

16

TAX REFUNDS  
March 28, 2023

1. Inez Lopez, in the amount of \$3,640.33 made an overpayment on January 30, 2023 of 2022 taxes.  
(Geo. #P013-6966-0010-8600)
2. 4MAT Family LP, in the amount of \$7,242.53 made an overpayment on December 06, 2022 of 2022 taxes.  
(Geo. #S148-999-000Z-8900)
3. 4MAT Family LP, in the amount of \$4,028.21 made an overpayment on December 06, 2022 of 2022 taxes.  
(Geo. #S243-999-0480-2300)
4. 4MAT Family, in the amount of \$3,369.08 made an overpayment on December 06, 2022 of 2022 taxes.  
(Geo. #S619-999-0020-1100)
5. 4MAT Family, in the amount of \$2,882.55 made an overpayment on December 06, 2022 of 2022 taxes.  
(Geo. #T287-999-0760-3200)
6. 4MAT Family LP, in the amount of \$2,870.10 made an overpayment on December 06, 2022 of 2022 taxes.  
(Geo. #T287-999-0760-3300)
7. Wells Fargo Tax Operations Services, in the amount of \$2,512.22 made an overpayment on December 07, 2022 of 2022 taxes.  
(Geo. #T287-999-2680-1500)
8. 4MAT Family, in the amount of \$8,763.89 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-0410-0700)
9. 4MAT Family LP, in the amount of \$8,651.60 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-0410-0900)
10. 4MAT Family, in the amount of \$2,746.90 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1050-2900)
11. 4MAT Family, in the amount of \$2,746.90 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1050-3100)
12. 4MAT Family, in the amount of \$2,614.86 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1050-4700)

13. 4MAT Family, in the amount of \$2,895.84 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1050-5300)
14. 4MAT Family, in the amount of \$2,790.07 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1050-7300)
15. 4MAT Family, in the amount of \$8,841.75 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1320-2800)
16. 4MAT Family, in the amount of \$3,991.27 made an overpayment on December 06, 2022 on 2022 taxes.  
(Geo. #V893-999-1680-2700)
17. MDC El Paso Realty LLC, in the amount of \$38,711.68 made an overpayment on January 30, 2023 on 2022 taxes.  
(Geo. #V893-999-3670-0450)
18. Virginia Avila, in the amount of \$2,846.13 made an overpayment on January 31, 2023 on 2022 taxes.  
(Geo. #V893-999-4130-5900)



*Laura D. Prine*

Laura D. Prine  
City Clerk

*Maria O. Pasillas*

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 Email: [taxforms@elpasotexas.gov](mailto:taxforms@elpasotexas.gov)

CITY TAX OFFICE

MAR 09 2023

INEZ LOPEZ  
253 DANNY BOY LANE  
VINTON, TX 79821

OP ✓  
+2500

Geo No. P013-999-0010-8600	Prop ID 364361
Legal Description of the Property 1 PACIFIC PARK LOT 16 (11776.49 SQ FT) 136 ATLANTIC RD	
OWNER: LOPEZ INEZ	
2022 OVERAGE AMOUNT \$3,640.33	

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: Inez Lopez ✓			
	Address: 253 Danny Boy Ln. ✓			
	City, State, Zip: Vinton, TX. 79821			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No: (915) 886-3397		E-Mail Address: <a href="mailto:lopezinez63@gmail.com">lopezinez63@gmail.com</a>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	On-line		1-30-'22	\$3,640.33 9-mail, com
	TOTAL AMOUNT PAID (sum of the above amounts) \$3,640.33			
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 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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	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) Inez Lopez		PRINTED NAME & DATE Inez Lopez ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.N Date: 3-9-23 ✓				



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](mailto:taxforms@elpasotexas.gov)

