

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

**DEPARTMENT:** Tax Office

**AGENDA DATE:** April 13, 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 exceeding the three (3) year limit. (See Attachment B)

**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 exceeding the statutory three (3) year limit, 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

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

*Sheryl R. Mack for Maria O. Pasillas*

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

TAX REFUNDS OVER THREE (3) YEARS

April 13, 2021

1. Martha P. Rosales, in the amount of \$38.99, made an overpayment on November 3, 2017 of 2017 taxes.  
(Geo. # C980-000-0100-0301)
2. CoreLogic Refunds Dept., in the amount of \$1,470.36, made an overpayment on December 28, 2016 of 2016 taxes.  
(Geo. #E054-999-012A-0900)
3. Refund Department-Corelogic, Corelogic Tax Services, in the amount of \$506.07, made an overpayment on May 31, 2017 of 2013 taxes.  
(Geo. #A200-000-0110-3000)

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Laura D. Prine  
City Clerk



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Maria O. Pasillas, RTA  
Tax Assessor Collector



# Internal Audit Office

**MAYOR**  
Oscar Leoser

**DATE:** March 22, 2021

**TO:** Maria O. Pasillas, Tax Assessor/Collector

**CITY COUNCIL**

**FROM:** Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor 

**District 1**  
Peter Svarzbein

**SUBJECT:** Review of Tax Overpayment Refunds that Exceed Three Years

**District 2**  
Alexandra Anello

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

**District 3**  
Cassandra Hernandez

The following Tax Overpayment Refunds that exceeded a three-year period were reviewed:

**District 4**  
Joe Molinar

**District 5**  
Isabel Salcido

JENNIFER RICE	A200-000-0110-3000	\$506.07
CORELOGIC REFUNDS DEPT	E054-999-012A-0900	\$1,470.36
MARTHA P ROSALES	C980-000-0100-0301	\$38.99

**District 6**  
Claudia L. Rodriguez

**District 7**  
Henry Rivera

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 2 to 11 days to process the applications received and send for review.

**District 8**  
Cissy Lizarraga

Based on our review, the Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

**CITY MANAGER**  
Tommy Gonzalez

cc: Tomas Gonzalez, City Manager  
Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

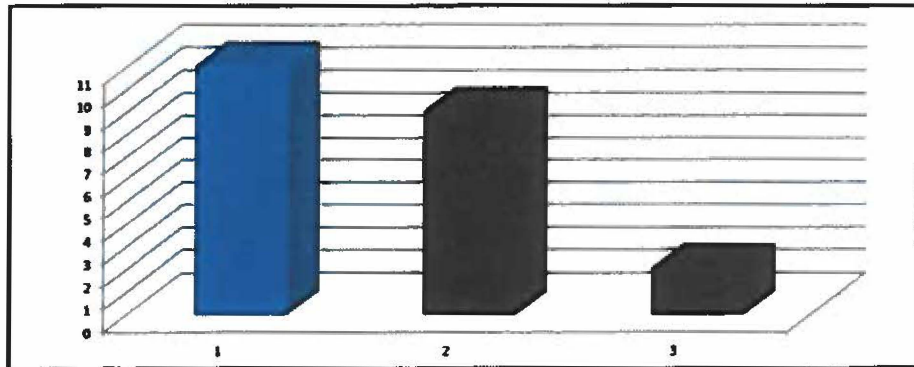
**Edmundo S. Calderon – Chief Internal Auditor**  
Internal Audit Office | 218 N. Campbell | El Paso, TX 79901  
O: (915) 212-0069 | Email: calderones@elpasotexas.gov



DELIVERING EXCEPTIONAL SERVICES

City of El Paso  
Internal Audit Office  
Tax Office Refund Project  
Week of 03/15/2021 Reviews- Over Three Years

#	Refund To	P.I.D. Number	Amount of Refund	Date Application was Received	Date of Proof of Payment was Received to the Tax Office	Date Application was approved by the Tax Office	Date Tax Office Sent to Internal Audit for Review	Total Days from Date Proof of Payment to Date Asked to be Reviewed	Date Internal Audit Reviewed Application	Comments
1	JENNIFER RICE	A200-000-0110-3000	\$506.07	3/8/2021	3/8/2021	3/17/2021	3/19/2021	11	3/22/2021	
2	CORELOGIC REFUNDS DEPT	E054-999-012A-0900	\$1,470.36	3/10/2021	3/10/2021	3/17/2021	3/19/2021	9	3/22/2021	
3	MARTHA P ROSALES	C980-000-0100-0301	\$38.99	3/17/2021	3/17/2021	3/17/2021	3/19/2021	2	3/22/2021	
			<u>\$506.07</u>							



**Legend**  
 11-20 Days  
 9-10 Days  
 01-10 Days



## **RESOLUTION**

**WHEREAS**, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

**WHEREAS**, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

**WHEREAS**, taxpayer, Martha P. Rosales through Martha P. Silva ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on November 03, 2017 in the amount of \$38.99 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

THAT THE City finds that Martha P. Rosales showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$38.99 is approved.

