

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

DEPARTMENT: Tax Department

AGENDA DATE: April 16, 2019

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
April 16, 2019

1. Quicken Loans, in the amount of \$4,187.08, made an overpayment on December 27, 2018 of 2018 taxes.
(Geo. #V89399900401900)
2. Propel Financial Services, in the amount of \$10,774.71, made an overpayment on October 31, 2017 of 2016 taxes.
(Geo. #Y805999039B0401)
3. Corelogic Tax Service, in the amount of \$2,626.28, made an overpayment on December 14, 2018 of 2018 taxes.
(Geo. #F60999902703100)
4. Texas Title Company, in the amount of \$4,371.92, made an overpayment on January 25, 2018 of 2017 taxes.
(Geo. #S07500004000600)
5. Texas Title Company, in the amount of \$4,128.08, made an overpayment on January 31, 2018 of 2017 taxes.
(Geo. #S075000040004A0)
6. Lereta, LLC, in the amount of \$4,045.10, made an overpayment on December 20, 2016 of 2016 taxes.
(Geo. #R84399900406700)

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

OFFICE
RECEIVED
APR 01 2019

QUICKEN LOANS
1050 WOODWARD AVE
DETROIT, MI 48226

OP ✓
+2500

Geo No. V893-999-0040-1900	Prop ID 58077
Legal Description of the Property 4 VISTA DEL SOL #1 LOT 10 10211 SQ FT 10608 RIVERWOOD DR OWNER: LOYA MARTHA E	

2018 OVERAGE AMOUNT \$4,187.08 ✓

1: CITY OF EL PASO, 5: YESLETA 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.

(2274749)

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: Quicken Loans		Ref Ln# 3415067280	
	Address: 635 Woodward Ave			
	City, State, Zip: Detroit, MI 48226 ✓			
Daytime Phone No.:		E-Mail Address:		
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.	Payment made by:	Check No.	Date Paid	Amount Paid
	Quicken Loans	13670724	12/27/18	132,210.03
	TOTAL AMOUNT PAID (sum of the above amounts)			
	Please check one of the following:			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	☐ 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) Annette Scott		PRINTED NAME & DATE Annette Scott ✓	
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: Booth Date: 04/01/19 ✓				

Account Status	Play Acc...	Next Acc...	Prev Owner	Next Owner	Acct History	Acct Summary	Notes	Documents	Go To:
SHERRYB	ACT8006	V1 284	Expand Fees Summary STATUS DETAIL ACCOUNT NO:V89399900401900; PAID AGREEMENT #00060219 ACCOUNT: V89399900401900; BEGIN DATE: 06/02/2006; END DATE: 06/02/2006; MONTHLY PAYMENT: ACTP 04/01/2019 16:57:26						

Go To :

04/01/2019 16:57:43
ACTEP

DETAIL

Remittance Detail									
Account No.	Tax Unit	Year	Type	Applied Amount	Levy	Discount	Penalty & Interest	Attorney Fees	Refund
V89399900401900	01	2018	TL	\$1,297.56	\$1,297.56	\$0.00	\$0.00	\$0.00	\$0.00
V89399900401900	05	2018	TL	\$1,805.49	\$1,805.49	\$0.00	\$0.00	\$0.00	\$0.00
V89399900401900	06	2018	TL	\$778.58	\$778.58	\$0.00	\$0.00	\$0.00	\$0.00
V89399900401900	07	2018	TL	\$264.92	\$264.92	\$0.00	\$0.00	\$0.00	\$0.00
V89399900401900	08	2018	TL	\$501.02	\$501.02	\$0.00	\$0.00	\$0.00	\$0.00
V89399900401900	8001	2018	TL	\$4,187.08	\$0.00	\$0.00	\$0.00	\$0.00	\$4,187.08
Applied Total				\$8,834.65	\$4,647.57	\$0.00	\$0.00	\$0.00	\$4,187.08

TAX OFFICE
RECEIVED

MAR 28 2019

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

PROPEL FINANCIAL SERVICES, LLC
12672 SILICON DRIVE SUITE 150
SAN ANTONIO, TX 78249

Geo No. Y805-999-039B-0401	Prop ID 179674
Legal Description of the Property 39 YSLETA 4-D(1.42 ACRES)& 4-D-1(1.11 ACRE) & 4-C-A(27 ACRE)& 4-C-B(16 AC) 1.9600 ACRES	
8820 ALAMEDA AVE	
OWNER: COURTRON LLC	
2016 OVERAGE AMOUNT \$10,774.71	