TAX OFFICE  
RECEIVED

MAR 14 2023

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

OP  
+2500

Geo No. S148-999-000Z-8900	Prop ID 161133
Legal Description of the Property Z SANTA FE 242.2 FT ON CANAL X 170 FT BEG 116.8 FT W OF SEC EXC (239 SQ FT & TRIA IN SWC 115.5 FT ON ST 97 FT ON NW 323 CANAL RD 79901	
OWNER: 4MAT FAMILY LP	
2022 OVERAGE AMOUNT \$7,242.53	

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: 4MAT Family LP  
Address: 826 S Stanton  
City, State, Zip: El Paso TX 79901  
Daytime Phone No.: 915 920 0301

E-Mail Address: [WATSFORD@SRGLOBAL.NET](mailto:WATSFORD@SRGLOBAL.NET)

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
4MAT	electronic	12/6/22	7242.53

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

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: N.H.

Date: 3-15-23

TAX OFFICE  
RECEIVED

MAR 14 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](mailto:taxforms@elpasotexas.gov)

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

OP  
+2500

Geo No. S243-999-0480-2300	Prop ID 288067
Legal Description of the Property 48 SCOTSDALE #4 12 EXC W 11.5 FT (7940 SQ FT)	
10148 SHIPLEY AVE	
OWNER: 4MAT FAMILY LP	
2022 OVERAGE AMOUNT \$4,028.21	

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: 4MAT Family LP  
Address: 826 S. Stanton  
City, State, Zip: El Paso TX 79901  
Daytime Phone No.: 915 533 1575

E-Mail Address: [MATIASFRUIT@GMAIL.COM](mailto:MATIASFRUIT@GMAIL.COM) GLOBAL NET

## Step 2. Provide payment information.

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

Payment made by: 4MAT Check No. electronic Date Paid 12/6/22 Amount Paid 4028.21

## 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 &amp; DATE

TAX OFFICE USE ONLY:

☒ Approved☐ Denied

By:

N.H.

Date:

3-15-23

TAX OFFICE  
RECEIVED

MAR 14 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

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

OP ✓  
+2500

Geo No. S619-999-0020-1100	Prop ID 407667
Legal Description of the Property 2 STANTON HEIGHTS #1 LOT 11 (5065.70 SQ FT)	
11654 ERIC PAYNE CT	
OWNER: 4MAT FAMILY LP	
2022 OVERAGE AMOUNT \$3,369.08 ✓	

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.

<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: 4MAT Family ✓			
	Address: 826 S Stanton ✓			
	City, State, Zip: El Paso TX 79901			
<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.: 915 533 1575		E-Mail Address: MATASFRUIT@GLOBAL-NET	
	Payment made by:	Check No.	Date Paid	Amount Paid
	4MAT	electronic	12/6/22	3369.08
	TOTAL AMOUNT PAID (sum of the above amounts)			
<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:			
	<input checked="" 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.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	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) Elsa Mata		PRINTED NAME & DATE Elsa Mata 3/15/23 ✓	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: N.N. Date: 3-15-23 ✓	



TAX OFFICE  
RECEIVED  
MAR 14 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

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

OP  
+2500 ✓

<b>Geo No.</b> T287-999-0760-3200	<b>Prop ID</b> 53137
<b>Legal Description of the Property</b> 76 TIERRA DEL ESTE #14 LOT 32 (4350.00 SQ FT)  12416 TIERRA Balsa CT  OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$2,882.55</b>	

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: 4MAT Family ✓  
Address: 826 S. Stanton ✓  
City, State, Zip: El Paso TX 79901  
Daytime Phone No.: 915 920 0301

E-Mail Address: MATASFRUITOS@GLOBAL.NET

**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
AMAT	electronic	12/6/22	2882.55

**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

Elsa Mata

Elsa Mata 3/16/23 ✓

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.N.

