#### TAX REFUNDS February 7, 2023

- Golden Arrow Properties LLC, in the amount of \$8,518.87 made an overpayment on December 29, 2022 of 2022 taxes. (Geo. #C545-999-0090-0600)
- Texstar Escrow, in the amount of \$12,806.49 made an overpayment on January 23, 2023 of 2022 taxes. (Geo. #M794-999-1120-5700)
- Segura-Haycraft, Maria De Lourdes, in the amount of \$10,000.00 made an overpayment on January 24, 2023 of 2022 taxes. (Geo. #P327-999-0020-2200)
- Jose De La O, in the amount of \$3,723.92 made an overpayment on December 12, 2022 of 2022 taxes. (Geo. #S560-000-0001-0005)
- Altis Solutions LLC, in the amount of \$5,096.93 made an overpayment on January 12, 2023 of 2022 taxes. (Geo. #V893-999-5680-4250)
- Corelogic Refunds Department, in the amount of \$3,661.08 made an overpayment on December 20, 2022 of 2022 taxes. (Geo. #W145-999-0630-1500)

Laura D. Prine City Clerk Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

TAX OFFICE RECEIVED

JAN 12 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 C545-999-0090-0600 638128

Legal Description of the Property BLK 9 CIMARRON SAGE #1 LOT 6

DAMIANA MARTINEZ 8001 N. MESA STE E-171 EL PASO, TX 79932

OP V

7285 MEADOW SAGE DR 79911

OWNER: GOLDEN ARROW PROPERTIES LLC

2022 OVERAGE AMOUNT \$8,518.87

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO 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 TAX REFUND: This applicat	ion must be completed, signed,	and submitted with supporti	ng documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for whomever will be receiving the refund.	Name: Golden	Arrow Pro	oper ties 1.1	c,			
		Mesa STE	E-171	1/			
	City Ctate Time	Paso TX	79932	V			
	Daytime Phone No.: 915-	203-1724		m+z Forocke+me			
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid			
Please attach copy of cancelled check, original receipt, online payment confirmation or	Echoell	4828316	12/29/22	\$ 8518.87			
bank/credit card statement.	TOTAL	AMOUNT PAID (sum of	the above amounts)				
Step 3. Provide reason for this refund.	Please check one of the following:						
Please list any accounts and/or	₹ Tpaid this account in error and I am entitled to the refund.						
years that you intended to pay with this overage.	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	e been applied to other tax as	ccount(s) and/or year(s),	escrow (listed below):			
Step 4 Sign the form, Unsigned applications cannot be processed.	By signing below, I hereby apply have given on this form is true ar guilty of a Class A misdemeanor	nd correct. ( If you make a fa	alse statement on this app	plication, you could be found			
JAN 25 2023	SIGNATURE OF REQUESTOR	(REQUIRED)	PRINTED NAME & DA	TE 1/9/23 Martinez			
fuc 1/24/23 FAX OFFICE USE ONLY:	Approved Denied	By: N N	Date:	1-25-23			

Deposit Sta	atus									
			Notes			GoTo	12			
UZR ACT80122	v1.91									01/26/2023 12:38:59 ACTEP
DEPOSIT	Remit	ttance	Detail							
Summary	y Query									Summary
							Charle Na		Payment Amount	Payment Agreement No.
Deposit No.	SEMPENANTIAL DES	Accou			Ren	nit Seq No.	Check No.		Payment Amount	Payment Agreement No.
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heck/Receip		Receipt	Remit	Check No.	Payment Type	Payment Amount	PART OF THE PART O	ansa Type	oction Account No.	Payer
nages De EC122	eposit No.	Date 12/29/2022	Seq No.	CC004828316	EC	\$8.518.87		200	C54599900900600	31906029-DAMIANA MAI
EC122		12/29/2022		CC004828232	EC	\$8,518.87	\$8,518.87	PA	C54599900900600	31906018-DAMIANA MAI
RC230		12/29/2022	A CONTRACTOR OF THE PARTY OF TH	CC004828316	EC	\$8,518.87	\$8,518.87	TR	C54599900900600	32239247-GOLDEN ARR
RC230		12/29/2022	A COUNTY OF THE PARTY OF THE PA	CC004828316	EC	\$8,518.87-	\$8,518.87-	TR	C54599900900600	31906029-DAMIANA MAI
EC121		12/15/2021		CC003993264	EC	\$1,801.86	\$1,801.86	PA	C54599900900600	30289869-IVR PAYMENT
A0728	The second second	07/28/2021	BAT TOTAL	1066	СН	\$2,400.00	\$2,400.00	PA	C54599900900600	GOLDEN ARROW PROP
R9202	and the second	07/28/2021	Barrier Street, Street	1066	СН	\$0.00	\$0.00	TR	C54599900900600	GOLDEN ARROW PROP
A0519		05/19/2021		1063	СН	\$2,400.00	\$2,400.00	PA	C54599900900600	GOLDEN ARROW PROP
R9202		05/19/2021	47415511	1063	СН	\$0.00	\$0.00	TR	C54599900900600	GOLDEN ARROW PROP
A0121		01/21/2021		1046	СН	\$1,200.00	\$1,200.00	PA	C54599900900600	GOLDEN ARROW PROP
R9202	STATE OF THE PARTY	01/21/2021	I make the same of the same	1046	СН	\$0.00	\$0.00	TR	C54599900900600	GOLDEN ARROW PROP
EC110	052098	11/04/2020	44782356	CC003203043	EC	\$476.50	\$476.50	PA	C54599900900600	28751811-IVR PAYMENT
				An	olied Total		\$52,006.39			
				~	olled Total	Operation in the last of the l				