**APPROVED this \_\_\_\_\_ day of \_\_\_\_\_ 2021.**

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leaser  
Mayor

**ATTEST:**

\_\_\_\_\_  
Laura D. Prine  
City Clerk

**APPROVED AS TO FORM:**

*Wendi Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

*Maria O. Pasillas*  
\_\_\_\_\_  
Maria O. Pasillas, RTA  
Tax Assessor/Collector

# TAX OFFICE RECEIVED

JUN 08 2020

NIXIE 799 DE 1 2204/29/20  
 RETURN TO SENDER  
 VACANT  
 UNABLE TO FORWARD  
 RC: 79901167575 \*0503.03707.27.42  
 75

CTOR

as.gov/tax-office

SILVA MARTHA P  
 PO BOX 120  
 SAN ELIZARIO, TX 79849-0120

OP  
 +3425 ✓

Geo No. C980-000-0100-0301	Prop ID 215455
Legal Description of the Property 10 CUNA DEL VALLE LOT 3 MOBILE HOME ONLY ON LOT 3 1976 CAMERON 12X56 SERIAL # L0755800	
13220 NAMIQUIPA AVE	
OWNER: SILVA MARTHA P	

2017 OVERAGE AMOUNT \$38.99 ✓

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 19: SAN ELIZARIO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2, 56: CITY OF SAN ELIZARIO

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 PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Martha P Rosales</u> ✓			
	Address: <u>13220 NAMIQUIPA</u>			
	City, State, Zip: <u>SAN ELIZARIO TX 79849</u>			
	Daytime Phone No.: <u>915 667 5323</u>		E-Mail Address:	
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
		<u>0106 LQBS</u>	<u>11/3/17</u>	<u>\$200.00</u>
	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:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> 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. )			
	SIGNATURE OF REQUESTOR (REQUIRED) <u>Martha P Rosales</u>		PRINTED NAME & DATE <u>Martha P Rosales</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>03/17/2021</u> ✓				

v52.1.1

P.O.P. Recvd  
 CITY OF EL PASO  
 OFFICE MAR 17 2021 ✓

Print Date: 04/13/2020



ANDREA  
ACT80122 v1.90ACCOUNT NO (C98000001000301): PAID RESIDENTIAL PAYMENT AGREEMENT #88690. BEGIN  
DATE: 07/05/2017, END DATE: 06/05/2018, MONTHLY PAYMENT AMOUNT: \$162.22, YEARS:06/10/2020 12:43:44  
ACTEP

DEPOSIT

Remittance

Detail

## Summary Query

## Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A11131775	C98000001000301									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A02182081	03/18/2020	43952493	26060923436	CH	\$48.14	\$48.14	PA	C98000001000301	SILVA MARTHA P
	A02281985	02/28/2019	40846270		CA	\$800.00	\$92.27	PA	C98000001000301	SILVA MARTHA P
	A11131775	11/03/2017	35962123	0106 LGBS	CH	\$200.00	\$38.99	LG	C98000001000301	SILVA MARTHA P
	A10121741	10/12/2017	35715955	0105 LGBS	CH	\$200.00	\$59.51	AA	C98000001000301	SILVA MARTHA P
	A09131741	09/13/2017	35260451	905 LGBS	CH	\$200.00	\$50.52	AA	C98000001000301	SILVA MARTHA P
	A08101725	08/10/2017	35086458	LGBS0201	CH	\$200.00	\$25.00	AA	C98000001000301	SILVA MARTHA P
	A07051778	07/05/2017	35497123		CA	\$180.00	\$14.00	AA	C98000001000301	SILVA MARTHA P
	A04201572	04/20/2015	29118132	259	CH	\$150.73	\$150.73	PA	C98000001000301	SILVA MARTHA P
	B02051263	01/31/2013	22941828	9217015676	CH	\$52.25	\$52.25	PA	C98000001000301	SILVA MARTHA P
	R3003122JB	03/14/2012	12526247	00108	CH	\$64.70	\$64.70		C98000001000301	SILVA, MARTHA P
	A02281264	02/26/2012	20598586	252	CH	\$131.56	\$58.85	PA	C98000001000301	SILVA MARTHA P
	A02281264	02/26/2012	20598272		CA	\$870.00	\$186.92	PA	C98000001000301	SILVA MARTHA P
Applied Total							\$2,886.21			

