

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

DEPARTMENT: Tax Department

AGENDA DATE: February 4, 2020

CONTACT PERSON NAME AND PHONE NUMBER: Maria Pasillas, Tax Assessor Collector, 212-1737

DISTRICT(S) AFFECTED: All

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.

Approve property tax overpayment refunds, greater than \$2,500.00

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?

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.

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

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

N/A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:

Maria O. Pasillas

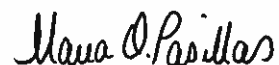
(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

Information copy to appropriate Deputy City Manager

TAX REFUNDS
February 4, 2020

1. Maria Teresa Navarrete, in the amount of \$4,432.22, made an overpayment on December 27, 2019 of 2019 taxes.
(Geo. #C81899906801400)
2. West Valley Partners, in the amount of \$9,000.96, made an overpayment on December 26, 2019 of 2019 taxes.
(Geo. #X267999S00D0400)
3. El Paso Honda, in the amount of \$7,390.91, made an overpayment on January 3, 2020 of 2019 taxes.
(Geo. #V89399915800100)
4. West Valley Partners, in the amount of \$16,485.97, made an overpayment on December 26, 2019 of 2019 taxes.
(Geo. #X267999S00D0100)
5. Fashing Non-Exempt Trust, in the amount of \$6,454.27, made an overpayment on December 10, 2019 of 2019 taxes.
(Geo. #G56999909900800)
6. Vantage Bank Texas, in the amount of \$3,350.45, made an overpayment on December 17, 2019 of 2019 taxes.
(Geo. #V89799911500100)
7. Wells Fargo Home Mortgage, in the amount of \$2,829.14, made an overpayment on December 18, 2019 of 2019 taxes.
(Geo. #G47799900200100)
8. GECU Mortgage, in the amount of \$2,801.09, made an overpayment on December 20, 2019 of 2019 taxes.
(Geo. #V89399952604100)
9. Sophie Leasing LLC, in the amount of \$8,566.18, made an overpayment on January 6, 2020 of 2019 taxes.
(Geo. #S80699900100100)

Laura D. Prine
City Clerk



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 www.elpasotexas.gov/tax-office

TAX OFFICE RECEIVED

JAN 08 2020

MARIA TERESA NAVARRETE
336 GRAPHITE DRIVE
EL PASO, TX 79932

Handwritten: 27500 ✓

Geo No. C818-999-0680-1400	Prop ID 233566
Legal Description of the Property 68 CORONADO HILLS #4 LOT 5 (8977 SQ FT) 6217 MONARCH DR 79912	
OWNER: NAVARRETE MARIA T	

2019 OVERAGE AMOUNT \$4,432.22

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 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: <i>Maria Teresa Navarrete</i>			
	Address: <i>801 Corey Creek</i>			
	City, State, Zip: <i>EL PASO TEXAS 79912</i>			
Daytime Phone No.: <i>915-6132324</i>		E-Mail Address: <i>terry@elpasostaffing</i>		
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	
	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 checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input 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) <i>Maria Teresa Navarrete</i>		PRINTED NAME & DATE <i>Maria Teresa Navarrete</i> <i>1-5-2020</i>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				
By: <i>[Signature]</i>		Date: <i>01/22/2020</i>		

