CITY OF EL PASO, TEXAS AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT: Tax Office

AGENDA DATE: February 16, 2021

PUBLIC HEARING DATE: N/A

CONTACT PERSON NAME AND PHONE NUMBER: Maria O. Pasillas, (915) 212-1737

DISTRICT(S) AFFECTED: All

STRATEGIC GOAL: Goal 6 – Set the Standard for Sound Governance and Fiscal Management

SUBGOAL: 6.11 Provide efficient and effective services to taxpayers

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

That the tax refunds listed on the attachment posted with this agenda be approved. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments greater than \$2,500.00. (See Attachment A)

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Approve property tax overpayment refunds greater than \$2,500.00, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

N/A

DEPARTMENT HEAD

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

TAX REFUNDS February 16, 2021

1. Gabriel Cervantes, in the amount of \$3,069.86, made an overpayment on January 31, 2021 of 2020 taxes.

(Geo. # E049-999-0100-0800)

2. Ali Boureslan, in the amount of \$3,960.38, made an overpayment on January 20, 2021 of 2020 taxes.

(Geo. # E222-999-1660-3100)

3. Manuel E. Salazar, in the amount of \$8,336.83, made an overpayment on January 25, 2021 of 2020 taxes.

(Geo. # K408-999-0020-7100)

4. 3 C&A Crane Services LLC, in the amount of \$3,000.00, made an overpayment on December 24, 2020 of 2020 taxes.

(Geo. #M641-999-0010-1500)

5. Member First Mortgage c/o Lereta LLC, in the amount of \$4,569.94, made an overpayment on November 18, 2020 of 2020 taxes. (Geo. #R570-999-0030-2100)

6. TexStar Escrow, in the amount of \$3,080.57, made an overpayment on January 15, 2021 of 2020 taxes.

(S162-999-0270-1700)

7. Ortequi LTD, in the amount of \$5,331.17, made an overpayment on January 6, 2021 of 2020 taxes.

(V893-999-3510-0100)

Maria O. Pasellas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

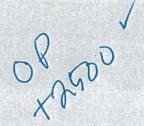


FEB 0 3 2021

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 www.elpasotexas.gov/tax-office

GABRIEL CERVANTES 1008 OLSON ST

EL PASO, TX 79903



Geo No. F049-999-0100-0800 Prop ID 168291

Legal Description of the Property

10 EAST GATE #1 LOT 8 5617.09 SO FT

1864 JOHN GLENN DR 79936

OWNER: CERVANTES GABRIEL A & MARTHA

2020 OVERAGE AMOUNT \$3,069,86

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:

TAX OFFICE USE ONLY:

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 recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: Gabriel Cervantes							
								Address: 1008 01500
	City, State, Zip: El Paso T X 19903							
			(915) 408-260		Yvantes a Proven			
Step 2. Provide payment	Payment made by:	Cho	eck No. Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online	Gabriel Person	fer freel page	1-3/2 221 30	69.86				
payment confirmation or pank/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 paymen	t should have been applied to c	other tax account(s) and/or year(s), esc	crow (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 four guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
fue 214/21	SIGNATURE OF R	EQUESTOR (REQUIRED)	PRINTED NAME & DAT					

Denied





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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

ALI S BOURESLAN 10009 ALBUM AVE EL PASO, TX 79925

Prop ID Geo No. E222-999-1660-3100 58465 Legal Description of the Property

166 EASTWOOD HEIGHTS #B LOT 3 (10080 SQ FT)

10009 ALBUM AVE 79925

OWNER: BOURESLAN ALI & LYDIA

2020 OVERAGE AMOUNT \$3,960.38

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.

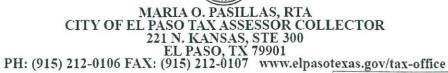
APPLICATION FOR PROPER	TY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.					
Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for	Name: Ali BouresLAN					
whomever will be receiving the refund.	Address: 10009 ALBUM AVE					
	City, State, Zip: ELPASOTX. 79925					
	Daytime Phone No.: 915 443 9644 E-Mail Address: ball 3616 Cacl. i					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
information. Please attach copy of cancelled	E. check paid it twice					
check, original receipt, online	2 - 1,0 - 1					
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	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):					
	The state of the s					
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.)					
0	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE					
The 2/3/21	Ali Boureslan 1/25/21					
TAX OFFICE USE ONLY:	Approved Denied By: Date: Date					