## **RESOLUTION**

**WHEREAS**, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

**WHEREAS**, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

**WHEREAS**, taxpayer, CoreLogic Refunds Department through HSBC Bank USA N A ("Taxpayer") has applied for a refund with the tax assessor for their 2016 property taxes that were overpaid on December 28, 2016 in the amount of \$1,470.36 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2016 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

THAT THE City finds that CoreLogic showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2016 taxes and the tax refund in the amount of \$1,470.36 is approved.

**APPROVED this** \_\_\_\_\_ **day of** \_\_\_\_\_ **2021.**

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leoser  
Mayor

**ATTEST:**

\_\_\_\_\_  
Laura D. Prine  
City Clerk

**APPROVED AS TO FORM:**

*Wendi Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

*Maria O. Pasillas*  
\_\_\_\_\_  
Maria O. Pasillas, RTA  
Tax Assessor/Collector





TAX OFFICE  
RECEIVED  
MAR 10 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



HSBC BANK USA N A  
1 CORELOGIC DRIVE  
WEST LAKE, TX 76262

Geo No. E054-999-012A-0900	Prop ID 44014
Legal Description of the Property 12-A EAST GLEN REPLAT A LOT 5 (7752 SQ FT)  2715 DAN SIKES DR  OWNER: PHILLIPS KENNETH I	

2016 OVERAGE AMOUNT \$1,470.36

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 PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <input checked="" type="checkbox"/> CoreLogic Refunds Dept			
	Address: 3001 Hackberry Road OR PO Box 9202			
	City, State, Zip: Irving, TX 75063 OR Coppell, TX 75019			
	Daytime Phone No.: 800-225-4707		E-Mail Address: customerproductsupport@corelogic.com	
<b>Step 2. Provide payment information.</b> 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	32126509	12/19/16	\$3,009.03
				\$3,009.03
	TOTAL AMOUNT PAID (sum of the above amounts)			
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>Step 4. Sign the form.</b> 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. )			
	SIGNATURE OF REQUESTOR (REQUIRED) Laznie Santiago		PRINTED NAME & DATE Laznie Santiago	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 03/12/2021				

Notes

Go To

ANDREA  
ACT80122 v1.90

ACCOUNT NO (E054999012A0900): Bankruptcy 15-30278 has been closed

03/12/2021 15:33:14  
ACTEP

Deposit REMITTANCE Detail

Summary Query

Summary

Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
A12281678		E054999012A0900									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	B08021765	07/21/2017	35582883	309812	CH	\$220.56	\$220.56	PA	E054999012A0900	5159-STUART C. COX, T	
	C08011765	05/20/2017	35401024	302028	CH	\$137.90	\$137.90	PA	E054999012A0900	5159-STUART C. COX, T	
	IP05081766	05/04/2017	35301216	CC001352118	CR	\$250.00	\$250.00	PA	E054999012A0900	25932133-MARIE HUGHE	
	A05031775	05/01/2017	35286210	304172	CH	\$118.78	\$118.78	PA	E054999012A0900	5159-STUART C. COX, T	
	B03021765	02/28/2017	34998478	300140	CH	\$152.48	\$152.48	PA	E054999012A0900	5159-STUART C. COX, T	
	A12281678 ✓	12/28/2016	33512837	32126509 ✓	CH	\$3,009.03	\$3,009.03	PA	E054999012A0900	23801136-HSBC BANK U ✓	
	R030517198	12/28/2016	33512837	32126509	CH	\$0.00	\$1,516.53	LG	E054999012A0900	23801136-HSBC BANK U	
				2126509	CH	\$0.00	\$2,932.89	LG	E054999012A0900	23801136-HSBC BANK U	
				2126509	CH	\$0.00	\$2,932.89	TR	E054999012A0900	23801136-HSBC BANK U	
				2126509	CH	\$0.00	\$1,516.53	TR	E054999012A0900	23801136-HSBC BANK U	
				394592	CH	\$47.54	\$47.54	PA	E054999012A0900	5159-STUART C. COX, T	
				392504	CH	\$98.48	\$98.48	PA	E054999012A0900	5159-STUART C. COX, T	