terry@elpasostaffing.com

2335460

Deposit Status										
ANDREA ACT80122 v1.90								01/15/2020 11:23:00 ACTEP		
DEPOSIT Remittance Detail										
Summary Query										
Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.	Summary				
EC12301998	C81899906801400									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC12301998	12/27/2019	42523395	CC002705160	EC	\$4,432.22	\$4,432.22	LG	C81899906801400	27816224-MARIA TERES.
	EC12301998	12/27/2019	42523391	CC002705143	EC	\$4,432.22	\$4,432.22	PA	C81899906801400	27816220-MARIA TERES.
	EC12311898	12/31/2018	39595172	CC002226426	EC	\$4,227.18	\$4,227.18	PA	C81899906801400	26835004-MARIA T NAV.
	O013018223	01/30/2018	37692382	10031	CH	\$3,929.64	\$3,929.64	PA	C81899906801400	26213153-GONZALEZ M.
	EC12051698	12/02/2016	33191334	CC001405462	EC	\$1,932.94	\$1,932.94	PA	C81899906801400	24954975-ESTATE OF M/
	EC01191698	01/17/2016	31055737	CC001178953	EC	\$1,887.03	\$1,887.03	PA	C81899906801400	24312006-GUSTAVO GO
	B02091565	01/31/2015	28680762	7961	CH	\$2,047.79	\$2,047.79	PA	C81899906801400	GONZALEZ MARIA T
	EC01291468	01/29/2014	25432407	CC000752747	CH	\$1,992.78	\$1,992.78	PA	C81899906801400	22978097-GUSTAVO GO
	EC01311315	01/30/2013	22886664	CC000600139	CH	\$1,905.23	\$1,905.23	PA	C81899906801400	22365536-GUSTAVO GO
	EC01231257	01/22/2012	20043268	CC000448234	CH	\$1,869.33	\$1,869.33	PA	C81899906801400	21674405-GUSTAVO GO
	X0207111013	01/31/2011	18155915	01032	CH	\$1,843.33	\$1,843.33	PA	C81899906801400	GONZALEZ MARIA T
	X0202102001	01/31/2010	15884747	03172	CH	\$7,610.36	\$1,767.31	PA	C81899906801400	GONZALEZ MARIA T
Applied Total							\$50,841.69			

OP



TAX OFFICE RECEIVED

JAN 13 2020

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

WEST VALLEY PARTNERS
P O BOX 187
ROUND ROCK, TX 78680

+2500

Handwritten initials

Geo No. X267-999-S00D-0400 Prop ID 215952
Legal Description of the Property
S A & M G RR SURV 267 ABST 179 50-A-1
(0.2989 AC) & 50-C-2 (0.4878 AC)
(0.7867 AC)
5270 DONIPHAN DR 79932
OWNER: WEST VALLEY PARTNERS LP

2019 OVERAGE AMOUNT \$9,000.96

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.

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: West Valley Partners
Address: P.O. Box 187
City, State, Zip: Round Rock, TX 78680
Daytime Phone No.: 512-413-6546
E-Mail Address:

Step 2. Provide payment information.

Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.

Table with 4 columns: Payment made by, Check No., Date Paid, Amount Paid. Row 1: West Valley, 1448, 11/25/2019, \$9000.96

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:
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 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) and PRINTED NAME & DATE

TAX OFFICE USE ONLY:

Approved Denied By: Date:

Notes

Go To:

ANDREA
ACT80122 v1.90

01/15/2020 12:27:41
ACTEP

DEPOSIT

Remittance

Detail

OP 72000

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A12261975	X267999S0000400									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A12261975	12/29/2019	42411080	1461 ✓	CH	\$132,603.85	\$9,000.96 ✓	LO	X267999S0000400	22265093-WEST VALLEY
	A11271993	11/27/2019	42029280	1448 ✓	CH	\$9,000.96	\$9,000.96 ✓	PA	X267999S0000400	WEST VALLEY PARTNER
	A12271886	12/27/2018	39467316	1315	CH	\$124,938.12	\$8,766.11	AA	X267999S0000400	WEST VALLEY PARTNER
	A12261781	12/26/2017	36468618	1147	CH	\$125,784.89	\$8,667.54	PA	X267999S0000400	WEST VALLEY PARTNER
	A12281678	12/28/2016	33512809	948	CH	\$8,248.78	\$8,248.78	PA	X267999S0000400	WEST VALLEY PARTNER
	A12281523	12/28/2015	30454744	762	CH	\$8,117.58	\$8,117.58	PA	X267999S0000400	22265093-WEST VALLEY
	A12311472	12/31/2014	27550557	571	CH	\$8,013.23	\$8,013.23	PA	X267999S0000400	WEST VALLEY PARTNER
	A12311369	12/31/2013	24633676	399	CH	\$7,863.80	\$7,863.80	PA	X267999S0000400	WEST VALLEY PARTNER
	A01181365	01/18/2013	22453262	213	CH	\$7,639.67	\$7,639.67	PA	X267999S0000400	WEST VALLEY PARTNER
	A12281141	12/28/2011	19496775	10814	CH	\$7,504.03	\$7,504.03	PA	X267999S0000400	WEST VALLEY PARTNER
	X0128114001	01/28/2011	17936130	10623	CH	\$124,865.61	\$4,354.70	PA	X267999S0000400	KARAM DAVID
	X0107103000	01/07/2010	15187176	10454	CH	\$2,869.41	\$2,869.41	PA	X267999S0000400	KARAM DAVID
Applied Total						\$131,422.49				