Print Date: 01/21/2021 v52.1.7

1707/17/10 133HA 31111 eposit Status Notes Go To: REA 02/02/2021 17:49:23 80122 v1.90 ACTEP POSIT Remittance Detail Summary Query Summary Payment Amount Payment Agreement No. Account No. Remit Sea No. Check No. posit No. 01202198 E22299916603100 k/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Payer Seq No. Amount es Deposit No. Date Туре Amount Type EC01202198 V01/20/2021 46152107 CC003444188 EC \$3,960.38 LG E22299916603100 29207913-ALI S BOURES \$3,960.38 EC01202198 -01/19/2021 46151853 CC003441984 -EC **₩**\$3,960.38 - \$3,960.38 PA E22299916603100 29207660-ALIS BOURES \$3.962.62 PA E22299916603100 BOURESLAN ALI & LYDA A01222092 01/22/2020 43051713 1285 CH \$22,133.60 A01141975 01/14/2019 39895112 1262 CH \$21,622.26 \$3,756.98 PA E22299916603100 BOURESLAN ALI & LYDIA 01/23/2018 | 37163523 | 1223 CH \$20,808.84 \$3.524.34 PA E22299918603100 BOURESLAN ALI & LYDIA A01231883 01/24/2017 34254473 01091 CH \$2.82- TR E22299918603100 BOURESLAN ALI & LYDI4 R030317398 \$0.00 01/24/2017 34254473 01091 338.05- TR E22299916803100 R030317398 CH 50.00 BOURESLAN ALI & LYDIA R030317398 01/24/2017 34254473 01091 CH \$0.00 \$3,896 09- TR | E22299916603100 BOURESLAN ALI & LYDI4 R030317398 01/24/2017 34254473 01091 CH \$10.375.58- TR | E22299916603100 BOURESLAN ALI & LYDU \$0.00 X0124172003 01/24/2017 34254473 01091 CH \$20,118.39 \$14.310.93 LG E22299916603100 BOURESLAN ALI & LYDU X0124172003 01/24/2017 | 34254473 | 01091 \$20,118.39 \$3,430.10 PA E22299916603100 BOURESLAN ALI & LYDK CH X0127162010 01/27/2016 31315747 00370 CH \$29,858.96 \$3,368.17 PA E22299916803100 BOURESLAN ALI & LYDIA

\$71,383.09

Applied Total



SALAZAR MANUEL E & ANA P 5133 MEMORY DR EL PASO, TX 79932-2219



Geo No. Prop ID K408-999-0020-7100 325123 Legal Description of the Property 2 KINGSWOOD VALLEY ESTATES LOT 36

5133 MEMORY LN

OWNER: SALAZAR MANUEL E & ANA P

2020 OVERAGE AMOUNT \$8,336.83

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 PROPER	TY TAX REFUND: This application must be completed, signed, and	submitted with suppo	orting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:						
recipient.	Name: MANUEL E. SALL						
Show information for whomever will be receiving	Address: 5(33 MENURY DR.						
the refund.	City, State, Zip: EL DASO TX 79932						
			1 2-01 1 16				
	Daytime Phone No.: 915 494 4310	E-Mail Address:	salm 330 icloud won				
Step 2. Provide payment information.	Payment made by: Check No.	Date Paid	Amount Paid				
Please attach copy of cancelled	BANKOR AMERICA / RECET 85314	1125/21	\$8334.83				
check, original receipt, online	7 (303) (
payment confirmation or bank/credit card statement.							
	TOTAL AMOUNT PAID (sum of the Please check one of the following:	above amounts)					
Step 3. Provide reason for this refund.			是是在10年的10年的10年的10年的10年的10年				
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 acco	ount(s) and/or year((s), escrow (listed below):				
Step 4. Sign the form.	By signing below, I hereby apply for the refund of the above-de	escribed taxes and o	certify that the information I				
Unsigned applications cannot	have given on this form is true and correct. (If you make a fals						
be processed.	guilty of a Class A misdemeanor or a state jail felony under the	e Texas Penal Code	e, Sec. 37.10.)				
D		RINTED NAME &					
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TAX OFFICE USE ONLY:	Approved Denied By:	Date:	اطلهادها				



JAN 06 2021

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Prop ID Geo No. M641-999-0010-1500 95003

Legal Description of the Property

I MONTANA & LEE COMMERCIAL DIST #2 15 & 16 (87120.00 SQ FT)

