#### TAX REFUNDS March 14, 2023

- Pave Nest, in the amount of \$4,623.24 made an overpayment on January 30, 2023 of 2022 taxes.
   (Geo. #C518-999-1230-3300)
- Mimbela Investments LLC, in the amount of \$3,197.83 made an overpayment on January 30, 2023 of 2022 taxes. (Geo. #D415-999-0010-4500)
- Miguel Angel Aguilar, in the amount of \$5,894.43 made an overpayment on January 31, 2023 of 2022 taxes. (Geo. #E014-999-0720-8100)
- Ana Lumbreras, in the amount of \$3,637.28 made an overpayment on January 31, 2023 of 2022 taxes. (Geo. #E369-000-0390-1300)
- Yolanda Corral, in the amount of \$2,690.72 made an overpayment on January 31, 2023 of 2022 taxes.
   (Geo. #L198-999-0010-4300)
- Fidel Apodaca, in the amount of \$6,998.92 made an overpayment on January 31, 2023 of 2022 taxes.
   (Geo. #R860-000-0030-2000)



Laura D. Prine

Laura D. Prine City Clerk Varia O Papillas

Maria O. Pasillas, RTA Tax Assessor Collector



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

FEB 0 9 2023

Geo No. C518-999-1230-3300 Prop ID 367571

Legal Description of the Property

123 CIELO VISTA PARK #W LOT 17 (8360 SQ

8625 GROVER DR

+2500

OWNER: PAVENEST LLC

2022 OVEKAGE AMOUN'T \$4,623.24

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:

PAVE NEST

9704 CARNEGIE AVE EL PASO, TX 79925

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:  Name:							
recipient. Show information for whomever will be receiving the refund.								
	Address:	Address:						
	City, State, Zip:							
	Daytime Phone No.:		E-Mail Address:					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online	Ehack	5087412	1130/23	\$4623.24				
payment confirmation or 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:							
	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 does be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information have given on this form is true and correct. (If you make a false statement on this application, you could guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
. VIAD	SIGNATURE OF REQUESTOR	(REQUIRED)	PRINTED NAME & I	-1.1				
MAR 0 1 2023	2\A)		Raul Zamoi	va 2/6/23				
Some 3/6/2	-5 /							
TAX OFFICE USE ONLY:	Approved Denied	By: N.14	Date:	3-1-23				

#### 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. D415-999-0010-4500

Prop ID 19478

Legal Description of the Property

1 DESERT AIRE PARK LOT 45 (5865.00 SQ

6636 STAR OF INDIA LN 79924

OWNER: MIMBELA INVESTMENTS LLC

2022 OVERAGE AMOUNT \$3,197.83

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:

MIMBELA INVESTMENTS

4421 APOLLO AVE EL PASO, TX 79925

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	must be completed, signed, ar	nd submitted with supporting	ng documentation to be yalid.			
Step 1. Identify the refund	Who should the refund be issued to:  Name: Minbela Investments XLC							
recipient.								
Show information for whomever will be receiving	Addre	A	110 Avenue	V				
the refund.	City,	State, Zip: 41 Par	D TY 799					
	Dayti	me Phone No (: 915) 75	-27(0)		what in the election			
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled		Echeel	5069981	1/30/23	3197.83			
check, original receipt, online 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:							
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	X	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):						
A STREET CONTRACTOR OF THE PARTY OF	*							
Step 4. Sign the form. Unsigned applications of the process of CEIVED	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.)							
FEB 23 2023	SIGN	NATURE OF REQUESTOR	(REQUIRED)	SUN MUTEL	1 1 1 2			
TAX OFFICE USE ONLY:	22	Approved Denied	By: N.W	Date:	2-23-23			

Print Date: 01/31/2023



FEB 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

Geo No. E014-999-0720-8100 Prop ID 94182

Legal Description of the Property

72 EAST EL PASO 23 & 24 (7000 SQ FT)

3606 WYOMING AVE AGUILAR MIGUEL 3628 HEALY DR

EL PASO, TX 79936-0750

OWNER: AGUILAR MIGUEL

2022 OVERAGE AMOUNT \$5,894.43

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

Dear Taxpayer:

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

APPLICATION FOR PROPERT	TY TAX REFUND: This application n	nust be completed, signed, ar	id submitted with support	ing 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: MIGUEL ANGEL AGUILAR / Address: 3628 Healy Dr.								
									City, State, Zip: FI Paso Tx 79936
			0-8958	E-Mail Address:					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid					
information.  Please attach copy of cancelled check, original receipt, online	Miguel Aguilar	Cash	1-31-23						
payment confirmation or bank/credit card statement.	TOTAL AN	MOUNT PAID (sum of t	he above amounts)						
Step 3. Provide reason for	Please check one of the following:		. 1	1 to 1 - 1					
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):								
Unsigned applications cannot be processed.  MAR 0 6 2023	By signing below, I hereby apply for have given on this form is true and guilty of a Class A misdemeanor of SIGNATURE OF REQUESTOR (F	correct. (If you make a f r a state jail felony under	the Texas Penal Code,	application, you could be found					
Received POP	X lo scal ole h		21.60E/- ANG	EL POUINCE					
The Area 191				✓					
TAX OFFICE USE ONLY:	Approved Denied	By: N.H.	Date:	3-6.23					
v52.1.8 Inc 3	3/0/23			Print Date: 02/10/2023					

FEB 0 8 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. E369-000-0390-1300 Prop ID 325800

Legal Description of the Property 39 EL PASO HILLS REPLAT A LOT 13

13379 COLINA CORONA DR 79928

(5848.00 SQ FT)