Date:

3-15-23



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

Geo No. T287-999-0760-3300  
Prop ID 181249

Legal Description of the Property  
76 TIERRA DEL ESTE #14 LOT 33 (4350.00  
SQ FT)

12412 TIERRA Balsa CT

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$2,870.10

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

OP  
+2500 ✓

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: 4MAT Family LP

Address: 826 S Stanton

City, State, Zip: El Paso TX 79901

Daytime Phone No.: 915 920 0301

E-Mail Address: MATASFELT@SBCGLOBAL.NET

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
4MAT	electronic	12/6/22	2870.10

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

Jane 3/16/23

Elsa Mata

Elsa Mata 3/16/23 ✓

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: N.H.

Date: 3-15-23



936-0434047312

TAX OFFICE  
RECEIVED  
MAR 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

WELLS FARGO BANK NA  
PO BOX 10335  
DES MOINES, IA 50306

OP  
+2500

Geo No. T287-999-2680-1500 Prop ID 624909

Legal Description of the Property  
BLK 268 TIERRA DEL ESTE #62 LOT 15  
14241 FABLED POINT AVE 79938

OWNER: SHON DALLAS

2022 OVERAGE AMOUNT \$2,512.22

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

Dear Taxpayer:

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: Wells Fargo Tax Operations Services

Address: Attn: Financial Support, PO Box 14506

City, State, Zip: Des Moines IA 50306

Daytime Phone No.: 210-812-4120

E-Mail Address: josephine.campos@wellsfargo.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: Wells Fargo Check No. 9033792390 Date Paid 12/07/2022 Amount Paid \$4187.03

TOTAL AMOUNT PAID (sum of the above amounts) \$4187.03

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)

On behalf of Wells Fargo

PRINTED NAME & DATE

Josephine Campos 03/07/2023  
Assoc. Loan Servicing Rep.

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.H

Date:

3-7-23



**TAX OFFICE  
RECEIVED**

**MAR 14 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**

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

OP  
+2500 ✓

<b>Geo No.</b> V893-999-0410-0700	<b>Prop ID</b> 205591
<b>Legal Description of the Property</b> 41 VISTA DEL SOL #4 E 45.18 FT OF 4 & W 32.99 FT OF 5 (9380.39 SQ FT)	
10516 ASHWOOD DR-A-D	
OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$8,763.89</b>	

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.

<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: 4MAT Family ✓			
	Address: 826 S Stanton ✓			
	City, State, Zip: El Paso TX 79901			
<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.: 915 920 0301		E-Mail Address: MATASFRUIT@SBCBDBA1	
	Payment made by: AMAT			
	Check No.	Date Paid	Amount Paid	
		12/6/22	8763.89	
<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 checked="" 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.	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 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) Elsa Matz		PRINTED NAME & DATE Elsa Matz 3/16/23 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 3-15-23 ✓				



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  
MAR 14 2023

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

OP ✓  
+2500

Geo No. V893-999-0410-0900	Prop ID 11849
<b>Legal Description of the Property</b> 41 VISTA DEL SOL #4 E 60.34 FT OF 5 & W 17.83 FT OF 6 (9380.39 SQ FT)  10520 ASHWOOD DR-A-C  OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$8,651.60</b>	

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.

<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: 4MAT Family LP Address: 826 S. Stanton City, State, Zip: El Paso TX 79901 Daytime Phone No.: 915 920 0301 E-Mail Address: MATASFRUIT@SBC			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by: AMAT	Check No. electronic	Date Paid 12/6/22	Amount Paid 8651.60
<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 checked="" 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) <i>Elsa Mata</i> PRINTED NAME & DATE <i>Elsa Mata 3/10/23</i> TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.N.</i> Date: <i>3-15-23</i>			



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

MAR 14 2023

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

OP  
+2500

<b>Geo No.</b> V893-999-1050-2900	<b>Prop ID</b> 232314
<b>Legal Description of the Property</b> 105 VISTA DEL SOL #15 REPLAT A 16 & UND 1/50 INT IN COMMON AREA IN BLK 105  1955 TRAWOOD DR-16  OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$2,746.90</b>	

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: 4MAT Family  
Address: 826 S. Stanton  
City, State, Zip: El Paso TX 79901  
Daytime Phone No. 915 920 0301  
E-Mail Address: matiasfrancesca@el-paso.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: AMAT Check No. 126122 Date Paid electronic Amount Paid 2746.90

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: [Handwritten Signature] Date: 3/16/23

Signature: [Handwritten Signature]

Signature: Elsa Mata Date: 3/16/23

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.H.

