TAX REFUNDS January 3, 2023

 Linda Hendry, in the amount of \$4,733.35 made an overpayment on December 1, 2022 of 2022 taxes. (Geo. #C340-999-0830-3900)

 Abraham Ibarra-Segura, in the amount of \$4,908.27 made an overpayment on September 9, 2022 of 2020 taxes. (Geo. #P682-999-0050-0500)

 Prosperus Title & Escrow, in the amount of \$3,116.10 made an overpayment on December 12, 2022 of 2022 taxes. (Geo. #T240-999-0020-7000)

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Laura D. Prine City Clerk Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

DEC 0 7 2022

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. C340-999-0830-3900 Prop ID 104975

Legal Description of the Property

83 CHAPARRAL PARK #19 LOT 20 (10572.01

6008 EL PEDREGAL WAY 79912

OWNER: HENDRY LINDA

2022 OVERAGE AMOUNT \$4,733.35

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:

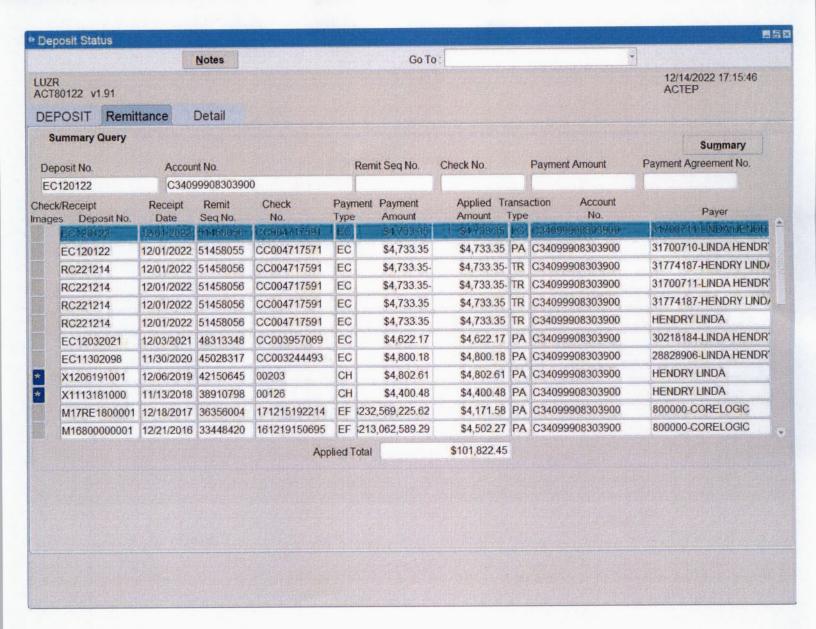
LINDA HENDRY

A DDI ICATION FOR PROPERTY TAY REFUND.

6008 EL PEDREGAL EL PASO, TX 79912

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: LINDA | HENDRY | | / | | | |
| Show information for whomever will be receiving | | a Pedregal | | V | | | |
| the refund. | City, State, Zip: FL PASO TX 79912 | | | | | | |
| | Daytime Phone No. 915 | 7 1/2 | | handry @ yahoo, co | | | |
| Step 2. Provide payment information. | Payment made by: | Check No. | Date Paid | Amount Paid | | | |
| | Echecle | 4717591 | 12/1/22 | \$4733.35 | | | |
| check, original receipt, online payment confirmation or | - Creck | 7/1/3/1 | | | | | |
| bank/credit card statement. | 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): | | | | | | |
| | 1 1 | ** | T | | | | |
| Step 4. Sign the form. Unsigned applications of the be processed CEVED | 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 fouguitty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) | | | | | | |
| DEC 14 2022 | SIGNATURE OF REQUESTO | R (REQUIRED) | PRINTED NAME & D LINDA HEA | 19// | | | |
| Leceived POP | +127 | 7 | | 12-14-22 1 | | | |
| TAX OFFICE USE ONLY: | Approved Deni | ed By: N.F | Date: | 191100 | | | |





TAX OFFIC RECEIVE

DEC 16 2022

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. P682-999-0050-0500 Prop ID 305905

Legal Description of the Property

5 PENROSE LOT 3

8738 PLAINS DR

ABRAHAM IBARRA SEGURA 9626 E SANDPIPER DR BLAINE, MN 55434

VICTOR FOR PROPERTY TAY DEFUND.



OWNER: HEYDARIAN RUHIYYIH

2020 OVERAGE AMOUNT \$4,908.27

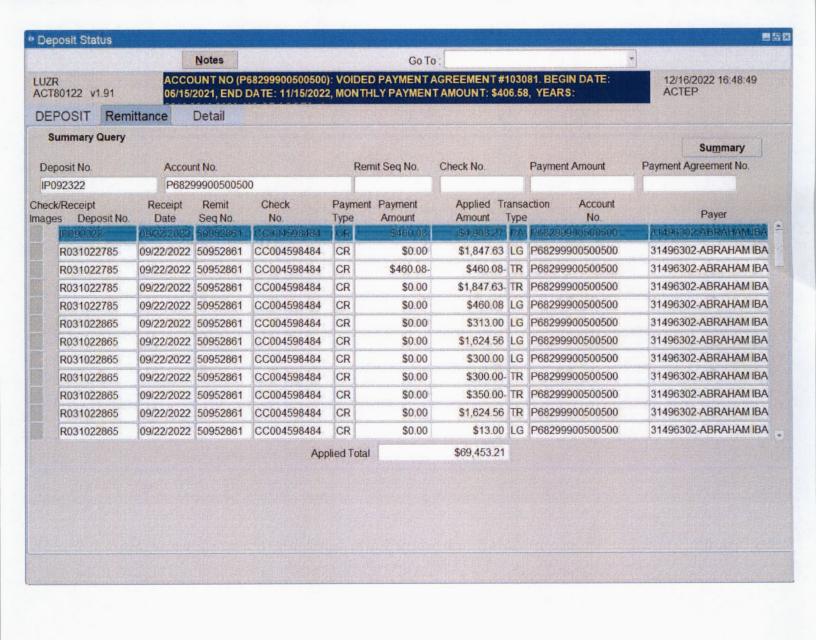
1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL **PASO**