3715 LEE BLVD 79936

OWNER: ALVARADO COSME D

2020 OVERAGE AMOUNT \$3,000.00

Print Date: 12/28/2020

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:

v52.1.7

ALVARADO COSME D

12708 TUSCAN SUN CT EL PASO, TX 79938-4385

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 n	nust be completed, signed,	and submitted with supp	orting documentation	to be valid.
Step 1. Identify the refund	Who should the refund be issued to:						
Show information for whomever will be receiving the refund.	Name: 30 & L Crane Service LLC						
	Address: 12708 Tuscan Sun						
				7x-7993	8		
	Daytir	ne Phone No	· (915)2	76-1665	E-Mail Address:		
Step 2. Provide payment	Payme	ent made by:	the second	Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled	30	1 & A cr	ane Souce	06089	12/24/2020	\$7609.9	77
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	I overpaid this account. 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 payme	nt should have be	en applied to other tax	account(s) and/or year	(s), escrow (listed b	elow):
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Step 4. Sign the form.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I						
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 found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)						
0	SIGN	ATURE OF	REQUESTOR (R.	EQUIRED)	PRINTED NAME &		
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TAX OFFICE USE ONLY	P	Annroved	Denied	By:	AMIX Date:	21/28/28	12

L Denosit Status Notes Go To ACCOUNT NO (M64199900101500): Bankruptcy 13-30428 has been closed ANDREA 01/13/2021 14:30:41 ACT80122 v1.90 ACTEP **DEPOSIT** Remittance Detail **Summary Query** Summary Payment Amount Account No Remit Sea No. Deposit No. Check No. Payment Agreement No. T12242000012 M64199900101500 Check/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Images Deposit No. O Date Payer Seq No. No. Type Amount Amount Type No. T12242000012 12/24/2020 45480135 CH \$3,000.00 LG M64199900101500 06089 \$7,609,97 ALVARADO COSME D T12242000012 12/24/2020 45480135 CH \$7,609.97 \$4,609.97 PA M64199900101500 ALVARADO COSME D ET202067 10/10/2020 43925412 5767 CH \$0.00 \$1,000.00 TR M64199900101500 ALVARADO COSME D ET202067 CA \$500 00 | TR | M64199900101500 10/10/2020 43925411 \$0.00 ALVARADO COSME D ET202067 10/10/2020 43712601 5739 CH \$1,500.00 TR M64199900101500 ALVARADO COSME D \$0.00 A12111993 12/11/2019 42209342 CA \$500.00 \$500.00 PA M64199900101500 ALVARADO COSME D A12111993 12/11/2019 42209341 5628 CH \$1,382.05 \$1,382.05 PA M84199900101500 ALVARADO COSME D A10081975 10/08/2019 41594185 CA \$500.00 \$500.00 PA M64199900101500 ALVARADO COSME D A10081975 10/08/2019 41594184 5535 CH \$500.00 \$500.00 PA M64199900101500 ALVARADO COSME D A09091975 09/09/2019 41538662 5498 CH \$500 00 PA M64199900101500 ALVARADO COSME D \$500.00 A09091975 09/09/2019 41538661 CA \$500.00 \$500.00 PA M64199900101500 ALVARADO COSME D S0 00 TR M64199900101500 R9201967 09/09/2019 41538662 5498 CH \$0.00 ALVARADO COSME D Applied Total \$82,820.14

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P+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

