

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

DEPARTMENT: Tax Department

AGENDA DATE: May 26, 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:

Sheryl R. Mack for 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
May 26, 2020

1. Texas Title, in the amount of \$17,665.09, made an overpayment on March 12, 2019 of 2018 taxes.
(Geo. #H41399900304900)
2. Vermeer Sales Southwest, Inc., in the amount of \$9,791.59, made an overpayment on January 13, 2020 of 2019 taxes.
(Geo. #150799912872530)
3. Wells Fargo Home Mortgage, in the amount of \$10,589.39, made an overpayment on December 23, 2019 of 2019 taxes.
(Geo. #F60999901102400)
4. Alex's Trailer Shop, Inc., in the amount of \$2,889.05, made an overpayment on January 30, 2020 of 2019 taxes.
(Geo. #09SS00011119359)

Laura D. Prine
City Clerk


Maria O. Pasillas, RTA
Tax Assessor Collector

TAX OFFICE
RECEIVED

APR 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

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

Geo No. H413-999-0030-4900
Prop ID 24631

Legal Description of the Property

3 HIDDEN VALLEY LOT 25

7137 PEAR TREE LN 79915

OWNER: TREX RE LLC

2018 OVERAGE AMOUNT \$17,665.09

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: Texas Title

Address: 1360 N. Lee Trevino, Suite 107

City, State, Zip: El Paso TX 79936

Daytime Phone No.: 915-593-3400

E-Mail Address: toquinoto@texas title.com

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

77917

3/12/19

\$20,200.64

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

Mary Alice C Toquinoto

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

Date:

05/01/2020

ANDREA
ACT80122 v1.90

05/01/2020 15:42:48
ACTEP

DEPOSIT Remittance

Detail

24631

5

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
A03121990	H41399900304900									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Transaction Amount	Transaction Type	Account No.	Payer
	EC01302098	01/29/2020	43427671	CC002846504	EC	\$2,469.32	\$2,469.32	PA	H41399900304900	23099925-WILLIAM MERF
	A03121990	03/12/2019	40932767	77917	CH	\$20,200.64	\$2,535.55	PA	H41399900304900	21348844-TEXAS TITLE C
	A03121990	03/12/2019	40932767	77917	CH	\$20,200.64	\$17,665.09	LG	H41399900304900	21348844-TEXAS TITLE C
	T12271740004	12/27/2017	36627489	08709	CH	\$778.92	\$778.92	PA	H41399900304900	MACIAS SALVADOR
	IP03271768	03/23/2017	35129157	CC001624925	CR	\$590.27	\$590.27	PA	H41399900304900	25460812-IVR PAYMENT
	A03081778	03/08/2017	35036342	777	CH	\$186.77	\$186.77	PA	H41399900304900	MACIAS SALVADOR
	R03211774	03/08/2017	35036342	777	CH	\$186.77	\$186.77	RX	H41399900304900	MACIAS SALVADOR
	X1107161009	11/07/2016	32900929	00748	CH	\$186.77	\$186.77	PA	H41399900304900	MACIAS SALVADOR
	A07181641	07/18/2016	32497301	725	CH	\$181.55	\$181.55	PA	H41399900304900	MACIAS SALVADOR
	A05181676	05/18/2016	32265889	714	CH	\$181.55	\$181.55	PA	H41399900304900	MACIAS SALVADOR
	A03221665	03/22/2016	32045603	702	CH	\$181.55	\$181.55	PA	H41399900304900	MACIAS SALVADOR
	X0125161004	01/25/2016	31217932	00691	CH	\$181.55	\$181.55	PA	H41399900304900	MACIAS SALVADOR
Applied Total						\$36,922.91				



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 RECEIVED
MAY 05 2020

VERMEER SALES SOUTHWEST INC
C/O KYLE PIERATT
436 S HAMILTON CT
GILBERT, AZ 85233-5521

OP
+2500 ✓

Geo No. 1507-999-1287-2530	Prop ID 652178
Legal Description of the Property DEALER HEAVY EQUIPMENT INV 260 MONTOYA RD	
OWNER: VERMEER SALES SOUTHWEST INC	

2019 OVERAGE AMOUNT \$9,791.59 ✓

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO 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 issued to:			
	Name: Vermeer Sales Southwest, Inc			
	Address: 436 S. Hamilton Ct. ✓			
	City, State, Zip: Gilbert, AZ 85234			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: (480) 785-4800		E-Mail Address: kyle.pieratt@vssw.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	check	51082	1.13.20	\$9,791.59
	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	
	E.M. 5/6/2020 [Signature]		KYLE E. PIERATT 4/30/2020	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: [Signature] Date: 5/6/2020				