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.

| Step 1. Identify the refund | Who should the refund be issued to: | | | | | | | |
|--|--|---------------------|------------------|----------------|-------------|--|--|-------------------------------|
| recipient. Show information for whomever will be receiving the refund. | Name: Abraham Ibarra- Segura | | | | | | | |
| | Name: Abraham Ibarra-Segura Address: 9626 E Sandpiper Dr City, State, Zip: Blaine MN 55434 | | | | | | | |
| | | | | | | | | Daytime Phone No.: 612 - 790- |
| | Step 2. Provide payment | Payment made by: | Check No. | Date Paid | Amount Paid | | | |
| nformation. Please attach copy of cancelled heck, original receipt, online | 0.777. | | 09-02-27 | \$4,908.27 | | | | |
| ayment confirmation or ank/credit card statement. | TOTAL AMO | UNT PAID (sum of th | e above amounts) | | | | | |
| Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage. | TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following: | | | | | | | |
| | X 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. | 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.) | | | | | | | |
| All Folials | SIGNATURE OF REQUESTOR (REQ | (UIRED) | Abrolhane & | DATE 12-10-202 | | | | |
| | 4 4. | | | | | | | |
| The second secon | Approved Denied | By: N.H. | Date: | 12-1622 | | | | |

Print Date: 10/19/2022



TAX OFFICE RECEIVED DEC 12 2022

0P +2500

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

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

| | | APPLI | CATION FOR | TAX REFUN | ID O | | **** |
|---|--|------------------------------|----------------------|--|----------------------------|---|--|
| | solidated Tax Office co | | | igible property | taxing entiti | es within El | Paso County. |
| - | VIDE THE FOLLOWING IN | | | Te. | 2-1 | (D) (F) (F) | |
| Refund To: | | Phone: | | 1 | ropeny IU# | (One application | per account) |
| | | | HOME: | | | | |
| Prosperus Title & Escrow | | WORK: | WORK: 915-792-6071 | | 115419 | | |
| Address (mail refund to | 1 | Property A | ddress: | | | | |
| nuoreas (man returno re | V | | | | | | |
| 1300 Airway Blvd S | te 108, EL Paso, Tx 7 | 9 Legal Desi | cription: 221 McC | arthy Lot 24 Bl | k 2 Thomas | Manor | |
| Tax year requested: | Date payment made: | | & Date, if known: | Amount of tax | es paid: | Amount o | f refund requested: |
| . 2022 | 12/09/22 | 28944 | 12/09/22 | \$3116.10 | | \$3116.10 |) |
| | | | | | | | - |
| | 1 70711 11101 | 11/7/ | 1 | | | | |
| | TOTAL AMOU | JN I (sum of I | the above amounts) | - | Constitution of the second | | 4.7 62 5001 |
| | PEOLIPED | Convola | riginal receipt, fro | THE RESERVE OF THE PERSON NAMED IN | CONTRACTOR OF STREET | THE RESERVE AND ADDRESS OF THE PARTY OF THE | ed if over \$2,500) |
| | A LO SURA PROPERTY AND A STREET OF THE STREET, AND ASSESSMENT OF T | | m cleared (both t | | | | |
| REASON FOR OV | | | | the same of the sa | | A STATE OF THE STATE OF T | Manager and Control of the Control o |
| LAGUITOROV | ENFATRICIAL. | Payment | was sent over by | mistake, lend | er will be se | ending paym | ent and want to avoid q |
| Requestor signal | ure: | Allip Long Successive Vision | | | Date: _ | 12/12/2 Baseon | 2022 officer |
| Claudia | Cappillo | | | | + | tesister | rt |
| Printed name: | | | | | Title: | | |
| | ny person knowingly subm up to one year, or fine not o the date of | over \$2,000, or | | of Code) An applic | ation for a ref | und must be m | |
| TAX OFFICE Entry: | (√) REF | UND APPRO | VED | | | | FOR PERSON NAMED OF THE PE |
| ax Office Approval: | Maria O. Po | calling | | | | Date: | 12/13/22 |
| ax Office Approvai: | many of the same o | | 7 | | | Dute: | 10/10/4- |
| | Mrs. | 12/12 | 362 | | | Date: | |
| (Placed on City Cou | ncil Agenda over \$2,5 | | 10- | | | | Action Programming to National Security of |
| () DISAPPROVE | | urned to ser | nder () | See below/att | ached | | |
| | documentation (Tax | | | k Statement, or | r Other) no | submitted. | |
| | f overpayment not for | | | | | | |
| () Property | not found as identifie | d, resubmit | after correction. | | | | |
| () Other: | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| *************************************** | | | | | | | ******* |
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Application for Tax Refund-WebVer

8/16/2017