TAX OFFICE RECEIVED

JAN 13 2020

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

EL PASO HONDA I L P
1490 N LEE TREVINO DR
EL PASO, TX 79936-5918

X 2500
AD ✓

Geo No. V893-999-1580-0100	Prop ID 49704
Legal Description of the Property	
158 VISTA DEL SOL #31 NWLY PT OF 1 (636.97 FT ON ST - IRREG ON N - IRREG ON E - 586.16 FT ON S) (6.8671 AC)	
1470 LEE TREVINO DR	
OWNER: EL PASO HONDA I L P	

2019 OVERAGE AMOUNT \$7,390.91

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: EL PASO Honda			
	Address: 1490 N LEE TREVINO DR ✓			
	City, State, Zip: EL PASO TEXAS 79936			
Daytime Phone No.: 915-591-6100		E-Mail Address: MVEIAS9022@ELPASOHONDA.CO		
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
	EL PASO Honda	135562	01/03/20	\$6424.14
	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.		
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) M. Velasquez		PRINTED NAME & DATE MARIA Velasquez 1-10-20 ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 01/15/2020 ✓

497024

Deposit REMITTANCE Detail

Summary Query Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.

X0103201002 V89399915800100

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	X0103201002	01/03/2020	42643920	35562	CH	\$64,244.14	\$7,390.91	LG	V89399915800100	EL PASO HONDA I L P
	X0103201002	01/03/2020	42643920	35562	CH	\$64,244.14	\$56,853.23	PA	V89399915800100	EL PASO HONDA I L P
	RD3370276	12/31/2019	40079569	0000224102	CH	\$29,500.66-	\$29,500.66-	RD	V89399915800100	23302142-EL PASO HON
	RD3370276	12/31/2019	37152368	0000224102	CH	\$29,231.27-	\$29,231.27-	RD	V89399915800100	23302142-EL PASO HON
	RC191220	01/22/2019	40079569	31334	CH	\$29,500.66-	\$29,500.66-	TR	V89399915800100	EL PASO HONDA I L P
	RC191220	01/22/2019	40079569	31334	CH	\$29,500.66	\$29,500.66	TR	V89399915800100	23302142-EL PASO HON
	RF191220	01/22/2019	40079569	31334	CH	\$0.00	\$0.00	DA	V89399915800100	EL PASO HONDA I L P
	RF191220	01/22/2019	40079569	31334	CH	\$0.00	\$0.00	DA	V89399915800100	EL PASO HONDA I L P
	RF191220	01/22/2019	40079569	31334	CH	\$0.00	\$0.00	DA	V89399915800100	EL PASO HONDA I L P
	RF191220	01/22/2019	40079569	31334	CH	\$0.00	\$0.00	DA	V89399915800100	EL PASO HONDA I L P
	RF191220	01/22/2019	40079569	31334	CH	\$0.00	\$0.00	DA	V89399915800100	EL PASO HONDA I L P
	RF191220	01/22/2019	40079569	31334	CH	\$0.00	\$0.00	DA	V89399915800100	EL PASO HONDA I L P

Applied Total \$914,926.11



TAX OFFICE RECEIVED

JAN 13 2020

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

WEST VALLEY PARTNERS
P O BOX 187
ROUND ROCK, TX 78680

+2500
OP ✓

Geo No. X267-999-S00D-0100 Prop ID 269255
Legal Description of the Property
S A & M G RR SURV 267 ABST 179 48
(1.7269 AC) & 49 (1.744 AC) & 50-A
(0.2001 AC) & 50-C (1.0367 AC) & 72-B
(2.8035 AC) (7.5112 AC)
5324 DONIPHAN DR 79932
OWNER: WEST VALLEY PARTNERS LP

2019 OVERAGE AMOUNT \$16,485.97

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.

