

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

DEPARTMENT: Tax Department

AGENDA DATE: March 3, 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:



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

Information copy to appropriate Deputy City Manager

TAX REFUNDS
March 3, 2020

1. Argenzuela Management Group LLC, in the amount of \$4,168.80, made an overpayment on January 6, 2020 of 2019 taxes.
(Geo. #A462-999-1930-2100)
2. Francisca Sanchez, in the amount of \$3,049.06, made an overpayment on January 31, 2020 of 2019 taxes.
(Geo. #B202-999-0730-5100)
3. Texstar Escrow, in the amount of \$2,734.90, made an overpayment on January 31, 2020 of 2019 taxes.
(Geo. #C454-999-0060-0600)
4. Texstar Escrow, in the amount of \$4,405.83, made an overpayment on January 31, 2020 of 2019 taxes.
(Geo. #H788-010-0490-0170)
5. Corelogic Tax Service, in the amount of \$3,501.39, made an overpayment on January 6, 2020 of 2019 taxes.
(Geo. #I256-999-0380-1500)
6. Blanca E. Retana, in the amount of \$2,710.46, made an overpayment on January 24, 2020 of 2019 taxes.
(P654-999-0900-3100)
7. New American Funding, in the amount of \$11,019.89, made an overpayment on December 16, 2019 of 2019 taxes.
(V893-999-1340-4300)

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

FEB 17 2020

ZARINA FERNANDEZ
612 MEADOW WILLOW DR
EL PASO, TX 79922

TAX OFFICE
RECEIVED

FEB 17 2020

Handwritten: x2500 ✓

Geo No. A462-999-1930-2100	Prop ID 83224
Legal Description of the Property 193 ALEXANDER 6 TO 8 & S 2 FT OF 9 (9760 SQ FT) 2411 N KANSAS ST	
OWNER: ARGENZUELA MANAGEMENT GROUP LLC	

2019 OVERAGE AMOUNT \$4,168.80

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>Argenzuela Management Group LLC</i> Address: <i>PO Box 220488</i> City, State, Zip: <i>El Paso TX, 79913-2488</i> Daytime Phone No: <i>(915) 539-8415</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.	E-Mail Address: <i>zfernandez@lcsvmi.com</i>
			Date Paid	Amount Paid
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	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):			
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.)		PRINTED NAME & DATE		
SIGNATURE OF REQUESTOR (REQUIRED) <i>[Signature]</i>		<i>Zarina Fernandez 2/17/2020</i>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>[Signature]</i> Date: <i>02/17/2020</i>		

83224

Deposit Status

Notes Go To:

ANDREA
ACT80122 v1.90

02/17/2020 17:25:08
ACTEP

DEPOSIT Remittance Detail

Summary Query Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
EC01072098	A46299919302100									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC01072098	01/06/2020	42732439	CC002743345	EC	\$4,168.80	\$4,168.80	LG	A46299919302100	27878675-ZARINA FERN
	EC01072098	01/06/2020	42732439	CC002743298	EC	\$4,168.80	\$4,168.80	PA	A46299919302100	27878688-ZARINA FERN
	EC01311998	01/31/2019	40475284	CC002382789	EC	\$4,060.02	\$4,060.02	PA	A46299919302100	27087886-ZARINA FERN
	802021865	01/30/2018	37608305	10055277	CH	\$3,956.14	\$3,956.14	PA	A46299919302100	24099702-STEWART TITL
	A10021765	10/02/2017	35691999	12644	CH	\$5,402.83	\$5,402.83	PA	A46299919302100	25495943-FYP LLC DBA
	EC02011668	02/01/2016	31544936	CC001252887	EC	\$3,705.13	\$3,705.13	PA	A46299919302100	24443567-LAURA WINTER
	X1124141008	11/24/2014	27024185	08763	CH	\$3,657.51	\$3,657.51	PA	A46299919302100	WINTER MARTA PATRICIA
	X0109141002	01/09/2014	24948228	09127	CH	\$3,589.31	\$3,589.31	PA	A46299919302100	WINTER MARTA PATRICIA
	X1113123000	11/13/2012	21487322	8625	CH	\$3,487.01	\$3,487.01	PA	A46299919302100	WINTER MARTA PATRICIA
	X1113123000	11/13/2012	21486123	08624	CH	\$2,207.77	\$2,207.77	PA	A46299919302100	WINTER MARTA PATRICIA
	X1113123000	11/13/2012	21486123	08624	CH	\$2,207.77	\$2,207.77	RV	A46299919302100	WINTER MARTA PATRICIA
	A12211141	12/21/2011	19431236	338025955	CH	\$3,425.10	\$3,425.10	PA	A46299919302100	WINTER MARTA PATRICIA
Applied Total						\$84,689.16				