ANA LUMBRERAS 7814 TAXCO DR EL PASO, TX 79915

OWNER: LUMBRERAS ANA

2022 OVERAGE AMOUNT \$3,637.28

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

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					igned, and suc	mitted with supple	orting documentation to be varid.	
Step 1. Identify the refund recipient. Show information for whomever will be receiving	Who sh	ould the re	fund be issued to	0:				
	Name:	Ana W	mbreras				/	
	Addres	s: 1814	tax co pr	$\checkmark$			V	
the refund.			El Paso, T	x 79915			•	
	Daytin	ne Phone No	0.: 719-510	× 0440	E	E-Mail Address: anglombreraspac a gmail co		
Step 2. Provide payment		nt made by:		Check	No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled	Ech			Fansachin 70:		1131123	3631.28	
check, original receipt, online	- Area and a	ecx		5164804		1/31/23	3, 637.28	
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:							
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	1	/ 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 dated be processed.	Therese o	virian on this	e form is true an	for the refund of the ad correct. (If you not or a state jail felony	nake a faise	statement on un	certify that the information I s application, you could be found e, Sec. 37.10.)	
FEB 21 2023	1	Lua o	REQUESTOR	(REQUIRED)		NTED NAME &		
The same of the sa	ny	Approved	Denied	н Ву:	616	Date:	2.22.23	



FEB 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

Prop ID Geo No. L198-999-0010-4300 120117 Legal Description of the Property 1 LANCASTER LOT 22

YOLANDA CORRAL 1904 CROW DR EL PASO, TX 79935

601 LANCASTER DR 79907

OWNER: CORRAL RODOLFO & YOLANDA

2022 OVERAGE AMOUNT \$2,690.72

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

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.

Who should the refund be issued to:							
Vame:	Yolay	da	Corval	/			
Addre			w Dr				7
			war to	79		11	
Daytir	ne Phone No.:	115-6:	5C-2353			THE RESERVE OF THE PERSON NAMED IN	Company of the last of the las
			Chec	k No.	Date Paid		
	cundu	Cornel	4 -CWC	L	1/3/123	\$2690	31
TOTAL AMOUNT PAID (sum of the above amounts)							
I want this payment applied to next year's taxes.							
	This payment s	hould have	been applied to oth	ner tax acc	ount(s) and/or yes	u(s), escrow (iist	
	-to on this form	m ic true on	d correct (If you	make a fais	se statement on th	us application, yo	nformation I ou could be foun
	NATURE OF REC	QUESTOR	(REQUIRED)	PI	RINTED NAME	& DATE	2/24/25
N A C I	Name: Addre City, 8 Daytir Please Please By sighave guilty	Address:	Address: \Q O \ (100 \) City, State, Zip: \( \) Daytime Phone No.: \( \) \( \) \( \) \( \) \( \) Payment made by:  TOTAL/ Please check one of the following \( \) I paid this account in error I overpaid this account. Ple I want this payment applie This payment should have  By signing below, I hereby apply have given on this form is true an guilty of a Class A misdemeanor  SIGNATURE OF REQUESTOR	Address: 1904 (1000)  City, State, Zip: E. (2000)  Daytime Phone No.: 915-650-3555  Payment made by: Check  TOTAL AMOUNT PAID (  Please check one of the following:  I paid this account in error and I am entitled to  I overpaid this account. Please refund the exce  I want this payment applied to next year's tax.  This payment should have been applied to other applied to other this farm in true and correct. (If you	Address: 90 Y COUNTY OF THE OF REQUESTOR (REQUIRED)	Address: 1901 (1000)  City, State, Zip: E- (2000)  Daytime Phone No.: 915-650-855)  E-Mail Address:  Payment made by: 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 the guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Coc	Address: 1904 (1000)  City, State, Zip: E. (2000)  Daytime Phone No.: 915-650-6550  Payment made by: Check No. Date Paid Amount 1916  TOTAL AMOUNT PAID (sum of the above amounts)  Please check one of the following:  I paid this account in error and I am entitled to the refund.  I overpaid this account. Please refund the excess to the address listed in Step 1.  I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed have given on this form is true and correct. (If you make a false statement on this application, you guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)  SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE

Print Date: 02/24/2023



#### 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. R860-000-0030-2000 Prop ID 12674

Legal Description of the Property 3 ROSEVILLE LOT 20 (20400 SQ FT)

11425 DELANO DR

FIDEL APODACA 11425 DELANO DR EL PASO, TX 79927

OWNER: APODACA FIDEL

2022 OVERAGE AMOUNT \$6,998.92

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.

APPLICATION FOR PROPERT	TY TAX REFUND: This applicat	tion must be completed, signed, an	nd submitted with supp	porting documentation to be valid.				
	Who should the refund be issued to:							
recipient.	Name: Fide   Apodacci							
Show information for whomever will be receiving	Address: 11425 Dela	_ /						
the refund.	City, State, Zip: El Pas							
		373-4483	E-Mail Address:					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	TO V		1 31 23	\$6,998.92				
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):							
	This payment should ha	ave been applied to other tax ac	ccount(s) and/or yea	ar(s), escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	guilty of a Class A misdemean	and correct. (If you make a finor or a state jail felony under	the Texas Penal Co	de, Sec. 37.10.)				
Ric311/23	SIGNATURE OF REQUESTO	OR (REQUIRED)	Frdel Ap	adaca 2/21/23				
TAX OFFICE USE ONLY:	Approved Den	nied By: NA	Date:_	2-27-23				

Print Date: 02/01/2023