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. Name: West Valley Partners, Address: P.O. Box 187, Round Rock TX 78680. Step 2. Provide payment information. Payment made by: West Valley, Check No. 1461, Date Paid 12/20/19, Amount Paid \$108,692.83. Step 3. Provide reason for this refund. I overpaid this account. Please refund the excess to the address listed in Step 1. Step 4. Sign the form. Signature of Requestor: [Signature], Printed Name & Date: 1/7/2020. TAX OFFICE USE ONLY: [Initials] Approved, Denied, By: [Signature], Date: 01/15/2020.

219255

Deposit Status

Notes Go To: []

ANDREA ACT80122 v1.90 01/15/2020 12:06:26 ACTEP

Deposit REMITTANCE Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.

[A12261975] [X267999S00D0100]

Check/Receipt	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	RD3370276	12/31/2019	42373309	0000224117	CH	\$1,437.54-	\$1,437.54-	RD	X267999S00D0100	26426610-WEST VALLEY
	RD3370276	12/31/2019	39467316	0000224117	CH	\$16,055.82-	\$16,055.82-	RD	X267999S00D0100	26426610-WEST VALLEY
	A12261975	12/26/2019	42411080	1461 ✓	CH	\$132,603.65 ✓	\$16,485.97	LG	X267999S00D0100	22265093-WEST VALLEY
	A12261975	12/26/2019	42411080	1461	CH	\$132,603.65	\$92,206.88	AA	X267999S00D0100	22265093-WEST VALLEY
	RC191223	12/20/2019	42373309	PPREMIT	CH	\$1,437.54	\$1,437.54	TR	X267999S00D0100	26426610-WEST VALLEY
	RC191223	12/20/2019	42373309	PPREMIT	CH	\$1,437.54-	\$1,437.54-	TR	X267999S00D0100	WEST VALLEY PARTNEF
	RU149	12/20/2019	42373309	PPREMIT	CH	\$0.00	\$405.00		X267999S00D0100	WEST VALLEY PARTNEF
	RU149	12/20/2019	42373309	PPREMIT	CH	\$0.00	\$67.37		X267999S00D0100	WEST VALLEY PARTNEF
	RU149	12/20/2019	42373309	PPREMIT	CH	\$0.00	\$215.06		X267999S00D0100	WEST VALLEY PARTNEF
	RU149	12/20/2019	42373309	PPREMIT	CH	\$0.00	\$120.99		X267999S00D0100	WEST VALLEY PARTNEF
	RU149	12/20/2019	42373309	PPREMIT	CH	\$0.00	\$629.12		X267999S00D0100	WEST VALLEY PARTNEF
	A12271886	12/27/2018	39467316	1315	CH	\$124,938.12	\$105,856.83	AA	X267999S00D0100	WEST VALLEY PARTNEF
Applied Total							\$2,124,446.03			



TAX OFFICE RECEIVED
JAN 09 2020

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

FASHING JOHN L & SHARON A
4516 CUMBERLAND CIR
EL PASO, TX 79903-1920

Handwritten: +2500
Handwritten: OP ✓

Geo No. G569-999-0990-0800	Prop ID 266068
Legal Description of the Property 99 GOVERNMENT HILL 4 TO 7 (17466 SQ FT) 4516 CUMBERLAND AVE 79903	
OWNER: FASHING JOHN L & SHARON A	

2019 OVERAGE AMOUNT \$6,454.27 ✓

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 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: <i>Fashing Non-Exempt Trust</i>			
	Address: <i>118 Mesa Park Dr., #300</i>			
	City, State, Zip: <i>El Paso, TX 79912</i>			
Daytime Phone No.: <i>915-351-8272</i>		E-Mail Address: <i>melissas@taxcpa.com</i>		
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
		<i>412</i>	<i>12/10/19</i>	<i>\$ 6454.27</i>
	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.		
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)		PRINTED NAME & DATE	
	<i>Tammy Vasileto</i>		<i>Tammy Vasileto 12-20-19</i>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>[Signature]</i>	Date: <i>01/15/2020</i>