Date:

3-15-23



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  
MAR 14 2023

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

OP  
+2500 ✓

Geo No. V893-999-1050-3100	Prop ID 367727
<b>Legal Description of the Property</b> 105 VISTA DEL SOL #15 REPLAT A 17 & UND 1/50 INT IN COMMON AREA IN BLK 105  1955 TRAWOOD DR-0001  OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$2,746.90</b>	

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: 4MAT Family

Address: 826 S. Stanton ✓

City, State, Zip: El Paso TX 79901

Daytime Phone No.: 915 920 0301

E-Mail Address: MariaPasillas@elpaso.net

Step 2. Provide payment information.

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

Payment made by: AMAT Check No. electronic Date Paid 12/6/22 Amount Paid 2746.90

TOTAL AMOUNT PAID (sum of the above amounts)

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

Elsa Math

Elsa Math 3/16/23 ✓

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: N.H.

Date: 3-15-23



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

MAR 14 2023

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

OP  
+2500

Geo No. V893-999-1050-4700	Prop ID 17336
Legal Description of the Property 105 VISTA DEL SOL #15 REPLAT A 26 & UND 1/50 INT IN COMMON AREA IN BLK 105  1955 TRAWOOD DR-26  OWNER: 4MAT FAMILY LP	
2022 OVERAGE AMOUNT \$2,614.86	

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

Dear Taxpayer:

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: 4MAT family  
Address: 826 S. Stanton  
City, State, Zip: El Paso TX 79901  
Daytime Phone No: 915 220 0301

E-Mail Address: Mariafrutas@globalnet

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
4MAT	electronic	12/6/22	2614.86

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

Ueshu Mata

Ueshu Mata 3/16/23

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.H.

Date:

3-15-23



TAX OFFICE  
RECEIVED  
MAR 14 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](mailto:taxforms@elpasotexas.gov)

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

OP  
+2500 ✓

<b>Geo No.</b> V893-999-1050-5300	<b>Prop ID</b> 128783
<b>Legal Description of the Property</b> 105 VISTA DEL SOL #15 REPLAT A 29 & UND 1/50 INT IN COMMON AREA IN BLK 105  1925 TRAWOOD DR-29 79935	
OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$2,895.84</b> ✓	

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.

<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: 4MAT Family ✓			
	Address: 826 Stanton ✓			
	City, State, Zip: El Paso TX 79901 ✓			
<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.: 915 920 0301		E-Mail Address: <i>Notasfrut@scribble.net</i>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	4MAT	electronic	12/16/22	2895.84
	<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:			
	<input checked="" 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.		
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	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) <i>Elsa Mata</i>		PRINTED NAME & DATE Elsa Mata 3/10/23 ✓	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.H.</i> Date: <i>3-15-23</i> ✓			

TAX OFFICE  
RECEIVED

MAR 14 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

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

OP ✓  
+2500

<b>Geo No.</b> V893-999-1050-7300	<b>Prop ID</b> 64515
<b>Legal Description of the Property</b> 105 VISTA DEL SOL #15 REPLAT A 40 & UND 1/50 INT IN COMMON AREA IN BLK 105  1925 TRAWOOD DR-4  OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$2,790.07</b>	

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.