Applied Total 351,525.07

+3yrs (OP)

12281678

## **RESOLUTION**

**WHEREAS**, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

**WHEREAS**, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

**WHEREAS**, taxpayer, CoreLogic Refund Department ("Taxpayer") has applied for a refund with the tax assessor for their 2013 property taxes that were overpaid on May 31, 2017 in the amount of \$506.07 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2013 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

THAT THE City finds that CoreLogic showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2013 taxes and the tax refund in the amount of \$506.07 is approved.

**APPROVED this \_\_\_\_\_ day of \_\_\_\_\_ 2021.**

**CITY OF EL PASO:**

\_\_\_\_\_  
Oscar Leaser  
Mayor

**ATTEST:**

\_\_\_\_\_  
Laura D. Prine  
City Clerk

**APPROVED AS TO FORM:**

*Wendi Vineyard*  
\_\_\_\_\_  
Wendi N. Vineyard  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

*Maria O. Pasillas*  
\_\_\_\_\_  
Maria O. Pasillas, RTA  
Tax Assessor/Collector



TAX OFFICE  
RECEIVED

MAR 08 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

Refund Dept-CoreLogic  
CoreLogic Tax Services

PO BOX 9202  
COPPELL, TX 75019-9202

Geo No. A200-000-0110-3000	Prop ID 236882
Legal Description of the Property 11 AGUA DULCE #2 LOT 30 (14984.64 SQ FT)  781 AGUA MINERAL PL 79928	
OWNER: MORALES VERONICA & JESUS	

2013 OVERAGE AMOUNT \$506.07

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

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 PROPERTY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Jennifer			
	Address: PO Box 9202			
	City, State, Zip: Coppell TX 75019-9978			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:		E-Mail Address:	
	Payment made by:	Check No.	Date Paid	Amount Paid
	CoreLogic	4000889366	5/27/2017	\$ 506.07
	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:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
Step 4. Sign the form. Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	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.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
Jennifer Rice		Jennifer Rice 03/8/2021		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 03/12/2021				



ANDREA  
ACT80122 v1.90

ACCOUNT NO (A20000001103000): Bankruptcy 13-31391 has been closed

03/12/2021 10:47:10  
ACTEP

DEPOSIT Remittance Detail

## Summary Query

## Summary

Deposit No	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No					
A05311778	A20000001103000									
Check/Receipt Images	Deposit No	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	IP11182090	11/17/2020	44913234	00003222221	CR	\$500.00	\$500.00	PA	A20000001103000	23750153-MR PAYMENT
	A02182079	02/18/2020	43749070		CA	\$380.00	\$389.82	PA	A20000001103000	MORALES VERONICA S.
	0013120254	01/21/2020	43823534	2170	CH	\$200.00	\$200.00	PA	A20000001103000	23191494-MORALES VER
*	K1126191001	11/26/2019	42027423	45936	CH	\$300.00	\$300.00	PA	A20000001103000	MORALES VERONICA S.
*	K1121181002	11/21/2018	39023674	42533	CH	\$721.99	\$721.69	PA	A20000001103000	MORALES VERONICA S.
	A04301878	04/30/2018	38198050		CA	\$280.00	\$278.40	PA	A20000001103000	MORALES VERONICA S.
	IP02201896	02/18/2018	37831024	00001981498	CR	\$499.97	\$499.97	PA	A20000001103000	26251057-MR PAYMENT
	A02091875	12/31/2017	37788970	318743	CH	\$0.07	\$0.07	PA	A20000001103000	5159-STUART C. COX, T
	A07031778	06/26/2017	35489210	303088	CH	\$25.49	\$25.49	PA	A20000001103000	5159-STUART C. COX, T
	A05311778	05/31/2017	35383159	4000889366	CH	\$506.07	\$506.07	PA	A20000001103000	25391222-CMS
	R020717196	05/31/2017	35383159	4000889366	CH	\$0.00	\$506.07	LG	A20000001103000	25391222-CMS
	R020717190	05/31/2017	35383159	4000889366	CH	\$0.00	\$506.07	TR	A20000001103000	25391222-CMS

Applied Total

311,377.83

43yrs

OP