260068

Deposit Status

Notes Go To:

ANDREA ACT80122 v1.90 ACCOUNT NO (G56999909900800): 5/28/18MR FASHING WILL COME TO BRING INFO OR LOST CNK PER HIM HIS CNK WAS DROP @ WELLS FARGO TELLER AND DID NOT GET A RECEIPT 01/15/2020 11:40:05 ACTEP

DEPOSIT Remittance Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
T12101900005	G56999909900800				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No	Payer
	T12101900005	12/10/2019	42195370	00412	CH	\$8,454.27	\$8,454.27	LG	G56999909900800	FASHING JOHN L & SHAF
	A11121993	11/12/2019	41846969	0396	CH	\$6,454.27	\$6,454.27	PA	G56999909900800	27637381-FASHING NON
	A11131886	11/13/2018	38881573	4198	CH	\$6,113.77	\$6,113.77	PA	G56999909900800	FASHING JOHN L & SHAF
	A11221781	11/22/2017	36051721	236	CH	\$5,932.90	\$5,932.90	PA	G56999909900800	FASHING JOHN L & SHAF
	X0111171004	01/11/2017	33957993	02544	CH	\$5,622.01	\$5,622.01	PA	G56999909900800	FASHING JOHN L & SHAF
	X1110151000	11/10/2015	29837639	02522	CH	\$5,530.53	\$5,530.53	PA	G56999909900800	FASHING JOHN L & SHAF
	X1113141001	11/13/2014	26939352	02502	CH	\$5,991.37	\$5,991.37	PA	G56999909900800	FASHING JOHN L & SHAF
	A03051465	02/28/2014	25949530	2483	CH	\$6,284.13	\$6,284.13	PA	G56999909900800	FASHING JOHN L & SHAF
	IP02061315	01/31/2013	23001061	CC000608059	CR	\$5,690.45	\$5,690.45	PA	G56999909900800	22394936-JOHN FASHING
	X0202121003	01/31/2012	20399391	02447	CH	\$5,704.38	\$5,704.38	PA	G56999909900800	FASHING JOHN L & SHAF
	X0103111013	12/31/2010	17344217	02210	CH	\$5,650.81	\$5,650.81	PA	G56999909900800	FASHING JOHN L & SHAF
	A03261054	03/26/2010	16131181	2065	CH	\$5,587.51	\$5,587.51	PA	G56999909900800	FASHING JOHN L & SHAF
Applied Total							\$156,430.31			

2 pmt
OP



TAX OFFICE RECEIVED JAN 07 2020

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

VANTAGE BANK TEXAS 1524 N MCCOLL RD MCALLEN, TX 78501

+2500 ✓ OP

Geo No. V897-999-1150-0100 Prop ID 12994 Legal Description of the Property 115 VISTA HILLS #38 1 (EXC SLY & NLY & ELY PTS) (37442.23 SQ FT) 1883 N ZARAGOZA RD 79936 OWNER: SOTO & SONS LLC

2019 OVERAGE AMOUNT \$3,350.45

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:

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. Name: Vantage Bank Texas, Address: P.O. Box 1720, City, State, Zip: McAllen, Texas 78505. Step 2. Provide payment information. Step 3. Provide reason for this refund. I overpaid this account. Step 4. Sign the form. Signature: Cristina Martinez, Date: 1/2/20. TAX OFFICE USE ONLY: Approved, Denied, By: [Signature], Date: 01/15/2020