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

TEXSTAR ESCROW 5809 ACACIA CIRCLE EL PASO, TX 79912

Prop ID M794-999-1120-5700 209392

Legal Description of the Property

112 MORNINGSIDE HEIGHTS 19 TO 24 (18000 SQ FT)

3616 LINCOLN AVE

OWNER: MARIA G ZAVALA TRUST

2022 OVERAGE AMOUNT \$12,806.49

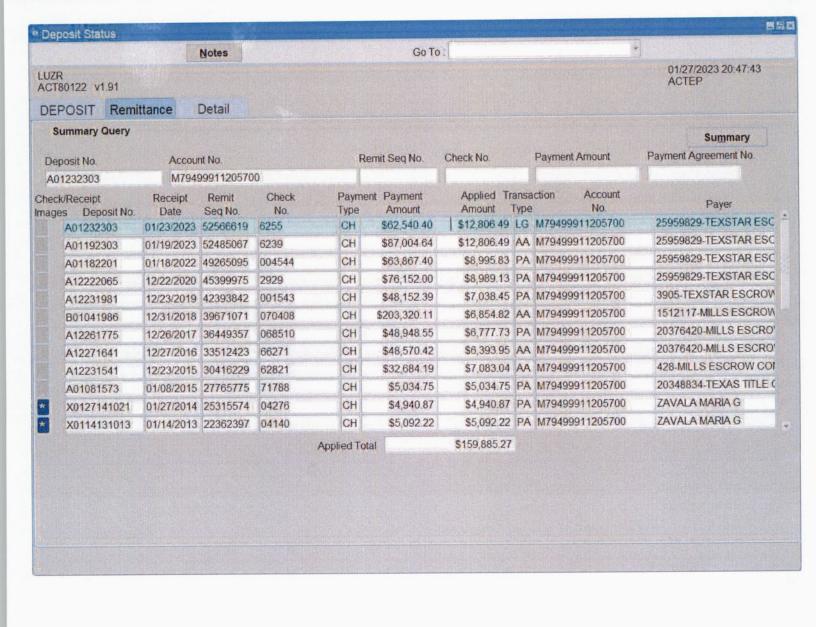
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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.

Step 1. Identify the refund	Who s	should the refund be is	ssued to:					
recipient. Show information for whomever will be receiving the refund.	Name: Telstar Esenw							
	Addre	ess: 5809 A	tracia Corre	0.	1 (1)	V		
	City, S	State, Zip: H	aso, Tx 790	212.	1 0 1			
	Daytii	me Phone No. 915	201-4337	E-Mail	Address: ana	texstarloans.		
Step 2. Provide payment		ent made by:		ck No. Date Pa		unt Paid		
information. Please attach copy of cancelled theck, original receipt, online	_ (	Theor	6258	5 1-17	-23 \$12,	806.49		
payment confirmation or pank/credit card statement.		то	TAL AMOUNT PAID	(sum of the above ar	mounts)			
Step 3. Provide reason for	Please check one of the following:							
his refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.							
rears that you intended to pay	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 ot	her tax account(s) and	d/or year(s), escrow (	listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.  Luce 1 57123	have g guilty	given on this form is to	apply for the refund of the rue and correct. (If you canor or a state jail felor STOR (REQUIRED)	make a false statement by under the Texas Pe	nt on this application	, you could be found		