TAX OFFICE RECEIVED FEB 0 1 2021

APPLICATION FOR TAX REFUND

APPLICANT MUST PROV		and the second second second			y taxing entit		The second secon
107000 10 022 023 0	IDE THE FOLLOWING IN						
Refund To:		Phone:			Property ID#		
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LLC		WORK:				255 9	587
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Address (mail refund to	-1	Property Ac	Property Address: 317 Egret Way				38.00
901 Corporate Ce		And/or	uless. STI Egiet	vvay			
Pomona, CA 9176		1000 1 1000 100	Legal Description: 3 River Bend Estates Lot 11				
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Tax year requested:	Date payment made:	Check No. & Date, if known: Amount of taxes paid:			of refund requested:		
1. 2020	11/14/2020	203319		6633.60		4569.94	V
2.							
3.			<u> </u>				
	TOTAL AMOU	NT (sum of the	ne above amounts)			4569.9	
Contract and the second						and the second s	red if over \$2,500)
	<u>REQUIRED:</u>	Copy of orig	inal receipt, front	& back of n	egotiated ch	eck. OR	
	bank statemen	t showing it	em cleared (both t	he bank & t	axpayer mus	t appear)	
REASON FOR OVI	ERPAYMENT:	incorrect	amount paid	CONTRACTOR OF THE PARTY OF THE	Annual Control of the	······································	
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r certify that this	ormation given to obt	airi triis ren	und is true and c	orrect.			
Angie Pas	illar				Date:	02/01/20	21
Requestor signat					Date	02/01/20	21
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Printed name:		**************************************		ar tolkerokki bask	Title:	700 000 A	
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(2) imprisonment l				і Соае) Ал арр		AND DESCRIPTION OF THE PARTY OF	
				the rights the i			or both. nade within 3 years after
	the date of t		the taxpayer worves i	the righto the I	refund (Sec 31.1		
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Tax Office Approval:	JAN C	JND APPROV		the righto the i		1 (c)). Date:	
Tax Office Approval: (Placed on City Cou	PREFIL Americal Agenda over \$2,5	JND APPROV	VED 45/21		efund (Sec 31.1	1 (c)). Date:	
Tax Office Approval: (Placed on City Cou	Incil Agenda over \$2,5	JND APPROV	VED /5/21 der () 5	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399
Tax Office Approval: (Placed on City Cou () DISAPPROVEI () Required	encil Agenda over \$2,5	JND APPROV	vED der () S celed Check, Bank	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399
Tax Office Approval: (Placed on City Cou () DISAPPROVED () Required () Record o	ncil Agenda over \$2,5 documentation (Tax of overpayment not for	JND APPROV	der () Sceled Check, Bank property.	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399
Tax Office Approval: (Placed on City Cou () DISAPPROVED () Required () Record o	encil Agenda over \$2,5	JND APPROV	der () Sceled Check, Bank property.	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399
Tax Office Approval: (Placed on City Cou () DISAPPROVED () Required () Record o	ncil Agenda over \$2,5 documentation (Tax of overpayment not for	JND APPROV	der () Sceled Check, Bank property.	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399
(Placed on City Could () DISAPPROVEI () Required () Record o () Property	ncil Agenda over \$2,5 documentation (Tax of overpayment not for	JND APPROV	der () Sceled Check, Bank property.	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399
(Placed on City Could be a proved on City Co	ncil Agenda over \$2,5 documentation (Tax of overpayment not for	JND APPROV	der () Sceled Check, Bank property.	See below/a	efund (Sec 31.1	1 (c)). Date: Date:	Ol 05 399

eposit Status Notes Go To : DREA 02/Q5/2021 14:29:54 T80122 v1.90 ACTEP EPOSIT Remittance Detail Summary Query Summary Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. eposit No. R57099900302100 0301211798 ck/Receipt Receipt Remit Payment Payment Applied Transaction Account Check Payer Deposit No. Date Seq No. Туре Amount Amount Type es √\$4,569.94 LG R57099900302100 EF. \$0.00 2700-LERETA LLC 11/18/2020 44910785 201117164205 R0301211798 82,063,66 TR R57099900302100 2700-LERETA LLC R030121298 11/18/2020 44910785 201117184205 \$0.00 T12231900002 12/23/2019 42396525 00685 \$2,037.75 \$2,037.75 PA R57099900302100 CLARKE ANGELA K T12261800004 12/26/2018 39521971 00624 \$1,908.76 PA R57099900302100 CLARKE ANGELA K CH \$1,908.76 T12261740008 12/28/2017 36533463 00609 \$1,888.69 \$1,886.69 PA R57099900302100 CLARKE ANGELA K CH X1220161003 12/20/2016 33438489 00585 CH \$1,797.61 \$1,797.61 PA R57099900302100 CLARKE ANGELA K \$1,764.64 PA R57099900302100 CLARKE ANGELA K X0104161002 01/04/2016 30676201 00565 \$1,764.64 CH CLARKE ANGELA K X0107151000 01/07/2015 27776810 01002 CH \$1,906.03 \$1,906.03 PA R57099900302100 12/26/2013 | 24597687 \$1,868.00 PA R57099900302100 CLARKE ANGELA K X1226131006 00536 CH \$1,868.00 \$1.810.12 PA R57099900302100 CLARKE ANGELA K X1231121027 12/31/2012 22072499 00520 CH \$1.810.12 X1222111001 12/22/2011 19448620 04048 CH \$1,776.12 \$1.776.12 PA R57099900302100 CLARKE ANGELA K 12/31/2010 17343578 04079 \$1,759.87 PA R57099900302100 CLARKE ANGELA K X0103111009 CH \$1,759.87 \$39,793.15 Applied Total



THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Suite 300 El Paso, Texas 79901