12994

19 Deposit Status											
Notes										Go To:	
ANDREA ACT80122 v1.90							01/15/2020 10:56:24 ACTEP				
DEPOSIT		Remittance			Detail						
Summary Query										Summary	
Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.						
A12171965	V89799911500100										
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	A12171965	12/17/2019	42282742	100012750	CH	\$1,132,786.44	\$3,350.45	LG	V89799911500100	26916828-VANTAGE BA	
	A12171965	12/17/2019	42282742	100012750	CH	\$1,132,786.44	\$36,756.85	AA	V89799911500100	26916828-VANTAGE BA	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$40,107.30	TR	V89799911500100	26916828-VANTAGE BA	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$36,756.85	TR	V89799911500100	5500-VANTAGE BANK TI	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$3,350.45	LG	V89799911500100	5500-VANTAGE BANK TI	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$40,107.30	TR	V89799911500100	26916828-VANTAGE BA	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$36,756.85	TR	V89799911500100	5500-VANTAGE BANK TI	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$36,756.85	TR	V89799911500100	5500-VANTAGE BANK TI	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$40,107.30	TR	V89799911500100	26916828-VANTAGE BA	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$3,350.45	LG	V89799911500100	5500-VANTAGE BANK TI	
	CP191217	12/17/2019	42282742	100012750	CH	\$0.00	\$3,350.45	LG	V89799911500100	5500-VANTAGE BANK TI	
	T01311900006	01/31/2019	40601678	00188	CH	\$5.31	\$5.31	LG	V89799911500100	SOTO & SONS LLC	
Applied Total							\$645,148.77				

OP



TAX OFFICE RECEIVED

JAN 13 2020

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

Geo No. G477-999-0020-0100	Prop ID 683205
Legal Description of the Property BLK 2 GLENWOOD CIRCLE PLACE #2 I (EXC NLY FT) (3275.0 SQ FT)	
5614 SECONDWOOD PL 79905	
OWNER: MENDOZA HECTOR JAVIER & ROSARIO	

REQUESTED:

TAX OFFICE RECEIVED

JAN 15 2020

WELLS FARGO REAL ESTATE TAX SERVICES
P.O. BOX 14506
DES MOINES, IA 50306

12500

2019 OVERAGE AMOUNT \$2,829.14

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 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: Wells Fargo Home Mortgage			
	Address: Home Campus, MAC #2302-0410			
	City, State, Zip: Des Moines, IA 50328			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.	218-812-4152	E-Mail Address:	barbara.kinnard@wellsfargo.com
	Payment made by	Check No.	Date Paid	Amount Paid
	9025697745	9025697745	12-19-2019	3829.14
	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) on behalf of Wells Fargo Home Mortgage		PRINTED NAME & DATE	
Barbara Kinnard		Barbara Kinnard 1/13/2020		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: [Signature]		Date: 01/15/2020



RECEIVED
JAN 16 2020

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

GOVERNMENT EMPLOYEES C.U.
REAL ESTATE DEPARTMENT
P.O. BOX 20998
EL PASO, TX 79998-099

Handwritten: A
72500 ✓

Geo No. V893-999-5260-4100	Prop ID 201148
Legal Description of the Property 526 VISTA DEL SOL #124 LOT 41 (5885 00 SQ FT) 12075 CHATO VILLA DR OWNER: ANAYA LEROY & MANUELA	

2019 OVERAGE AMOUNT \$2,801.09 ✓

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

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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:	GECU MORTGAGE ✓		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Address:	P.O. BOX 981529 ✓		
	City, State, Zip:	EL PASO, TX 79998-9951		
	Daytime Phone No.:	915-774-6421	E-Mail Address:	ivette.ornelas@gecu.com
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Payment made by:	Check No.	Date Paid	Amount Paid
	GECU	1172042	12/20/19	\$44,905,999.26
Step 4. Sign the form. Unsigned applications cannot be processed.	TOTAL AMOUNT PAID (sum of the above amounts)			
	Please check one of the following:			
	<input checked="" 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):				
TAX OFFICE USE ONLY:	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.)		Date: 01/21/2020 ✓	
	SIGNATURE OF REQUESTOR (REQUIRED) <i>Ivette Ornelas</i>		PRINTED NAME & DATE ivette ornelas 1/16/20 ✓	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Date: 01/21/2020 ✓		

201148

Deposit Status

Notes Go To: []

