#### 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)

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)

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)

 4MAT Family, in the amount of \$3,369.08 made an overpayment on December 06, 2022 of 2022 taxes.

(Geo. #S619-999-0020-1100)

4MAT Family, in the amount of \$2,882.55 made an overpayment on December 06, 2022 of 2022 taxes.

(Geo. #T287-999-0760-3200)

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)

 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)

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)

- 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)



KAWIAD, Pri Laura D. Prine City Clerk Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector



CITY TAX OFFICE

MAR 0 9 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.

Prop ID 364361 P013-999-0010-8600

Legal Description of the Property 1 PACIFIC PARK LOT 16 (11776.49 SQ FT)

136 ATLANTIC RD

**INEZ LOPEZ** 253 DANNY BOY LANE VINTON, TX 79821

+2500

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:

APPLICATION FOR PROPERT	
Step 1. Identify the refund	Who should the refund be issued to:
recipient.	Name: Thez Lopez
vnomever will be receiving	Address: 253 Danny Boy Ln.
he refund.	City, State, Zip: Vinton, 17, 79821
	Daytime Phone No (915) 886 3397 E-Mail Address: ODEZ. INCZ 63
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
information. Please attach copy of cancelled theck, original receipt, online	On-line 1-30-22 \$3, 640. 33 9
payment confirmation or	2 1.40.33
oank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)
Step 3. Provide reason for	Please check one of the following:
this refund.	I paid this account in error and I am entitled to the refund.
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.
with this overage.	I want this payment applied to next year's taxes.
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)
PE (80) 10(40 + 36)	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE
Pruc 3/16/23	
TAX OFFICE USE ONLY:	Approved Denied By: N.H Date: 3-9-23



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

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

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

+2500

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

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

Step 1. Identify the refund	Who s	hould the ref	und be issu	ed to:				BUSINESS.
recipient.	Name:	AM	AT F	amily it	>			1
show information for whomever will be receiving	Addre		826	5 '54	anton	/		V
ne refund.	City, S	state, Zip:	EI PO	iso TV	79901			
	Daytir	ne Phone No		\$ 920 1	301	E-Mail Address:	Mathefronto	SRIGLOBY
tep 2. Provide payment	Paymo	nt made by:			Check No.	Date Paid	Amount Paid	
nformation. lease attach copy of cancelled heck, original receipt, online	AM	AT		electri	onc	12/6/22	724253	
ayment confirmation or ank/credit card statement.			TOTA	AL AMOUNT P	AID (sum of t	he above amounts)		
tep 3. Provide reason for	Please	check one o	f the follow	ving:				
his refund.	1	I paid this a	account in e	error and I am ent	itled to the refu	ınd.		1
lease list any accounts and/or ears that you intended to pay	1					address listed in St	ep 1.	-
ith this overage.	-	I want this	payment ap	plied to next yea	r's taxes.			
		This payme	ent should h	nave been applied	to other tax ac	ccount(s) and/or year	r(s), escrow (listed b	elow):
Step 4. Sign the form. Unsigned applications cannot be processed.	have guilty	given on this of a Class	form is tru A misdeme	e and correct. (1 anor or a state jai	f you make a fa	described taxes and alse statement on thi the Texas Penal Cod	le, Sec. 37.10.)	rmation I ould be found
Ine 3/16/2	SIGN	ATURE OF	REQUEST	OR (REQUIRED	0)	PRINTED NAME &	u Muth 3	Slid23
		,					>7	/
TAX OFFICE USE ONLY:	V	Approved	De	enied By:	11.14	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