OP
72500

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, 5036: SANITATION LIEN, 5037: SANITATION LIEN, 5038: SANITATION LIEN

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>Propel Financial Services</u> ✓ Address: <u>12672 Silicon Dr, Suite 150</u> City, State, Zip: <u>San Antonio, TX 78249</u> Daytime Phone No.: <u>(210) 581-7725</u> E-Mail Address: <u>dsanchez@propelfs.com</u>			
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.	Payment made by: <u>Propel Financial Services</u> Check No. <u>CK 53142</u> Date Paid <u>10/31/17</u> Amount Paid <u>173,387.77</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:			
	☐ 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.			
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>Denisse Sanchez</u> <u>3-25-19</u> ✓	
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: <u>Booth</u> Date: <u>03/28/19</u> ✓				

[illegible]

Deposit Status ⏮ ⏪ ⏩ ⏭ X

Notes Go To: 

SHERRYB
ACT80122 v1.89

ACCOUNT NO (Y00599903900401): bankruptcy 18-30185 has been closed

03/28/2019 13:28:01
ACTEP

Deposit	Remittance	DETAIL
---------	------------	--------

Remittance DETAIL

DETAIL

Remittance Detail		Tax	Rec	Applied	Levy	Discount	Penalty &	Attorney	Refund
Account No.	Unit	Year	Type	Amount			Interest	Fees	
Y805999039B0401	8001	2016	TL	\$10,774.71	\$0.00	\$0.00	\$0.00	\$0.00	\$10,774.71
Applied Total				\$10,774.71	\$0.00	\$0.00	\$0.00	\$0.00	\$10,774.71



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

APR 01 2019

CORELOGIC
1 CORELOGIC DR MAIL CODE 4-5
WESTLAKE, TX 76262

OP
+2500 ✓

Geo No. F609-999-0270-3100	Prop ID 309348
Legal Description of the Property 27 FRANKLIN HILLS #7 LOT 31 (10756.00 SQ FT) 1256 FRANKLIN QUAIL PL 79912 OWNER: UNKNOWN OWNER	

2018 OVERAGE AMOUNT \$2,626.28 ✓

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: Corelogic Tax Service Refunds Department P. O. Box 9202 Coppell, TX 75019 817-699-2601 (25522774)
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	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: ☐ 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) <u>[Signature]</u> PRINTED NAME & DATE <u>03/26/19</u> ✓ TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: <u>SBooth</u> Date: <u>04/01/19</u> ✓

[illegible]

Notes

Go To:

SHERRYB
ACT80122 v1.89

04/01/2019 16:41:21
ACTEP

Deposit

Remittance

DETAIL

Remittance Detail				Applied			Penalty &	Attorney	
Account No.	Tax	Year	Rec	Amount	Levy	Discount	Interest	Fees	Refund
Unit	Type								
F60999902703100	01	2018	TL	\$2,380.85	\$2,380.85	\$0.00	\$0.00	\$0.00	\$0.00
F60999902703100	03	2018	TL	\$3,499.49	\$3,499.49	\$0.00	\$0.00	\$0.00	\$0.00
F60999902703100	06	2018	TL	\$1,264.26	\$1,264.26	\$0.00	\$0.00	\$0.00	\$0.00
F60999902703100	07	2018	TL	\$401.34	\$401.34	\$0.00	\$0.00	\$0.00	\$0.00
F60999902703100	08	2018	TL	\$720.83	\$720.83	\$0.00	\$0.00	\$0.00	\$0.00
F60999902703100	8001	2018	TL	\$2,626.28	\$0.00	\$0.00	\$0.00	\$0.00	\$2,626.28
Applied Total				\$10,893.05	\$8,266.77	\$0.00	\$0.00	\$0.00	\$2,626.28

TAX OFFICE
RECEIVED

APR 02 2019

RECEIVED

19 APR -2 10:01

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

CITY TAX

TEXAS TITLE COMPANY
1360 N. LEE TREVINO STE 107
EL PASO, TX 79936

OP
+2500 ✓

Gen No. S075-000-0400-0600	Prop ID 224123
Legal Description of the Property 40 SAN ELIZARIO TR 6 (HOMESTEAD) (0.50 AC) 15151 FM 258 RD	
OWNER: THE SINGH FAMILY TRUST	

