 20 2023

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

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

MEMBER FIRST MORTGAGE  
616 44TH SE STREET  
GRAND RAPIDS, MI 49548

OP  
+ 2500

Geo No. X579-000-3180-4230	Prop ID 603518
Legal Description of the Property 79 TSP 3 SEC 18 T & P SURV (62.0500 AC) (PDEMUD #1)	
OWNER: HUNT MISSION RIDGE LLC	

2022 OVERAGE AMOUNT \$6,754.31

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, 35: PASEO DEL ESTE MUD#1

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.		Who should the refund be Name: <b>Member First Mortgage</b> Address: <b>616 44th Street SE</b> City, State, Zip: <b>Grand Rapids, MI 49548</b>	
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.		Daytime Phone No. <b>616 256 8421</b> E-Mail Address: <b>Kim.Dowling@memberfirstmortgage.com</b>	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.		Payment made by: <b>MEM</b> Check No. <b>291495</b> Date Paid <b>12/29</b> Amount Paid <b>6754.31</b>	
		TOTAL AMOUNT PAID (sum of the above amounts)	
		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) <b>Kim Dowling</b>		PRINTED NAME & DATE <b>Kim Dowling 1/19/23</b>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <b>N.H</b> Date: <b>1-20-23</b>	



Notes

Go To :

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ACT80122 v1.9101/23/2023 16:37:17  
ACTEP

DEPOSIT Remittance Detail

## Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A01092303	X57900031804230				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A01092303	01/09/2023	52210839	291495	CH	\$26,831.78	\$6,754.31	LG	X57900031804230	24971121-MEMBER FIRS
	A01222165	01/22/2021	46184644	50039077	CH	\$9,674.50	\$9,674.50	PA	X57900031804230	29219256-HUNT COMMU
	IP06032085	06/02/2020	44268813	CC003071327	CR	\$0.01	\$0.01	PA	X57900031804230	28506857-IVR PAYMENT
	A01232081	01/23/2020	43102121	50391110	CH	\$9,758.75	\$9,758.75	PA	X57900031804230	23606898-HUNT MISSION
	A07311941	07/31/2019	41459203	20164045	CH	\$1,548.98	\$1,548.98	PA	X57900031804230	25762393-WESTSTAR TT
	A05211975	05/21/2019	41219532		CA	\$10.00	\$10.00	TC	X57900031804230	HUNT MISSION RIDGE LL
	A01251986	01/25/2019	40188462	50390983	CH	\$9,613.99	\$9,613.99	PA	X57900031804230	HUNT MISSION RIDGE LL
*	T02071840001	01/31/2018	37774350	90845	CH	\$9,300.60	\$9,300.60	PA	X57900031804230	HUNT MISSION RIDGE LL
	A01191741	01/19/2017	34107857	50390703	CH	\$9,218.16	\$9,218.16	PA	X57900031804230	HUNT MISSION RIDGE LL
	A01221623	01/22/2016	31130606	50390542	CH	\$9,179.76	\$9,179.76	PA	X57900031804230	HUNT MISSION RIDGE LL
	A01271565	01/27/2015	28178255	50390246	CH	\$9,162.07	\$9,162.07	PA	X57900031804230	HUNT MISSION RIDGE LL
*	X0131141021	01/31/2014	25516096	90127	CH	\$9,069.33	\$9,069.33	PA	X57900031804230	PASEO PARTNERS LP

Applied Total \$130,201.21