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

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

+2500

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

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

APPLICATION FOR PROPERT			THE RESERVE OF THE PARTY OF THE	must be complete	ed, signed, a	and submitted w	nn supporting	documentation	
Step 1. Identify the refund	Who sl	nould the refu	nd be issued to						
recipient.	Name:	40	NAT	tande	1 LP	1			1
Show information for whomever will be receiving	Addres	s: 82	65.	Stanto	7	٧			
he refund.	City, S	tate, Zip:	ElPas	0 TV	79	901			
	Daytin	ne Phone No.:	91553					ATASFRI	IT ESSY
Step 2. Provide payment	Payme	nt made by:	The least the	Ch	eck No.	Date Pai		Amount Paic	
information. Please attach copy of cancelled check, original receipt, online	4	MAT		electr	onic	1286/2	22	402821	
payment confirmation or bank/credit card statement.			TOTAL A	MOUNT PAIL	(sum of	the above am	ounts)		
Step 3. Provide reason for	Please	check one of	the following:						
his refund.	/	I paid this ac	count in error	and I am entitled	d to the re	fund.			,
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.		I want this p	ayment applied	to next year's t	axes.				
		This paymen	nt should have	been applied to	other tax a	account(s) and	/or year(s), e	scrow (listed t	pelow):
Step 4. Sign the form. Unsigned applications cannot be processed.	haun.	irran on this f	form is true and	for the refund of l correct. ( If you or a state jail fel	ou make a	false statemen	it on this app	ilication, you c	ould be found
fue3116/2	SIGN	ATURE OF F	REQUESTOR	(REQUIRED)		PRINTED N	0.0	TE EX	3/10/23
TAX OFFICE USE ONLY:	_/	Approved	Denied	Ву:	1.14		Date:	3-15	3_

# 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. S619-999-0020-1100 Prop ID 407667

Legal Description of the Property

2 STANTON HEIGHTS #1 LOT 11 (5065.70 SQ

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

+2500

Dear Taxpayer:

4MAT FAMILY LP

826 S STANTON ST EL PASO, TX 79901

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.

	hould the refund be issu	led to.	<b>州京建立,中华等公</b>			
Name:	4 MAT F	amily		,		
Addre	ss: 2210 S	s stanten		/		
City, S	State, Zip:	050 TR 199	.01			
Daytin	me Phone No.: 915			MATASERUITOSBIG		
Payme	ent made by:	Check N	lo. Date Paid	Amount Paid		
4	4MAT	electronic	12/6/22	336908		
	тот	AL AMOUNT PAID (sur	n of the above amounts)			
Please	check one of the follow	ving:	E KIND DE KENDE			
/	I paid this account in o	error and I am entitled to the	ne refund.	,		
1	I overpaid this accoun	t. Please refund the excess	to the address listed in St	ep 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	r(s), escrow (listed below):		
have	given on this form is tru	e and correct. ( If you ma	ke a false statement on thi	s application, you could be found		
SIGN	ATURE OF REQUES	TOR (REQUIRED)	PRINTED NAME &			
	Addre City, S Daytir Paymo	Address: City, State, Zip: Cit	Address: Starts City, State, Zip: El Passa City,	Address:  City, State, Zip:  Daytime Phone No.: 9 533 575  Payment made by:  Check No.  Check No.  Date Paid  Check No.  Date Paid  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 St I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year by signing below, I hereby apply for the refund of the above-described taxes and have given on this form is true and correct. (If you make a false statement on this guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Cod SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME &		



# 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. T287-999-0760-3200 Prop ID 53137

Legal Description of the Property

76 TIERRA DEL ESTE #14 LOT 32 (4350.00

SQ FT)

12416 TIERRA BALSA CT

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

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$2,882.55

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

Dear Taxpayer:

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

Step 1. Identify the refund	Who should the refund be issued	to:					
recipient.	Name: 4MAT F	anely		/			
Show information for whomever will be receiving	Address: 826 S.	stanton		V			
the refund.	City, State, Zip: El Pas	0 TI 7998					
	Daytime Phone No.: Q15 9			MATASFRUITOSBL GLOBAL			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid VET			
information. Please attach copy of cancelled check, original receipt, online	AMAT	e le ctronic	12/6/22	288255			
payment confirmation or bank/credit card statement.	TOTAL	AMOUNT PAID (sum o	f the above amounts)				
Step 3. Provide reason for	Please check one of the following	g:					
this refund.	I paid this account in erro	or and I am entitled to the r	efund.				
Please list any accounts and/or years that you intended to pay	1 overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.						
	This payment should have	e 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 appl have given on this form is true a guilty of a Class A misdemeand	and correct. (If you make	a false statement on this	application, you could be found			
fuez/14/23	SIGNATURE OF REQUESTO	R (REQUIRED)	PRINTED NAME &	DATE Sholzs			
TAX OFFICE USE ONLY:	Approved Denie	ed By: N	. M 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.g