2017 OVERAGE AMOUNT \$4,371.92 ✓

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

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 whomsoever will be receiving the refund.	Who should the refund be issued to:			
	Name: Texas Title Company ✓			
	Address: 1360 N. Lee Trevino Ste. 107			
	City, State, Zip: El Paso, TX 79936			
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	Daytime Phone No.: (915) 593-3400		E-Mail Address: sdiaz@texas-title.com ✓	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Texas title	44812	1/25/18	8,500.00
	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.		
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) Samantha Diaz		PRINTED NAME & DATE Samantha Diaz 4-219	
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: Booth Date: 04/02/19 ✓				

[illegible]

Go To:

SHERRYB
ACT80122 v1.89

04/02/2019 16:41:46
ACTEP

Deposit

Remittance

DETAIL

[illegible]



RECEIVED

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

TAX OFFICE
RECEIVED

19 APR -2 19 50

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

APR 02 2019

CITY TAX

TEXAS TITLE COMPANY
1360 N LEE TREVINO DR
SUITE 107
EL PASO, TX 79936

OP
+ 2500

Geo No. S075-000-0400-01A0	Prop ID 388692
Legal Description of the Property 40 SAN ELIZARIO TR 4-A (2.8752 AC) 15153 FM 258 RD	
OWNER: THE SINGH FAMILY TRUST	
2017 OVERAGE AMOUNT: \$4,128.08	

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

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: Texas Title Company

Address: 1360 N Lee Trevino Ste 107

City, State, Zip: El Paso TX 79936

Daytime Phone No.: (915) 593-3400

E-Mail Address: solias@texas-title.com

Step 2. Provide payment information.

Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.

Payment made by:

Check No.

Date Paid

Amount Paid

Texas Title Company 47497 1/31/18 4128.08

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)

PRINTED NAME & DATE

Samantha Diaz

Samantha Diaz 4-2-19

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

Booth

Date:

04/02/19

[illegible]

Go To:

04/02/2019 17:04:52
ACTEP

Deposit

Remittance Detail						Tax	Rec	Applied	Levy	Discount	Penalty & Interest	Attorney Fees	Refund
Account No.						Unit	Year	Type	Amount				
S075000040004A0	8001	2017	TL	\$4,128.08		\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$4,128.08
Applied Total:									\$4,128.08	\$0.00	\$0.00	\$0.00	\$4,128.08



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

SPS
509216423 TAX OFFICE
RECEIVED
APR 05 2019

LERETA, LLC
1123 SOUTH PARKVIEW DRIVE
COVINA, CA 91724

OP ✓
+2500

Geo No. R843-999-0040-6700	Prop ID 314830
Legal Description of the Property 4 ROSEMONT 16 TO 19 & W 21.5 FT OF 15 2400 NATIONS AVE	
OWNER: MEDRANO GILBERT & MARIA T	

2016 OVERAGE AMOUNT \$4,045.10 ✓

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: LERETA, LLC ✓			
	Address: 1123 Park View Drive			
	City, State, Zip: Covina, CA 91724			
	Daytime Phone No.:		E-Mail Address:	
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.	Payment made by:	Check No.	Date Paid	Amount Paid
		428796	12/20/16	4045.10
	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)		PRINTED NAME & DATE	
	gmc 4/5/19 <i>Cynthia Ayala</i>		Cynthia Ayala 4-1-19 ✓	
TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: Booth Date: 04/05/19 ✓				

[illegible]

SHERRYB
ACT80122 v1.89

ACCOUNT NO (R84399900406700): Bankruptcy 15-32002 has been updated. Account pro years = 2015 (PLAN).

04/05/2019 13:07:01
ACTEP

Deposit Remittance DETAIL

Remittance Detail		Tax	Rec	Applied			Penalty &	Attorney	
Account No.	Unit	Year	Type	Amount	Levy	Discount	Interest	Fees	Refund
R84399900406700	8001	2016	TL	\$4,045.10	\$0.00	\$0.00	\$0.00	\$0.00	\$4,045.10
Applied Total				\$4,045.10	\$0.00	\$0.00	\$0.00	\$0.00	\$4,045.10