TAX REFUNDS January 18, 2023

- Villegas Ventures LLC, in the amount of \$4,673.10 made an overpayment on December 21, 2022 of 2022 taxes. (Geo. #B202-999-0440-0100)
- Ernesto R. Arcia, in the amount of \$4,001.82 made an overpayment on December 12, 2022 of 2020 taxes. (Geo. #N490-999-0010-0210)
- CoreLogic Refunds Dept, in the amount of \$4,413.07 made an overpayment on December 19, 2022 of 2022 taxes. (Geo. #V893-999-165A-2100)

Laura D. Prine City Clerk Maria O. Pasillas Maria O. Pasillas, RTA Tax Assessor Collector OP +2500

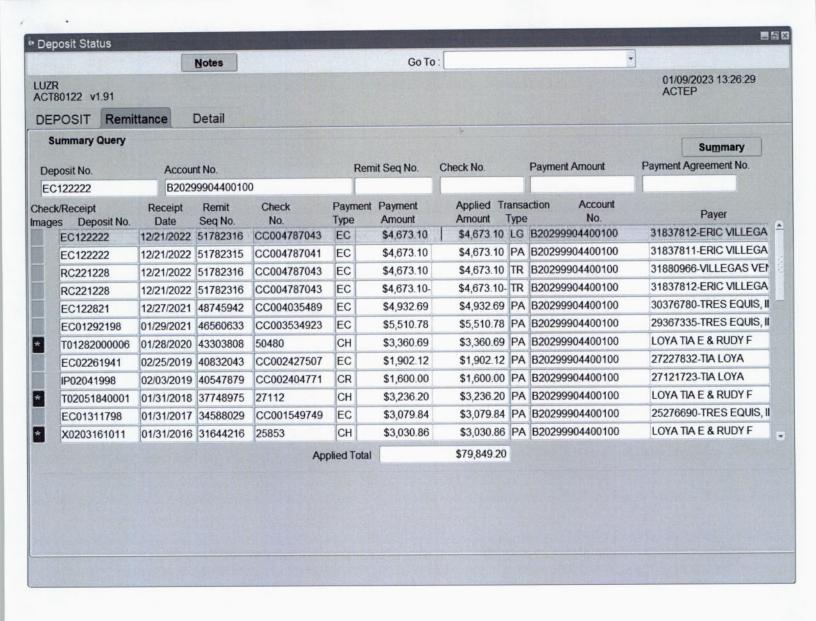
THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300 El Paso, Texas 79901

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

APPLICATION FOR TAX REFUND

Refund To:	VIDE THE FOLLOWING IN	I ONWATION.	Marie and Australia				
/illegas Ventures L	V	Phone: HOME: WORK: 915 771-0488			Property ID# (One application per account) Prop ID 302802 B202 - 999 - 0440 - 010		
Address (mail refund to 2227 Texas Ave El	✓	Property Ad And/or Legal Descr	2020 T	is Ave. El Pas	so, TX. 7 9	901	
Tax year requested:	Date payment made:	Check No. 8	Date, if known:	Amount of tax	ces paid:	Amount of refund requested:	
1. 2022	12/21/2022			\$4,673.10		\$4,673.10	
2.						V	
3.							
	TOTAL AMOU	JNT (sum of th	e above amounts)				
никождожниковина				AND RESIDENCE AND RESIDENCE	DATE OF THE PARTY	approval required if over \$2,500)	
	The second secon		ginal receipt, from				
		showing item	i cleared (both th	e bank & tax	payer nan	ie must appear)	
REASON FOR O	ERPAYMENT:	Paid twice	online accidenta	lly	1001 0-00		
		-					
		/					
"I certify that in	formation given to ob	jein this retu	ind is true and c	correct."		12/27/2022	
	V				Date:	12/2/12022	
Requestor signa Eric VIIIegas	ture;					President	
Printed name:					Title:		
		over \$2,000, or t		l Code) An applic	ation for a	refund must be made within 3 years after	
TAX OFFICE Entry:	(REF	UND APPROV	ED			/	
Tax Office Approval:		N	<u></u>			Date: 12-28-23	
	MILO	110	122				
	- June	1 7	100			Date:	
	uncil Agenda over \$2,5	00)	100			Date:	
() DISAPPROVE () Require () Record (urned to send receipt, Canc und on this p	eled Check, Bank roperty.	See below/att			
() DISAPPROVE () Require () Record (() Property	D () Retu d documentation (Tax of of overpayment not fou	urned to send receipt, Canc und on this p	eled Check, Bank roperty.	and the state of t			
() DISAPPROVE () Require () Record (() Property	D () Retu d documentation (Tax of of overpayment not fou	urned to send receipt, Canc und on this p	eled Check, Bank roperty.	and the state of t			