Geo No. T287-999-0760 023Prop ID 181249

Legal Description of the Property

76 TIERRA DEL ESTE #14 LOT 33 (4350.00 SQ FT)

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

+2500

12412 TIERRA BALSA CT

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$2,870.10

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 PROPER	TY TA	X REFUND: This ap	plication n	just be completed, signed,	and submitted with sup	porting documentation to be valid.	
Step 1. Identify the refund recipient.	Who	should the refund be i		nily LP			
Show information for whomever will be receiving	Addre		5	Starton	1	V	
the refund.	City,	State, Zip:	0650	TX 7990			
		me Phone No.: 916		00301		: MATASFRITESBLE	
Step 2. Provide payment		ent made by:		Check No.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled check, original receipt, online	4	MAT		electronic	12/6/12	287010	
payment confirmation or bank/credit card statement.		TO	TAL AM	OUNT PAID (sum of	the above amounts		
Step 3. Provide reason for	Pleas	e check one of the fol	llowing:				
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	V I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
		This payment shou	ld have be	en applied to other tax	account(s) and/or yea	ar(s), escrow (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	have	given on this form is	true and o meanor or	a state jail felony unde	r the Texas Penal Co	& DATE	
fue 3/14/2		Approved	Denied	Ву:	Els 6 M	ath 3/10/23/ 3-15-23	

TAX OFFICE

MAR 0 7 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. 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

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

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:

Step 1. Identify the refund	Who s	should the refund be issue	ed to:						
recipient.	Name	Name: Wells Fargo Tax Operations Services							
Show information for whomever will be receiving	Addre	ss: Attn: Financial Suppor	rt, PO Box 14506						
he refund.	City, S	State, Zip: Des Moine	s IA 50306		V				
	Daytii	me Phone No.: 210-81	2-4120	E-Mail Address	s: josephine.campos@wellsfargo.co				
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid	Amount Paid				
nformation. lease attach copy of cancelled heck, original receipt, online		Wells Fargo	9033792390	12/07/2022	\$4187.03				
payment confirmation or pank/credit card statement.		TOTA	L AMOUNT PAID (sum o	f the above amounts	\$4187.03				
Step 3. Provide reason for	Please	e check one of the follow							
his refund. Please list any accounts and/or		I paid this account in error and I am entitled to the refund.							
ears that you intended to pay	X I overpaid this account. Please refund the excess to the address listed in Step 1.								
vith this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):								
		This payment should ha	ave been applied to other tax	account(s) and/or ye	ar(s), escrow (fisted below).				
Step 4. Sign the form. Unsigned applications cannot be processed.	have	given on this form is true	ply for the refund of the above and correct. (If you make a nor or a state jail felony under	a false statement on t	d certify that the information I his application, you could be found ode, Sec. 37.10.)				
Qua 34 63	SIGN	Dosephine Ca	OR (REQUIRED) On behalf of Wells Farg	PRINTED NAME  Josephine Cam  Assoc. Loan Service	npos 03/07/2023 V				
FAX OFFICE USE ONLY:	0	Approved Der	On behalf of Wells Farg	Josephine Can Assoc. Loan Service	npos 03/07/2023				



#### 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

Geo No. V893-999-0410-0700 Prop ID 205591

Legal Description of the Property

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

2022 OVERAGE AMOUNT \$8,763.89

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:

4MAT FAMILY LP

826 S STANTON ST EL PASO, TX 79901

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

APPLICATION FOR PROPERT	TY TAX RI	EFUND: This	application r	must be completed, sign	ned, and su	bmitted with suppo	rting documentation to be	valid.
Step 1. Identify the refund	Who shou	ild the refund b	e issued to:			A HOUSE SEASON		
recipient.	Name:	AMAT	Fa	mily	1		/	
Show information for whomever will be receiving	Address:	826	55	tanton				
the refund.	City, Stat	e, Zip:			1990	1		
		Phone No.: Q			I	E-Mail Address:	MOTASFRUITI	espec
Step 2. Provide payment	Payment			Check No	0.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or	4M	AT		election.		12/6/2	876389	
bank/credit card statement.			TOTAL A	MOUNT PAID (sun	n of the a	bove amounts)		
Step 3. Provide reason for	Please check one of the following:							
this refund.	I paid this account in error and I am entitled to the refun							
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.							
with this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):							
	T	his payment sh	ould have b	een applied to other t	tax accou	nt(s) and/or year(	s), escrow (listed belov	w):
St. 4 Sing the form	By signir	ng below. I her	eby apply fo	or the refund of the al	bove-desc	cribed taxes and c	ertify that the informat	tion I
Step 4. Sign the form. Unsigned applications cannot be processed.	have give	en on this form	is true and	correct. (If you mak r a state jail felony u	ke a false	statement on this	application, you could	be found
fue 3/10/23	SIGNAT	TURE OF REQ	UESTOR (I	REQUIRED)	PRI	NTED NAME &	DATE Shola	13
TAX OFFICE USE ONLY:	1/10	proved	Denied	Ву: N.Ъ	7	Date:	3-15-23	V



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

V893-999-0410-0900

Prop ID 11849

Legal Description of the Property

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

2022 OVERAGE AMOUNT \$8,651.60

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

Dear Taxpayer:

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

Step 1. Identify the refund	Who should the refund be iss	ued to:		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			
recipient.	Name: 4MAT	Family LP		/			
Show information for whomever will be receiving	Address: 826	5. Stanto		/			
he refund.	City, State, Zip: E(f						
	Daytime Phone No.: 915	920 0301		MATAS FRUITOSB			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
nformation. Please attach copy of cancelled heck, original receipt, online	AMAT	eletronic	12/6/22	865160			
payment confirmation or pank/credit card statement.	тот	TAL AMOUNT PAID (sum	of the above amounts)				
Step 3. Provide reason for	Please check one of the follow	wing:		<b>第15年,至20年以降</b> 。			
his refund.	I paid this account in	error and I am entitled to the	refund.	./			
Please list any accounts and/or years that you intended to pay	I overpaid this accoun	nt. Please refund the excess to	the address listed in Step	1. V			
with this overage.	I want this payment applied to next year's taxes.						
	This payment should	have been applied to other tax	account(s) and/or year(s	), escrow (listed below):			
				4:5, that the information I			
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this form is tru	apply for the refund of the about and correct. (If you make eanor or a state jail felony und	a false statement on this a	ipplication, you could be found			
0 11	SIGNATURE OF REQUES	ŢOR (REQUIRED)	PRINTED NAME & I				
Juc3/16/23	Cello (Y)	leth	Elsa Ma	fl 3/10/23			
	/			2.532			
TAX OFFICE USE ONLY:	Approved D	enied By: N.	Date:	3-15-23			



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

Geo No.

Prop ID

V893-999-1050-2900

232314

Legal Description of the Property

105 VISTA DEL SOL #15 REPLAT A 16 & UND 1/50 INT IN COMMON AREA IN BLK 105

1955 TRAWOOD DR-16

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

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$2,746.90

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

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

APPLICATION FOR PROPERT	TY TAX	REFUND: This ap	oplication must be com	pleted, signed, ar	nd submitted with suj	porting documentation to	o be vand.
Step 1. Identify the refund	Who s	hould the refund be	issued to:			CHEST SE	
recipient.	Name	TAM H	Family				
Show information for whomever will be receiving the refund.	Addre		S. Sta	nton	1	V	
	City, S	State, Zip: E P	OF OF	79901			
	Daytin	me Phone No. 915	920 03	91		Motastrude	should
Step 2. Provide payment		ent made by:		Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled check, original receipt, online	2	MAT	126/	97 G	lectronic	274690	
payment confirmation or bank/credit card statement.		TO	OTAL AMOUNT P	AID (sum of t	the above amounts	(3)	
Step 3. Provide reason for	Please	check one of the fo				MEN SERVICE STREET	
this refund.	1		V				
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
		This payment shou	ld have been applied	to other tax ac	ccount(s) and/or ye	ar(s), escrow (listed be	elow):
Step 4. Sign the form. Unsigned applications cannot be processed.	have	gning below, I hereb given on this form is of a Class A misde	true and correct. (	f vou make a f	alse statement on t	d certify that the infor his application, you co de, Sec. 37.10.)	mation I ould be found
fre 3/16/2	SIGN	ATURE OF REQU	ESTOR (REQUIRE	D)	FISC M	& DATE	23/
TAX OFFICE USE ONLY:		Approved	Denied By:	44	Date:	3-15-2	3