CITY OF EL PASO
OFFICE

FEB 04 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

FRANCISCA SANCHEZ
323 PAGEANT CT
EL PASO, TX 79912

Geo No. B202-999-0730-5100	Prop ID 268671
Legal Description of the Property 73 BASSETT 16 & W 1/2 OF 15 (4500 SQ FT) 2700 WYOMING AVE	
OWNER: SANCHEZ FRANCISCA O	

2019 OVERAGE AMOUNT \$3,049.06

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: <u>Francisca Sanchez</u>			
	Address: <u>323 Pageant Ct.</u>			
	City, State, Zip: <u>El Paso, TX 79912</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>915-544-7381</u>		E-Mail Address: <u>Ltsanchez47@gmail.com</u>	
	Payment made by: <u>ACH Debit</u>		Check No. <u>7746000749</u>	Date Paid <u>Feb 4, 20</u>
	<u>web ID</u>		<u>2901773</u>	<u>\$3049.06</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.			
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	
	<u>[Signature]</u>		<u>Francisca Sanchez</u> <u>Feb 6, 2020</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>02/14/2020</u> ✓				

Deposit Status

Notes

Go To:

02/14/2020 14:08:39
ACTEP

ANDREA
ACT80122 v1.90

ACCOUNT NO (B20299907305100) 02/06/20 RTN ITEM CHECK #2859030 FOR \$4015.03 FROM
FRANCISCA SANCHEZ - NOT AUTHORIZED

Deposit

REMITTANCE

Detail

Summary Query

Summary

Deposit No.

Account No.

Remit Seq No.

Check No.

Payment Amount

Payment Agreement No.

EC02032098

B20299907305100

Check/Receipt
Images

Deposit No.

Receipt
Date

Remit
Seq No.

Check
No.

Payment
Type

Payment
Amount

Applied
Amount

Transaction
Type

Account
No.

Payer

EC01312098M

01/31/2020

43503987

CC002898030

EC

\$4,015.03

\$3,049.06

PA

B20299907305100

27078657-FRANCISCA S.

EC02032098

01/31/2020

43554753

CC002901773

EC

\$3,049.06

\$3,049.06

LG

B20299907305100

28163017-FRANCISCA S.

EC02032098A

01/31/2020

43559838

CC002901035

EC

\$4,015.03

\$3,049.06

LG

B20299907305100

27078657-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$3,019.06

TR

B20299907305100

28163017-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$3,019.06

TR

B20299907305100

28163017-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$30.00

TR

B20299907305100

SANCHEZ FRANCISCA O

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$3,049.06

TR

B20299907305100

28163017-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$3,049.06

TR

B20299907305100

28163017-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$3,019.06

TR

B20299907305100

28163017-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$30.00

TR

B20299907305100

SANCHEZ FRANCISCA O

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$3,019.06

TR

B20299907305100

28163017-FRANCISCA S.

R030220367

01/31/2020

43554753

CC002901773

EC

\$0.00

\$30.00

TR

B20299907305100

SANCHEZ FRANCISCA O

Applied Total

\$66,935.39

JP



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
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FEB 19 2020

TEXSTAR ESCROW
5809 ACACIA CIRCLE
EL PASO, TX 79912

Geo No. C454-999-0060-0600	Prop ID 354689
Legal Description of the Property 6 CHRISTY PT OF 1 BEG 70.34 FT S OF NEC (70.34 FT ON E 309.66 ON S 70.34 FT ON N 309.66 FT ON N)	
585 SCHWABE	
OWNER: GAP TRANSPORTATION LLC	

2019 OVERAGE AMOUNT \$2,734.90

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: <u>TEXSTAR ESCROW</u>			
	Address: <u>5809 Acacia Circle</u>			
	City, State, Zip: <u>EL PASO, TX 79912</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>(915) 201-4331</u>		E-Mail Address: <u>CHUCK@TEXSTAR.ES.COM</u>	
	Payment made by: <u>CHUCK</u>			
	Check No. <u>1702</u>	Date Paid <u>1/27/20</u>	Amount Paid <u>\$4,461.80</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"/> 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) <u>[Signature]</u>		PRINTED NAME & DATE <u>2-19-2020</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>02/19/2020</u>				

3541689

Deposit Status

Notes

Go To:

ANDREA
ACT80122 v1.90

ACCOUNT NO (C45499900600600): Bankruptcy to 30076 has been closed

02/18/2020 17:27:32
ACTEP

DEPOSIT Remittance Detail Summary

Summary Query

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
B02072079	C45499900600600									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	B02072079	01/31/2020	43656690	001701	CH	\$35,619.51	\$1,726.98	AA	C45499900600600	25959829-TEXSTAR ESC
	B02072079	01/31/2020	43656690	001701	CH	\$35,619.51	\$2,734.90	LG	C45499900600600	25959829-TEXSTAR ESC
	B02072079	01/31/2020	43656624	001702	CH	\$29,348.18	\$4,461.86	AA	C45499900600600	25959829-TEXSTAR ESC
	M18A80000001	12/31/2018	39573049	181231063472	EF	\$192,038.69	\$5,087.71	PA	C45499900600600	800000-CORELOGIC
	M17RE1800001	12/18/2017	36356004	171215192214	EF	\$232,569,225.62	\$4,745.74	PA	C45499900600600	800000-CORELOGIC
	M16800000001	12/21/2016	33448420	161219150695	EF	\$213,062,589.29	\$4,641.36	PA	C45499900600600	800000-CORELOGIC
	M15800000001	12/31/2015	30589755	151231121119	EF	\$199,122,808.45	\$4,420.43	PA	C45499900600600	800000-CORELOGIC
	M14800000001	12/24/2014	27452431	141224101136	EF	\$200,035,948.32	\$4,214.25	PA	C45499900600600	800000-CORELOGIC
	M1315000001	11/29/2013	24233577	0006346705	CH	\$29,585,871.84	\$3,683.62	PA	C45499900600600	1500-BAC TAX SERVICE
	M12150020001	12/10/2012	21735606	3390228	CH	\$44,510,440.74	\$3,248.46	PA	C45499900600600	1500-BAC TAX SERVICE
	M11150010001	12/12/2011	19314300	7644432	CH	\$49,615,094.50	\$3,071.52	PA	C45499900600600	1500-BAC TAX SERVICE
	RD0001053768	06/29/2011	17046972	160484	CH	\$619.87	\$619.87	RD	C45499900600600	ESPINOZA PERLA & ALE.
Applied Total						\$57,063.29				



**TAX OFFICE
RECEIVED**

FEB 17 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

**TEXSTAR ESCROW
5809 ACACIA CIRCLE
EL PASO, TX 79912**

*Handwritten: 17500 ✓
OR*

Geo No. H788-010-0490-0170	Prop ID 182860
Legal Description of the Property 49 HORIZON HEIGHTS #10 REPLAT A LOT 17 (7614.16 SQ FT) 388 MEDILL PL 79928 OWNER: ESTRADA JORGE A	

2019 OVERAGE AMOUNT \$4,405.83

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1, 31: TOWN OF HORIZON CITY

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>TEXSTAR ESCROW</u>			
	Address: <u>5809 ACACIA CIR</u>			
	City, State, Zip: <u>EL PASO TX 79912</u>			
Daytime Phone No.: <u>915-201-4337</u>		E-Mail Address: <u>INFO@TEXSTARLOANS.COM</u>		
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>TEXSTAR ESCROW</u>	<u>1707</u>	<u>1/27/20</u>	<u>\$19,667.91</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)		PRINTED NAME & DATE	
	<u>Denise Howard</u>		<u>DENISE HOWARD 2/12/20</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>02/17/2020</u>				

Shellpoint



JAN 16 2020

4

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

SHELLPOINT MORTGAGE SERVICING
3001 HACKBERRY ROAD
IRVING, TX 75063

TAX OFFICE
RECEIVED
FEB 13 2020

Geo No. 1256-999-0380-1500	Prop ID 337502
Legal Description of the Property 38 INDIAN RIDGE #5 LOT 15 (6950.43 SQ FT) 11367 BLUE MOON DR 79936 OWNER: DIAZ SAMANTHA R	

2019 OVERAGE AMOUNT \$3,501.39

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. Show information for whomever will be receiving the refund.	Who should the refund be made to? Name: Corelogic Tax Service Address: Refunds Department City, State, Zip: P. O. Box 9202 Daytime Phone No.: Coppell, TX 75019 817-699-2601																
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<table border="1"> <thead> <tr> <th>Payment made by:</th> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL AMOUNT PAID (sum of the above amounts)</td> </tr> </tbody> </table>	Payment made by:	Check No.	Date Paid	Amount Paid									TOTAL AMOUNT PAID (sum of the above amounts)			
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 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.) <table border="1"> <tr> <td>SIGNATURE OF REQUESTOR (REQUIRED) Rhonda Jackson</td> <td>PRINTED NAME & DATE Rhonda Jackson 1-31-20</td> </tr> </table>	SIGNATURE OF REQUESTOR (REQUIRED) Rhonda Jackson	PRINTED NAME & DATE Rhonda Jackson 1-31-20														
SIGNATURE OF REQUESTOR (REQUIRED) Rhonda Jackson	PRINTED NAME & DATE Rhonda Jackson 1-31-20																
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 02/14/2020																	