TAX OFFICE RECEIVED JAN 26 2021

Phone (915) 212-0106, Fax (915) 212-0108

		APPLIC	ATION FOR T	AX REFUND		
	solidated Tax Office col		ty taxes for all elig	ible property taxing	entities within E	I Paso County.
	/IDE THE FOLLOWING INF					
Refund To: TEXSTAT ESCOW		Phone: (9/5) 20/-4/3374 Property ID# (One application per account) 15/605 162-999-0270-				
Address (mail referred to)		Decreed Ad	Idaa aa aa aa aa aa		. / /	.//
Address (mail refund to 5809 ACA ELPASO, TX	cia Circle 79912	Property Ad And/or Legal Descr	1729 iption: 275	Weath arah An	ne Park	
Tax year requested:	Date payment made:	The same of the sa	& Date, if known:	Amount of taxes paid		of refund requested:
1. 2020	1-8-2021	3010	1-8-2021	\$3,080.57	# 3,	080.57
2. 3.						
J.	TOTAL AMOUN	IT (sum of th	le above amounts)			
	1017127111001	Tr (outri or a	o abovo amounto,	City Cour	ncil approval reau	ired if over \$2,500)
原用出力。以	REQUIRED: (Copy of orig	inal receipt, front	& back of negotiate	TOTAL SECTION AND ADDRESS OF THE PARTY OF TH	
	THE RESERVE OF THE PARTY OF THE			he bank & taxpayer		的 可能对于形式的
REASON FOR OV	ERPAYMENT:	TAX	ES 100	re Raid	brace	cident.
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1	Variation of the Control of the Cont					
"I certify that info	ormation given to obta	ain this refu	und is true and c	orrect."		
Sim	D S/4	lipol	8	Dat	e:	22-3021
Requestor signat	ure: L'Adina	D			Mac	nager
Printed name:	A SHARE THE STATE OF THE STATE			Titl	e:	0
	ny person knowingly submit up to one year, or fine not ov the date of th	er \$2,000, or l	both. (Sec 37.10 Penal		or a refund must be	
TAX OFFICE Entry:	BEFU	ND APPROV	/ED			~
Tax Office Approval:	SMT .			- 100	Date:	01/27/2021
	Inc.	11	28/2021		Date:	,
(Placed on City Cou	ncil Agenda over \$2,50	-				
() DISAPPROVEI () Required () Record o		rned to send eceipt, Cand nd on this p	eled Check, Bank roperty.	See below/attached Statement, or Othe		d.
				W-10-10-10-10-10-10-10-10-10-10-10-10-10-		

🕡 Deposit Status Notes Go To ACCOUNT NO (\$16299902701700): YEAR = 2019, LEGAL STATUS = BANKRUPTCY, BANKRUPTCY ANDREA 01/25/2021 14:20:19 ACT80122 v1.90 ACTEP NUMBER = 19-31300,05-28-2020 REOPEN RECONFILE DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Payment Agreement No. Remit Seq No. Check No. Payment Amount A01152179 S16299902701700 Check/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Payer Images Deposit Nov Date Sea No. No Amount Amount Type No. Type A01152179 01/15/2021 45992128 003010 CH \$64,501.55 \$3,080.57 AA \$16299902701700 25959829-TEXSTAR ESC EC02032098B 01/31/2020 43580001 CC002902738 EC \$84,644,21 \$3.080.57 PA \$18299902701700 27357182-RICHARD AGU 01/30/2019 40323850 53,009.00 AA \$16299902701700 25959829-TEXSTAR ESC A01301986 000730 CH \$51,513.54 A09101875 08/31/2018 38600750 8888 CH \$4,734.16 \$4,734.16 PA \$16299902701700 25055927-FNA DZ LLC A02011741 01/31/2017 34595305 66514 CH \$33,325.01 \$402.87 AA \$16299902701700 1512117-MILLS ESCROW A01041775 12/31/2016 33696549 066339 CH \$29,277.12 \$908.01 AA \$15299902701700 20936953-MILLS ESCRO\ \$2,179.21 PA | \$18299902701700 M1518000001 12/30/2015 30557184 158174 CH \$1,218,616.07 1800-FIRST NATL BANK RD1891544 CH \$242.87- RD | \$16299902701700 23825651-LOPEZ LUIS C 03/31/2015 27491390 0000187661 \$242.87-RD1891544 3276.94- RD | \$16299902701700 03/31/2015 26370406 0000187662 CH \$276.94-23825651-LOPEZ LUIS C M141800 12/29/2014 27491390 153282 CH \$1,378,236.63 32,527.44 AA S16299902701700 1800-FIRST NATL, BANK 12/29/2014 27491390 CH \$242.87 TR | \$16299902701700 23825651-LOPEZ LUIS C RC150323 153282 \$242.87 RC150323 12/29/2014 27491390 CH \$242.87- TR |\$16299902701700 LOPEZ LUIS C 153282 \$242.87-\$52,069.73 Applied Total