### 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.

Prop ID

V893-999-1050-3100

367727

Legal Description of the Property

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

2022 OVERAGE AMOUNT \$2,746.90

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:

**4MAT FAMILY LP** 

826 S STANTON ST EL PASO, TX 79901

APPLICATION FOR PROPERT	Y TAX	REFUND: This app	plication must be ec	ompleted, signed,	and submitted wit	h supporting docum	nentation to be va	IIC.
Step 1. Identify the refund	Who sl	hould the refund be is	ssued to:		<b>双基的</b>	BENE		
recipient.	Name:	4MAJ	Fami	ily	,		1	
Show information for whomever will be receiving	Addres	ss: 826	S. St	Tarton	/		V	
he refund.	City, S	tate, Zip: El PG	50 TR	79901				
	Daytin	ne Phone No.: 915	920 03€	)(		tress: Witus	ruiteab	calo
Step 2. Provide payment	Payme	nt made by:		Check No.	Date Paid		ount Paid	
nformation. lease attach copy of cancelled heck, original receipt, online	7	fm AT	ele	ctronic	12/6/2	22 274	690	
payment confirmation or pank/credit card statement.		то	TAL AMOUNT	PAID (sum of	the above amo	unts)		
tep 3. Provide reason for	Please	check one of the foll	owing:					
his refund. Please list any accounts and/or		I paid this account in	n error and I am	entitled to the re	fund.		./	
rears that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.							
with this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):							
		This payment should	d have been appl	ied to other tax a	account(s) and/o	r year(s), escrow	(listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	have o	ning below, I hereby given on this form is of a Class A misden	true and correct.	(If you make a	talse statement	on this application	in, you could be	n I found
fue 3/16/23		ATURE OF REQUE	STOR (REQUIR	(ED)	PRINTED NA	ME & DATE	3/10/23	/
TAX OFFICE USE ONLY:	V	Approved	Denied By:	21	14 Da	ate: 3-	15-23	



MAR 1 4 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. V893-999-1050-4700 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

+2500

Dear Taxpayer:

**4MAT FAMILY LP** 

826 S STANTON ST EL PASO, TX 79901

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

Step 1. Identify the refund	Who should the refund be issued to:						
recipient.	Name: 4 M At franchy						
Show information for whomever will be receiving	Address: 826 S. Stanton						
the refund.	City, State, Zip: El Paso TV 1990						
	Daytime Phone Nogth 020 0301 E-Mail Address: Whatas trust a sbc.						
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
information.  Please attach copy of cancelled check, original receipt, online	MMAT electronic 126/22 261438						
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)						
Step 3. Provide reason for	Please check one of the following:						
his refund.	I paid this account in error and I am entitled to the refund.						
Please list any accounts and/or years that you intended to pay	1 overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.						
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
Puc 3/10/23	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  LS1 Mata 3/10/23						
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

Geo No. V893-999-1050-5300 Prop ID 128783

Legal Description of the Property

105 VISTA DEL SOL #15 REPLAT A 29 & UND 1/50 INT IN COMMON AREA IN BLK 105

1925 TRAWOOD DR-29 79935

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

+2500

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$2,895.84

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

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

APPLICATION FOR PROPERT	This application must be completed, signed, and submitted with supporting documentation to be valid.  Who should the refund be issued to:					
recipient.	Name: AMAT Famely					
Show information for whomever will be receiving	Address: 826 Stanton					
he refund.	City, State, Zip: FL Pass TZ 72901					
	Daytime Phone No.: 915 920 0361 E-Mail Address: Mothstrut @ Strate					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
information.  Please attach copy of cancelled heck, original receipt, online	1 AMAT electronic 1216/22 289584					
ayment confirmation or eank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)					
Step 3. Provide reason for this refund.	Please check one of the following:					
	I paid this account in error and I am entitled to the refund.					
Please list any accounts and/or ears that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	I want this payment applied to next year's taxes.					
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)					
fue3/16/23	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  ELS Mata 3 1023					
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