Deposit Status

Notes Go To: []

ANDREA
ACT80122 v1.90

02/14/2020 15:25:08
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
RD3404584	025699903801500				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	RD3404584	02/06/2020	42369717	0000224727	CH	\$412.05	\$412.05	RD	025699903801500	21155974-GECU MORTG.
	A01062081	01/06/2020	42653318	31042977	CH	\$38,544.49	\$3,501.39	LG	025699903801500	25965131-SHELLPOINT W
	M1922000001	12/20/2019	42369717	1172042	CH	\$44,995.999.26	\$3,089.34	PA	025699903801500	2200-GOVERNMENT EMP
	M1922000001	12/20/2019	42369717	1172042	CH	\$44,995.999.26	\$412.05	LG	025699903801500	2200-GOVERNMENT EMP
	RC200130	12/20/2019	42369717	1172042	CH	\$412.05	\$412.05	TR	025699903801500	2200-GOVERNMENT EMP
	RC200130	12/20/2019	42369717	1172042	CH	\$412.05	\$412.05	TR	025699903801500	21155974-GECU MORTG.
	RD3364510	12/18/2019	39414548	0000223868	CH	\$409.70	\$409.70	RD	025699903801500	DIAZ SAMANTHA R
	RD3364510	12/18/2019	36425811	0000223868	CH	\$381.50	\$381.50	RD	025699903801500	DIAZ SAMANTHA R
	M1822000001	12/21/2018	39414548	1147143	CH	\$40,262.012.99	\$3,384.88	PA	025699903801500	2200-GOVERNMENT EMP
	RF191205	12/21/2018	39414548	1147143	CH	\$0.00	\$0.00	DA	025699903801500	2200-GOVERNMENT EMP
	RF191205	12/21/2018	39414548	1147143	CH	\$0.00	\$42.16	DA	025699903801500	DIAZ SAMANTHA R
	RF191205	12/21/2018	39414548	1147143	CH	\$0.00	\$42.16	DA	025699903801500	2200-GOVERNMENT EMP
Applied Total						\$62,062.40				



TAX OFFICE RECEIVED

JAN 30 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

BLANCA E RETANA
11461 PRATT AVE
EL PASO, TX 79936

Geo No. P654-999-0900-3100	Prop ID 369631
Legal Description of the Property 90 PEBBLE HILLS #10 LOT 16 11160 CHILDRESS AVE	
OWNER: RETANA BLANCA	

2019 OVERAGE AMOUNT \$2,710.46

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: <u>BLANCA E. RETANA</u>			
	Address: <u>11461 PRATT AVE</u>			
	City, State, Zip: <u>EL PASO, TX 79936</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>Cell (915) 252-2600</u>		E-Mail Address: <u>pratt@cosbcglobal.net</u>	
	Payment made by: <u>Blanca E. Retana</u>			
	Check No.	Date Paid	Amount Paid	
	<u>Chase VISA</u>	<u>1/24/2020</u>	<u>\$2,710.46</u>	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	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. <u>Paid twice</u>			
	<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	
	<u>Blanca E. Retana</u>		<u>Blanca E. Retana</u> <u>01/29/2020</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>02/10/2020</u>				

309631

Deposit Status

Notes Go To:

ANDREA
ACT80122 v1.90

02/10/2020 17:44:27
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

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

IP01272098 P65499909003100

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	IP01272098	01/24/2020	43189320	CC002807565	CR	\$2,710.46	\$2,710.46	LG	P65499909003100	28015790-BLANCA E RE
	IP01272098	01/24/2020	43189314	CC002807423	CR	\$2,710.46	\$2,710.46	PA	P65499909003100	28015784-BLANCA E RE
	IP01231998	01/22/2019	40091712	CC002295241	CR	\$2,653.88	\$2,653.88	PA	P65499909003100	26965516-BLANCA E RE
	IP01231898	01/22/2018	37153534	CC001867711	CR	\$2,368.41	\$2,368.41	PA	P65499909003100	26043473-BLANCA E RE
	IP12121641	12/08/2016	33267158	CC001412226	CR	\$2,311.29	\$2,311.29	PA	P65499909003100	24970631-BLANCA E RE
	IP01041698	12/31/2015	30641914	CC001155587	CR	\$2,329.16	\$2,329.16	PA	P65499909003100	24232339-BLANCA RETA
	M14800000001	12/24/2014	27452431	141224101136	EF	200,035,948.32	\$2,420.55	PA	P65499909003100	800000-CORELOGIC
	M13800000001	12/30/2013	24637732	62075007	CH	133,990,884.95	\$2,369.75	PA	P65499909003100	800000-CORELOGIC
	M12800000001	12/17/2012	21840980	122059711	CH	137,358,358.38	\$2,272.32	PA	P65499909003100	800000-CORELOGIC
	M11800000001	12/30/2011	19580353	660423	CH	105,162,936.85	\$2,206.75	PA	P65499909003100	800000-CORELOGIC
	M10800000001	12/16/2010	17078036	121830912	CH	125,623,185.88	\$2,185.44	PA	P65499909003100	800000-CORELOGIC
	A12080954	12/08/2009	14733125	5060122095	CH	\$2,990.20	\$2,332.96	PA	P65499909003100	1710527-FIRST AMERICA
Applied Total						\$56,228.45				

JAN 06 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

CORELOGIC
PO BOX 9205
COPELL, TX 75019

TAX OFFICE
RECEIVED
JAN 22 2020

Geo No. V893-999-1340-4300	Prop ID 242975
Legal Description of the Property 134 VISTA DEL SOL #24 LOT 15 10986 GARY PLAYER DR	
OWNER: O'MEARA RICHARD E & COURTNEY S	
2019 OVERAGE AMOUNT \$11,019.89	

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:

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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: <u>NEW AMERICAN FUNDING</u>			
	Address: <u>PO BOX 9205</u>			
	City, State, Zip: <u>Copeell TX 75019</u>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>817-699-4925</u>		E-Mail Address: <u>JBOYD@corelogic.com</u>	
	Payment made by: <u>NA Funding</u>			
	Check No.	Date Paid	Amount Paid	
	<u>5500144 79</u>	<u>11-27-19</u>	<u>11243.71</u>	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)			
	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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	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):			
	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	
<u>[Signature]</u>		<u>1/16/20</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>[Signature]</u> Date: <u>02/20/2020</u>				

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

Date:

CITY OF EL PASO
TAX OFFICE

FEB 18 2020

Print Date: 12/16/2019

242975

Deposit Status

Notes Go To:

ANDREA
ACT80122 v1.90

02/12/2020 15:45:07
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
M19800000001	V89399913404300									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M19800000001	12/16/2019	42270898	191213175283	EF	220,479,351.04	\$223.82	PA	V89399913404300	800000-CORELOGIC
	M19800000001	12/16/2019	42270898	191213175283	EF	220,479,351.04	\$11,019.89	LO	V89399913404300	800000-CORELOGIC
	A12131965	12/13/2019	42241655	128562	CH	\$11,019.89	\$11,019.89	PA	V89399913404300	24740494-NATIONAL CU
	M18800000001	12/14/2018	39295991	181213099087	EF	198,523,744.87	\$11,151.44	PA	V89399913404300	800000-CORELOGIC
	A11291782	11/28/2017	36102994	27689	CH	\$10,316.66	\$10,316.66	PA	V89399913404300	25700888-EL PASO TITLE
	X0105171008	01/05/2017	33828795	03893	CH	\$10,100.53	\$10,100.53	PA	V89399913404300	MUNOZ CYNTHIA
	X0203161020	01/31/2016	31644987	03841	CH	\$9,610.18	\$9,610.18	PA	V89399913404300	MUNOZ CYNTHIA
	EC01071568	01/07/2015	27776428	CC000915639	CH	\$9,701.42	\$9,701.42	PA	V89399913404300	23532068-CYNTHIA MUN
	X0206141909	01/31/2014	25751812	03668	CH	\$9,506.49	\$9,506.49	PA	V89399913404300	MUNOZ CYNTHIA
	X0110131002	01/10/2013	22327237	03588	CH	\$9,125.83	\$9,125.83	PA	V89399913404300	MUNOZ CYNTHIA
	EC010312257	12/31/2011	19676563	CC000436092	CH	\$9,019.43	\$9,019.43	PA	V89399913404300	21608160-CYNTHIA MUN
	EC011811	01/13/2011	17605268	CC000335572	CH	\$8,938.48	\$8,938.48	PA	V89399913404300	21169579-CYNTHIA MUN
Applied Total						\$188,410.63				