IAN 14 2021

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. V893-999-3510-0100

ORTEQUI ENTERPRISES LTD 3517 FRUTAS EL PASO, TX 79905

Legal Description of the Property 351 VISTA DEL SOI #64 PT OF 1 BEG 204.86 FT SW OF NEC (69.15 FT ON NLY-IRREG ON WLY & SLY-27.53 FT ON ELY)

11355 MONTWOOD DR

OWNER: ORTEQUI ENTERPRISES LTD

2020 OVERAGE AMOUNT \$5,331.17

Print Date: 01/06/2021

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:

v52.1.7

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	ΓΥ TAX REFUND: This application must be completed, signed, and submitted with supporting 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: Ortzgur (TO)						
	Address: 7085 Alameda						
	City, State, Zip: E/ Paso + 19915						
	Daytime Phone No.: 915 544-0/26 EXIV E-Mail Address: DISTEGRIPEXCELME						
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 bank/credit card statement.	TOTAL AMOUNT BAYD						
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) 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	- f						
years that you intended to pay with this overage.	I overpaid this account. Please refund the excess to the address listed in Step I.						
•	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 other tax account(s) and or year(s), escrow (fisted below).						
St. 4 St. 4 S							
Step 4. Sign the form. Unsigned applications cannot	By signing below, I hereby apply for the refund of the above-described taxes and cert fy 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						
be processed.	guilty of a Class A misdemeanor or a state jail felony under the Texus Penal Code, Sec. 37.10.)						
0 11	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE						
XIIIC 214121	Willen Gotte Blanca & Oxteg O'/ Jan						
700001111	7						
	AN DANS MAN						
TAX OFFICE USE ONLY:	Approved Denied By: Date: Date						

e Deposit Status Notes Go To 02/03/2021 17:21:34 ANDREA ACT80122 v1.90 ACTEP DEPOSIT Remittance Detail Summary Query Summary Payment Agreement No. Account No. Remit Seq No. Check No. Payment Amount Deposit No. A01062179 V89399935100100 Payment Payment Account Check/Receipt Receipt Remit Check Applied Transaction Images Deposit No. Payer Amount Type Date Seq No. No. Туре Amount No. A01062179 01/06/2021 45755008 055343 CH \$256,424.27 \$5,331.17 LG V89399935100100 29069770-ORTEQUIENTE \$9,048,36 AA V89399935100100 29069770-ORTEQUIENTE A01062179 01/06/2021 45755008 055343 CH \$256,424.27 T01022000007 12/31/2019 42611459 55156 CH \$182,614.05 \$10.316.04 PA V89399935100100 ORTEQUI ENTERPRISES L \$10,725.09 PA V89399935100100 ORTEQUI ENTERPRISES L A12191875 12/19/2018 39356370 054929 CH \$158,069.67 \$10,236,93 PA V89399935100100 A01101878 01/10/2013 36908229 054708 CH \$151,538.45 ORTEQUI ENTERPRISES L \$162,058.31 \$9,998.93 PA V89399935100100 ORTEQUI ENTERPRISES L A12221677 12/22/2016 33471094 054471 CH A01071665 01/07/2016 30745546 54147 CH \$169,020.51 \$9.842 10 PA V89399935100100 ORTEQUI ENTERPRISES L \$9,516.67 AA V89399935100100 ORTEQUI ENTERPRISES L A01201548 01/20/2015 27991126 053974 CH 5142,941.87 \$9,341.75 PA V89399935100100 ORTEQUI ENTERPRISES L X0109142000 01/09/2014 24949750 01003 CH \$162,276.38 57.374 79 PA V89399935100100 ORTEQUI ENTERPRISES L X0110132005 01/10/2013 22328273 01001 CH \$151,564.44 = X0117122000 01/17/2012 19935926 53360 CH \$119,077.02 \$7,064.83 PA V89399935100100 ORTEQUI ENTERPRISES L X0103112004 12/31/2010 17344690 \$116,995.74 \$6,922.96 PA V89399935100100 ORTEQUI ENTERPRISES L .. 01052 CH \$288,752.85 Applied Total