Geo No. V893-999-1050-7300 Prop ID

64515

Legal Description of the Property 105 VISTA DEL SOL #15 REPLAT A 40 & UND 1/50 INT IN COMMON AREA IN BLK 105

1925 TRAWOOD DR-4

826 S STANTON ST EL PASO, TX 79901

**4MAT FAMILY LP** 

+2500

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$2,790.07

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 PROPERT	Y TAX	REFUND: This	application mu	ust be completed, sig	gned, and	submitted with supp	orting documentat	ion to be valid.
Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name: Addre	ss: 626	r ta	mey	1		/	/
me retund.	Daytir	me Phone No.: a	15 920	72 7990		E-Mail Address	Wates Fre	utas bald
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or	-	ent made by:		electronic		12/6/22	27901	Charles and the
bank/credit card statement.	Please	check one of the	TOTAL AM following:	OUNT PAID (su	m of the	above amounts		
Step 3. Provide reason for this refund.		I paid this accoun	nt in error and	d I am entitled to t				
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.							
with this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):							
		This payment she	ould have bee	en applied to other	tax acco	uni(s) and/or yea	I(s), escrow (list	d below).
Step 4. Sign the form. Unsigned applications cannot be processed.  S14   23	have	gning below, I here given on this form of a Class A miss	is true and co demeanor or	a state jail felony	under the	e statement on th	de, Sec. 37.10.)	nformation I u could be found
TAX OFFICE USE ONLY:	1	Approved	Denied	Ву:	M.	Date:	3-15	5-23



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

Geo No.

Prop ID

V893-999-1320-2800

13217

Legal Description of the Property

132 VISTA DEL SOL #24 LOT 10

10937 GARY PLAYER DR

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

OWNER: 4MAT FAMILY LP

2022 OVERAGE AMOUNT \$8,841.75

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:

Step 1. Identify the refund	Who should th	e refund be issued	d to:		STEEL STREET,	
recipient. Show information for whomever will be receiving the refund.		IAT FOR		1	/	
			Stanton	10001		
		Elfa		E-Mail Address:	Life for Amalacil	
			20 6301 Check No.	Date Paid	Amount Paid C Spcgl	
Step 2. Provide payment	Payment made	by:	Check No.		AND THE PARTY OF T	
information. Please attach copy of cancelled check, original receipt, online	AAN L	TAM	electronic	12/6/22	884175	
payment confirmation or bank/credit card statement.		TOTA	L AMOUNT PAID (sum of	the above amounts)		
Step 3. Provide reason for	Please check one of the following:					
this refund.	I paid this account in error and I am entitled to the refund.					
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.					
with this overage.	I want this payment applied to next year's taxes.					
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on	this form is true	oly for the refund of the above and correct. (If you make a nor or a state jail felony under	false statement on this	application, you could be foun	
Jue 3/16/23	SIGNATURE	OF REQUESTS	OR (REQUIRED)	PRINTED NAME &	Nate 3/10/23	
TAY OFFICE USE ONLY	Approve	d Den	ied By: W.	Date:	3-15-23	



# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR

TAX OFFICE RECEIVED

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

MAR 14 2023

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

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

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

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

APPLICATION FOR PROPERT	Y TAX	REFUND: This appli	cation must be completed	d, signed, and sub	omitted with suppo	orting documentation	to be valid.
Step 1. Identify the refund		hould the refund be issu	ued to:				
recipient.	Name:	4MAT 1	Family				1
Show information for whomever will be receiving	Addres	ss: 8 ab 5	· stante	n		1	/
the refund.	City, S	State, Zip: El Pas	1/	iol			
	Daytin	me Phone No.: Q15	9200300		-Mail Address:	The local Harry	asbedoh
Step 2. Provide payment		ent made by:	Cho	eck No.	Date Paid	Amount Paid	THE RESERVE
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or		4MAT	electr	٥٨١٠	1216/2	399127	
bank/credit card statement.		тот	AL AMOUNT PAID	(sum of the al	bove amounts)		
Step 3. Provide reason for	Please check one of the following:						
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
		This payment should	have been applied to o	other tax accoun	nt(s) and/or year	(s), escrow (fisted t	jelow).
Step 4. Sign the form. Unsigned applications cannot be processed.  Step 4. Sign the form.  Step 5. Step 4. Sign the form.  Step 5. Ste	have g	gning below, I hereby a given on this form is tru of a Class A misdement TATURE OF REQUES	eanor or a state jail felo	ony under the T	statement on this	e, Sec. 37.10.)	\/
AX OFFICE USE ONLY:	1	Approved D	enied By:	N.14.	Date:	3-15-2	3 V



TAX OFFICE

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. V893-999-3670-0450 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:

MDC EL PASO REALTY

200 S 10TH ST STE 702 MCALLEN, TX 78501

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

APPLICATION FOR PROPERT		must be completed, signed, and	I submitted with suppo	thing documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to	TO SEE SECTION AND ADDRESS OF THE PARTY OF T					
recipient. Show information for whomever will be receiving		t Ste 702		sp@mdcdatacenters.co			
the refund.	City, State, Zip: MCA 11en	Tx 78501	E Mail Address:	sp@mdcdatacenters			
	Daytime Phone No.: 956 227		Date Paid	Amount Paid			
Step 2. Provide payment	Payment made by:	Check No.	The second second	William Town			
information. Please attach copy of cancelled	Eheck	5092302	1130123	38,711.68			
check, original receipt, online payment confirmation or							
bank/credit card statement.	TOTAL A	MOUNT PAID (sum of th	e above amounts)				
Step 3. Provide reason for	Please check one of the following:						
this refund.	I paid this account in error and I am entitled to the refund.						
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's taxes.						
	This payment should have b	been applied to other tax acc	count(s) and/or year(	s), escrow (listed below):			
The second second							
Step 4. Sign the form, Unsigned applications cannot be processed.	By signing below, I hereby apply f have given on this form is true and guilty of a Class A misdemeanor of	correct (If you make a fall	ise statement on this	application, you could be round			
MAR 17 2023 Received Pol	SIGNATURE OF REQUESTOR	(REQUIRED)	SECVILLA S	DATE 2/22/2023			
Juc 3/11				3-17-23			
TAX OFFICE USE ONLY:	Approved Denied	Ву: N.14	Date:	3112			

Print Date: 01/31/2023

FFB 0 8 2023

VIRGINIA AVILA 1545 PRADO DEL SOL EL PASO, TX 79936

### 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

Prop ID Geo No. V893-999-4130-5900 221937 Legal Description of the Property

413 VISTA DEL SOL #93 LOT 59 5859.89 SQ

1545 PRADO DEL SOL DR

OWNER: AVILA VIRGINIA & 2

2022 OVERAGE AMOUNT \$2,846.13

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

APPLICATION FOR PROPERT							
Step 1. Identify the refund	Who should the refund be issued to:						
recipient.	Name: Virginia Avila						
how information for homever will be receiving	Address: 1545 Prado Del 501						
e refund.	City, State, Zip: El Paso, TX 7993Lp						
	Daytime Phone No.: G15) 497-6164 E-Mail Address: QVI amoone amail. a						
tep 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
iformation. ease attach copy of cancelled	Virginia Anla E-check 01/31/23 \$2,846.13 + 56.30						
neck, original receipt, online	P# 512 5065 #2,902 48						
syment confirmation or ank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)						
	Please check one of the following:						
tep 3. Provide reason for	I paid this account in error and I am entitled to the refund.						
lease list any accounts and/or							
ears that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.						
rith this overage.	I want this payment applied to next year's taxes.						
MC3/16/23	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
harding							
Unsign App Gross Control of the processed Cont	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be foun guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
or brokening in the last a	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE						
MAR 1 0 2023	Wirginia Avila						
Received Po							
TAX OFFICE USE ONLY:	Approved Denied By: N.N Date: 340-23						