<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: 4MAT family ✓			
	Address: 826 S. Stanton ✓			
	City, State, Zip: El Paso TX 79901			
<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.: 915 920 0301		E-Mail Address: Matus Frutasbalase.net	
	Payment made by:	Check No.	Date Paid	Amount Paid
	AMAT	electronic	12/6/22	2790.07
	<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:			
	<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.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	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) Elsa Matus		PRINTED NAME & DATE Elsa Matus 3/16/23 ✓	
	TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.N. Date: 3-15-23			



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

MAR 14 2023

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

OP ✓  
+2500

<b>Geo No.</b> V893-999-1320-2800	<b>Prop ID</b> 13217
<b>Legal Description of the Property</b> 132 VISTA DEL SOL #24 LOT 10 10937 GARY PLAYER DR	
OWNER: 4MAT FAMILY LP	
<b>2022 OVERAGE AMOUNT \$8,841.75</b>	

✓

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: 4MAT Family

Address: 826 S Stanton

City, State, Zip: El Paso TX 79901

Daytime Phone No.: 915 920 0301

E-Mail Address: Maria Pasillas@elpasotexas.gov

**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

4MAT

electronic

12/6/22

8841.75

**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

June 3/16/23

Elsa Mata

Elsa Mata 3/16/23

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.H.

Date:

3-15-23



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

MAR 14 2023

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

OP ✓  
+2500

Geo No. V893-999-1680-2700	Prop ID 286143
Legal Description of the Property 168 VISTA DEL SOL #29 LOT 14 1652 LOU GRAHAM DR	
OWNER: 4MAT FAMILY LP	
2022 OVERAGE AMOUNT \$3,991.27 ✓	

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: 4MAT Family  
Address: 826 S. Stanton  
City, State, Zip: El Paso TX 79901  
Daytime Phone No.: 915 920 0301

E-Mail Address: Matastrutashedphel

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
4MAT	electronic	12/6/22	3991.27

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

Jose Mata

Jose Mata 3/14/23 ✓

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.H.

Date:

3-15-23 ✓



CITY TAX OFFICE

FEB 28 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

MDC EL PASO REALTY  
200 S 10TH ST STE 702  
MCALLEN, TX 78501

Geo No. V893-999-3670-0450 Prop ID 378358

## Legal Description of the Property

367 VISTA DEL SOL #80 ELY 256.24 FT OF  
LOT 4 (43560.80 SQ FT)

11455 CEDAR OAK DR

OWNER: MDC EL PASO REALTY LLC

2022 OVERAGE AMOUNT \$38,711.68

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: MDC EL Paso Realty LLC

Address: 200 S. 10th St Ste 702

City, State, Zip: McAllen, Tx 78501

Daytime Phone No.: 956 227 6538

E-Mail Address: gsp@mdcdatacenters.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

5092302

1/30/23

38,711.68

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.

MAR 17 2023

Received POP

Jmc 3/17/23

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

Georgina Salazar 2/22/2023

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: N.H

Date: 3-17-23



TAX OFFICE  
RECEIVED  
FEB 08 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. V893-999-4130-5900	Prop ID 221937
Legal Description of the Property 413 VISTA DEL SOL #93 LOT 59 5859.89 SQ FT  1545 PRADO DEL SOL DR  OWNER: AVILA VIRGINIA & 2	
2022 OVERAGE AMOUNT \$2,846.13	

VIRGINIA AVILA  
1545 PRADO DEL SOL  
EL PASO, TX 79936

OP ✓  
+ 2500

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.

<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: Virginia Avila Address: 1545 Prado Del Sol City, State, Zip: El Paso, TX 79936 Daytime Phone No.: (915) 497-6164 E-Mail Address: avilamaone@gmail.com			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by: Virginia Avila Check No. E-check Date Paid 01/31/23 Amount Paid \$2,846.13 + 56.35 ID# 5125065 \$2,902.48			
	TOTAL AMOUNT PAID (sum of the above amounts)			
<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:			
	<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):			
<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) Virginia Avila		PRINTED NAME & DATE Virginia Avila	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.N Date: 3-10-23				