Print Date: 01/23/2023



JAN 2 4 123

OP +2500

### THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

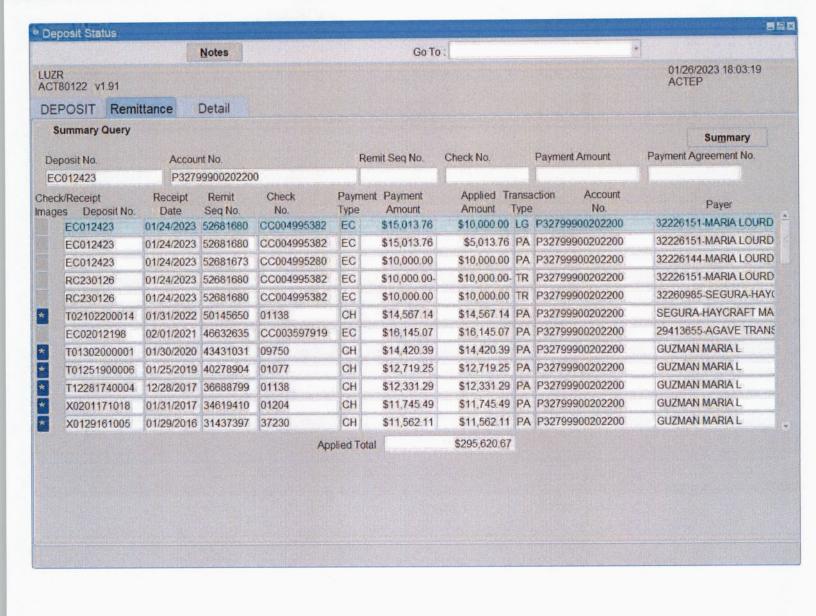
El Paso, Texas 79901

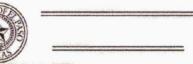
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

		APPLICATION FOR	The state of the s			
		ects property taxes for all el	igible property taxing	entities within El F	Paso County.	
	VIDE THE FOLLOWING INFO		In	IDH is in it		
Refund To: Segura-Haycraft, Maria De Lourdes		Phone: HOME: 915-256-3253 WORK:	ID#18	Property ID# (One application per account)  ID#182720  #337 - 999 - 0020 - 2200		
Address (mail refund to	1	Property Address: And/or Legal Description: 6536 Call	e Bonita LN , El Pas			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes pa	d: Amount of	refund requested:	
1, 2022	01/24/2023		25013.76	10000.00	1/	
2.						
3.						
	TOTAL AMOUN	NT (sum of the above amounts)		and the same of th		
		Apple - III in the last of the last of the last of	(City Cou	ncil approval require	d if over \$2,500)	
	bank statement si /ERPAYMENT: xes on line on 01/24/202	Copy of original receipt, from the wing item cleared (both the world) with two different transactions, first payment of 10,000	he bank & toxpoyer	name must appear		
Meria Lourdes	Segura-Haycraft	ycroff.	Da	te: 01/2	4/2023 V	
Printed name:	oogara i toyaran		Ti	le:		
	up to one year, or fine not ov the date of the	ting fulse entries is subject to. (1) er 52,000, or both. (Sec 37 10 Pen e payment or the taxpayer waives ND APPROVED	Imprisonment of 2 to 10 al Code) An application (	years, or \$5,000 fine, o or a refund must be m	r both, ade within 3 years after	
Tax Office Approval		. U.		Date:	1-26-23	
	In	Le 1/24/23		Date:		
(Placed on City Co	uncil Agenda over \$2,50					
( ) Record	d documentation (Tax re of overpayment not four	eceipt, Canceled Check, Ban				