ANDREA
ACT80122 v1.90

01/21/2020 09:22:17
ACTEP

Deposit REMITTANCE Detail

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.	Summary				
M192200001	V89399952604100									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M192200001	12/20/2019	42369717	1172042	CH	\$44,995,999.26	\$2,801.09	LG	V89399952604100	2200-GOVERNMENT EMP
	RD3364510	12/18/2019	39108504	0000223827	CH	\$132.33	\$132.33	RD	V89399952604100	ANAYA LEROY & MANUI
	A12031865	12/03/2018	39108504	5160563	CH	\$2,897.14	\$2,897.14	PA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	RF191205	12/03/2018	39108504	5160563	CH	\$0.00	\$0.00	DA	V89399952604100	ANAYA LEROY & MANUI
	M172200001	12/21/2017	36425811	1111056	CH	\$35,016,191.61	\$2,790.36	PA	V89399952604100	2200-GOVERNMENT EMP
Applied Total							\$56,400.14			

OP



TAX OFFICE RECEIVED

MARIA O. PASILLAS, RTA
CITY OF EL PASO TAX ASSESSOR COLLECTOR
221 N. KANSAS, STE 300
EL PASO, TX 79901

JAN 17 2020

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. S806-999-0010-0100	Prop ID 611035
Legal Description of the Property BLK 1 SUN CITY ADDITION LOT 1 9365 ESCOBAR DR 79907	
OWNER: SOPHIE LEASING LLC	

SOPHIE LEASING LLC
PO BOX 67
UNIONDALE, IN 46791-0067

Handwritten: OP +2500

2019 OVERAGE AMOUNT \$8,566.18

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Sophie Leasing LLC ✓			
	Address: P.O. Box 67			
	City, State, Zip: Uniondale, IN 46791			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement	Daytime Phone No.:	260-543-2233 ext 221	E-Mail Address:	julie@ormtrk.com
	Payment made by:	Check No.	Date Paid	Amount Paid
	Sophie Leasing LLC	1649	01/06/20	\$ 27,517.25
	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.	Please check one of the following:			
	<input type="checkbox"/>	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	
Julie Holte		Julie HOLTE 1/13/2020		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 01/21/2020 ✓				

611035

Deposit Status										
Notes										Go To:
ANDREA ACT80122 v1.90							01/21/2020 08:41:06 ACTEP			
Deposit		REMITTANCE			Detail					
Summary Query										Summary
Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.
T01062000006		S80699900100100								
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	RD3378415	01/09/2020	40475706	0000224193	CH	\$5,147.39	\$5,147.39	RD	S80699900100100	27839342-SOPHE LEAS
	RD3378415	01/09/2020	37568896	0000224193	CH	\$4,805.15	\$4,805.15	RD	S80699900100100	27839342-SOPHE LEAS
	RD3378415	01/09/2020	34821938	0000224193	CH	\$4,756.16	\$4,756.16	RD	S80699900100100	27839342-SOPHE LEAS
	T01062000006	01/06/2020	42694751	01649	CH	\$27,517.25	\$18,951.07	PA	S80699900100100	SOPHE LEASNG LLC
	T01062000006	01/06/2020	42694751	01649	CH	\$27,517.25	\$8,566.18	LG	S80699900100100	SOPHE LEASNG LLC
	RC200102	01/29/2019	40475706	01613	CH	\$5,147.39	\$5,147.39	TR	S80699900100100	SOPHE LEASNG LLC
	RC200102	01/29/2019	40475706	01613	CH	\$5,147.39	\$5,147.39	TR	S80699900100100	27839342-SOPHE LEAS
	RF200102	01/29/2019	40475706	01613	CH	\$0.00	\$0.00	DA	S80699900100100	SOPHE LEASNG LLC
	RF200102	01/29/2019	40475706	01613	CH	\$0.00	\$0.00	DA	S80699900100100	SOPHE LEASNG LLC
	RF200102	01/29/2019	40475706	01613	CH	\$0.00	\$0.00	DA	S80699900100100	SOPHE LEASNG LLC
	RF200102	01/29/2019	40475706	01613	CH	\$0.00	\$0.00	DA	S80699900100100	SOPHE LEASNG LLC
	RF200102	01/29/2019	40475706	01613	CH	\$0.00	\$0.00	DA	S80699900100100	SOPHE LEASNG LLC
	RF200102	01/29/2019	40475706	01613	CH	\$0.00	\$0.00	DA	S80699900100100	SOPHE LEASNG LLC
Applied Total						5167,911.74				

OK