Cuditand

ERNESTO ARCIA

11045 ROCKDALE ST EL PASO, TX 79934

MAFIA 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. N490-999-0010-0210 102738

Legal Description of the Property

I NORTHTOWNE VILLAGE #1 RPL B LOT 21 (5652.18 SQ FT)

11045 ROCKDALE ST

OWNER: ARCIA ERNESTO R & REINA M

2022 OVERAGE AMOUNT \$4,001.82

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

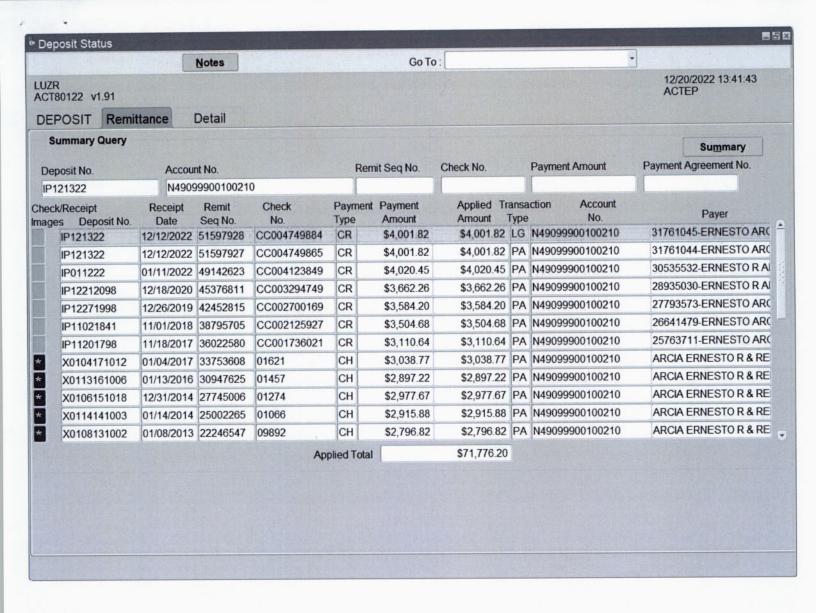
+2500

Dear Taxpayer:

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			No. of Concession, Name of Street, or other Persons, Name of Street, or ot		eted, signed, a	nd submitted with supp	orting document	ation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to:								
recipient. Show information for	Name: ERNESTO R ARCIA								
whomever will be receiving	Address: 11045 ROCKDALE ST								
the refund.	City, State, Zip: St. PASO TX 79934								
			0:915-31			,	ARCIAS	@ SBCGLOE	
Step 2. Provide payment		ent made by:	THE RESERVE THE PARTY OF THE PA		heck No.	Date Paid	Amount	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS OF THE PARTY O	
information. Please attach copy of cancelled check, original receipt, online	(redit	- Cardy	4790	1884	12/12/22	# 40	28.100	
payment confirmation or bank/credit card statement.				MOUNT PA	ID (sum of t	he above 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):							
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.)								
ALC 1/9/23		ATURE-OF	REQUESTOR (F	REQUIRED)		PRINTED NAME & EPNESTO K		12-15-2	
1, (· men	Juan	•		LENC SIO F	176-17	10 100	
					. > 11			DO V	
TAX OFFICE USE ONLY:	V	Approved	Denied	By:	11.17	Date:	15-51	5-00	

Print Date: 12/13/2022





DEC 2 9 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

V893-999-165A-2100

Prop ID

317015

Legal Description of the Property

165-A VISTA DEL SOL #53 11 & SELY PT OF 21 (6.19 FT ON SLY 80.14 FT ON WLY 6.01 FT ON NLY 78.90 FT ON ELY)

11216 LEO COLLINS DR

OWNER: ROUNTREE GREGORY A & REGINA S

2022 OVERAGE AMOUNT \$4,413.07

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:

CORELOGIC PO BOX 9205

COPPELL, TX 75019-9214

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: CoreLogic Refunds Dept								
	Addr	ess: PO Box 9202, Cop	V						
	City,	State, Zip: Coppell, TX 7	5019						
		me Phone No.: 800-225-4		E-Mail Address: customerproductsupport@corelogic.com					
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.		ent made by:	Check No	Date Paid	Amount Paid				
	CoreLogic		WIRPAY	12-19-2022	\$4,413.07				
	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.)								
	SIGN	NATURE OF REQUESTOR	(REQUIRED) handran	PRINTED NAME & 12-29-2022	DATE				
TAX OFFICE USE ONLY:	V	Approved Denied	Ву: № .	Date:	1-5-23				

Print Date: 12/20/2022