Application for Tax Refund-WebVer

01/19/2023





TAX OFFICE RECEIVED

JAN 23 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

DE LA O JOSE G 169 ESCUDO RD SOCORRO, TX 79927-1838

Prop ID Geo No. \$560-000-0001-0005 335005 Legal Description of the Property

1 SPANISH TRAIL LOT 5 (9000 SQ FT)

169 ESCUDO RD

OWNER: DE LA O JOSE G

2022 OVERAGE AMOUNT \$3,723.92

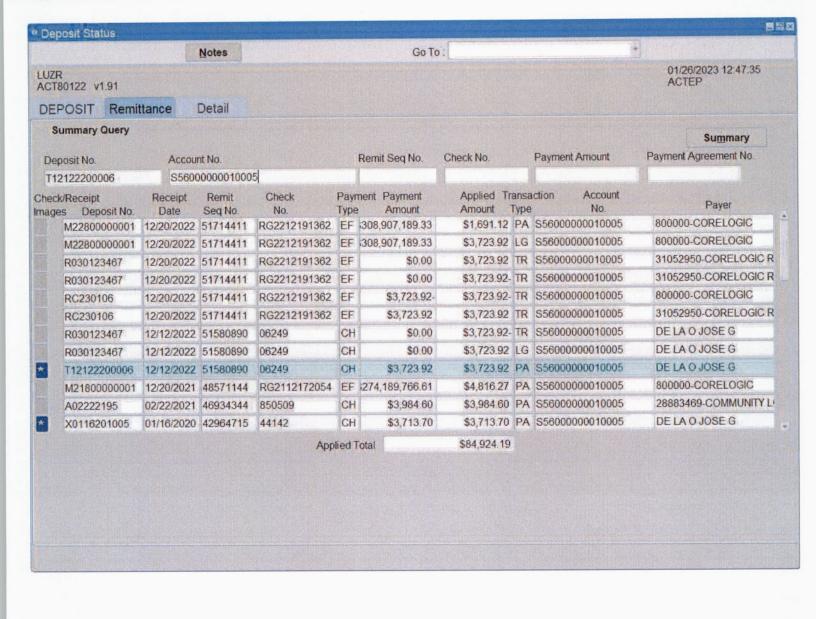
4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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	Name: Jose Dola O						
whomever will be receiving	Address: 168 Escudo						
he refund.	City, State, Zip: ELPASAgo Tex 79921						
	Daytime Phone No.: 9/5/70 E-Mail Address: A/A						
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
information.  Please attach copy of cancelled check, original receipt, online	Cu o VVIII - 1						
payment confirmation or	Check 376206249 12/8/22 3723.92						
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the 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.)						
Para 1/21/23	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  De La Tose 1/18/23						
DAX OFFICE USE ONLY:	Approved Denied By: N.A Date: 1/18/27						
	1-25-23						

Print Date: 01/10/2023

v52.1.8



JAN 27 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

Prop ID Geo No. V893-999-5680-4250 51379

Legal Description of the Property 568 VISTA DEL SOL #153 AMENDING LOT 50 (7148.40 SQ FT)

1285 AMBER MORGAN DR

OWNER: ALTIS SOLUTIONS LLC

2022 OVERAGE AMOUNT \$5,096.93

Print Date: 01/13/2023

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

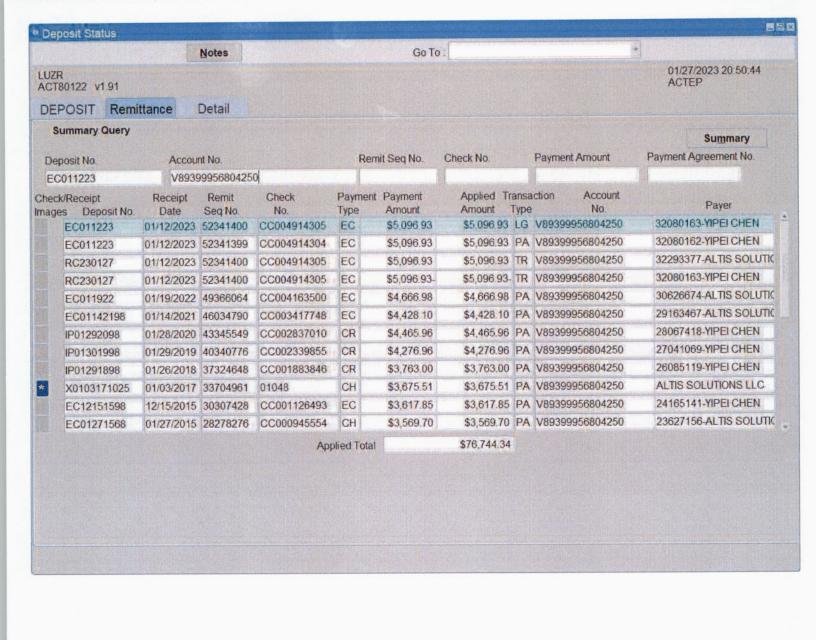
Dear Taxpayer:

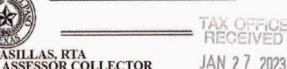
YIPEI CHEN

6529 MAJESTIC RIDGE DR 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. Show information for	Name: Altis Sol							
whomever will be receiving	Address: 6529 ma	Jestic ridge						
the refund.	City, State, Zip: EL PA	SO TX 79912						
	Daytime Phone No.: 215-8	92-2200	E-Mail Address:	brenda 0725(a) gmail				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online	Edreik	4914305	1/12/23	\$ 5096.93				
payment confirmation or bank/credit card statement.	TOTAL	AMOUNT PAID (sum of t	he above amounts)					
Step 3. Provide reason for	Please check one of the following:							
his 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 have given on this form is true a guilty of a Class A misdemeano	nd correct. ( If you make a fa	alse statement on this	application, you could be found				
0 1-1-	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE							
The 1/27/23	MO 10:		YIPEI CH	EN 1/24/2023/				





## 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. W145-999-0630-1500 Prop ID 268863

Legal Description of the Property

63 WEST HILLS #18 LOT 15 (6860.13 SQ FT)

1345 DESIERTO AZUL DR

CORELOGIC PO BOX 9205 COPPELL, TX 75019-9214

+2500

OWNER: SANCHEZ JOSEPH M

2022 OVERAGE AMOUNT \$3,661.08

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

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

Step 1. Identify the refund	Who should the refund be i	ssued to:					
recipient. Show information for	Name: Corelogic	Refunds Department					
whomever will be receiving	Address: 3001 HACK	BERRY ROAD					
the refund.	City, State, Zip: IRV	ING TX 75063					
A CONTRACTOR OF THE PARTY OF TH	Daytime Phone No.:	800-225-4707	E-Mail Address: cus	stomerproductsupport@corelogic.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			
	corelogic		12-19-2022	\$3,661.08			
		TAL AMOUNT PAID (sum of	the 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 it						
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	d have been applied to other tax a	ccount(s) and/or year(s)	, escrow (listed below):			
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this form is t	apply for the refund of the above rue and correct. ( If you make a f ueanor or a state jail felony under	alse statement on this a	pplication, you could be found			
Pur 1/27/23	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  01/27/2023						

Print Date: 01/25/2023

v52.1.8

		Notes			Go To	0:			
UZR ACT80122 v1.91									01/27/2023 20:55:31 ACTEP
DEPOSIT Remi	ttance	Detail							
Summary Query									
Deposit No.	Accou	nt No			Remit Seq No.	Check No.		Payment Amount	Summary Payment Agreement No.
M22800000001		999063015	00		Kernit Seq No.	CHECK NO.		r ayment Amount	ayment Agreement to.
			Check	Davis	nent Payment	Applied Tr		action Account	
heck/Receipt hages Deposit No.	Receipt Date	Remit Seg No.	No.	Type			Type		Payer
A01192303	01/19/2023	THE REAL PROPERTY.	9550727	CH	\$5,444.19	\$5,444.19	PA	W14599906301500	27669445-LONE STAR
R0301231367	01/19/2023	52490481	9550727	CH	\$0.00	\$3,661.08	TR	W14599906301500	27669445-LONE STAR
R0301231367	01/19/2023	52490481	9550727	CH	\$0.00	\$3,661.08-	TR	W14599906301500	27669445-LONE STAR
M22800000001	12/20/2022	51714411	RG2212191362	EF	308,907,189.33	\$3,661.08	PA	W14599906301500	800000-CORELOGIC
R0301231367	12/20/2022	51714411	RG2212191362	EF	\$0.00	\$3,661.08-	TR	W14599906301500	800000-CORELOGIC
R0301231367	12/20/2022	51714411	RG2212191362	EF	\$0.00	\$3,661.08	LG	W14599906301500	800000-CORELOGIC
RC230127	12/20/2022	51714411	RG2212191362	EF	\$3,661.08	\$3,661.08	TR	W14599906301500	29635792-CORELOGIC
RC230127	12/20/2022	51714411	RG2212191362	EF	\$3,661.08-	\$3,661.08-	TR	W14599906301500	800000-CORELOGIC
M21800000001	12/20/2021	48571144	RG2112172054	EF	274,189,766.61	\$3,671.78	PA	W14599906301500	800000-CORELOGIC
M20800000001	12/15/2020	45278757	201214123540	EF	241,485,823.54	\$3,306.21	PA	W14599906301500	800000-CORELOGIC
M19800000001	12/16/2019	42270898	191213175283	EF	220,479,351.04	\$3,260.92	PA	W14599906301500	800000-CORELOGIC
M18800000001	12/14/2018	39295991	181213099087	EF	198,523,744.87	\$3,167.61	PA	W14599906301500	800000-CORELOGIC
			Ann	lied T	otal	\$75 440 40			
M19800000001	12/16/2019	42270898	191213175283 181213099087	EF	220,479,351.04 1198,523,744.87	\$3,260.92	PA	W14599906301500	800000-CORELO