5/7

LUZR
ACT80122 v1.90

OP
+2500

Deposit

REMITTANCE

Detail

Summary Query

Summary

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
T01132000006	150799912872530				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	R030220298	02/06/2020	43634138	50846	CH	\$0.00	\$1,380.27	LG	150799912872530	VERMEER SALES SOUTI
	R030220298	02/06/2020	43634138	50846	CH	\$0.00	\$1,380.27	TR	150799912872530	VERMEER SALES SOUTI
	B02062075	01/31/2020	43634138	50846	CH	\$1,380.27	\$1,380.27	PA	150799912872530	VERMEER SALES SOUTI
	P20190001	01/31/2020	43721639	1791	CH	\$5,651,502.86	\$8,411.32	PA	150799912872530	VERMEER SALES SOUTI
	R030220485	01/31/2020	43634138	50846	CH	\$0.00	\$1,380.27	LG	150799912872530	VERMEER SALES SOUTI
	R030220485	01/31/2020	43634138	50846	CH	\$0.00	\$1,380.27	TR	150799912872530	VERMEER SALES SOUTI
	R030220298	01/13/2020	42867961	51082	CH	\$0.00	\$9,791.59	TR	150799912872530	VERMEER SALES SOUTI
	R030220298	01/13/2020	42867961	51082	CH	\$0.00	\$9,791.59	LG	150799912872530	VERMEER SALES SOUTI
	T01132000006	01/13/2020	42867961	51082	CH	\$9,791.59	\$9,791.59		150799912872530	VERMEER SALES SOUTI
	RD3206044	04/12/2019	40275236	0000218220	CH	\$4,897.33	\$4,897.33	RD	150799912872530	26387970-VERMEER SAL
	P20180001	01/31/2019	40753029	88888	CH	\$5,173,266.47	\$4,897.33	PA	150799912872530	88888-COUNTY TAX OFFI
	R030219498	01/25/2019	40275236	47948	CH	\$0.00	\$4,897.33	TR	150799912872530	VERMEER SALES SOUTI

Applied Total

\$39,531.20

Bh



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

MAY 12 2020

0596282863

WELLS FARGO HOME MORTGAGE
1 HOME CAMPUS MAC X2302-04D
DES MOINES, IA 50328

OP
+2500

Geo No. F609-999-0110-2400	Prop ID 244791
Legal Description of the Property 11 FRANKLIN HILLS #5 LOT 24 (14926.00 SQ FT)	
1316 FRANKLIN BLOOM CT 79912	
OWNER: MARTEL STEPHANE	

2019 OVERAGE AMOUNT \$10,589.39

1: CITY OF EL PASO, 3: EL PASO ISD, 4: 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.	Name: Wells Fargo Home Mortgage Address: 1 Home Campus, MAC F2302-04D City, State, Zip: Des Moines, IA 50328 Daytime Phone No.: 210-812-4155			E-Mail Address: barbara.kincaid@wellsfargo.com
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Check No.	Date Paid	Amount Paid	
	Wells Fargo Home Mortgage	7036476484	12/23/19	62,318.25154
	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.	<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) PRINTED NAME & DATE Barbara Kincaid, on behalf of Wells Fargo Home Mortgage			
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: Date: 05/14/2020				

ANDREA
ACT80122 v1.90

05/14/2020 09:28:51
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
M19C30000001	F09999901102400									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	M19C30000001	12/23/2019	42395858	7036476484	CH	\$62,318,251.54	\$12,415.51	LG	F09999901102400	3000-WELLS FARGO HO
	R030220698	12/23/2019	42395858	7036476484	CH	\$0.00	\$1,828.12	LG	F09999901102400	3000-WELLS FARGO HO
	M19800000001	12/16/2019	42270898	191213175282	EF	220,479,251.04	\$12,415.51	PA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$0.00	DA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$317.09	DA	F09999901102400	MARTEL STEPHANE
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$24.45	DA	F09999901102400	MARTEL STEPHANE
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$0.00	DA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$45.37	DA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$0.00	DA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$0.00	DA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$24.45	DA	F09999901102400	800000-CORELOGIC
	RF200508	12/16/2019	42270898	191213175282	EF	\$0.00	\$0.00	DA	F09999901102400	800000-CORELOGIC
Applied Total							\$149,177.45			

OP +2500



**TAX OFFICE
RECEIVED**

MAY 11 2020

**ITA
COLLECTOR
00**

elpasotexas.gov/tax-office

Geo No. 09SS-000-1111-9359 **Prop ID** 605659

Legal Description of the Property
DEALER MOTOR VEH INV P107653

1000 S HORIZON BLVD

OWNER: ALEX'S TRAILER SHOP INC

2019 OVERAGE AMOUNT \$2,889.05

4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO 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: ALEX'S TRAILER SHOP, INC.

Address: 14081 GATEWAY BLVD. W.

City, State, Zip: EL PASO, TX - 79928-6601

Daytime Phone No.: (915) 858-4323

E-Mail Address: alexstrailershop@gmail.com

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

e-check

2861827

1-30-20

\$7,246.15

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

JMC 5/14/20

[Signature]

ACEJANNO Ortiz 5/7/20

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

Date:

[Signature]

05/14/2020

ANDREA
ACT80122 v1.90

DP +2500

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.					
VT02122020	09SS00011119359									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Transaction Amount	Transaction Type	Account No.	Payer
P20190001	01/31/2020	43721639	1791	CH	\$5,651,502.88	\$2,889.05	PA	09SS00011119359		ALEXS TRAILER SHOP II
EC01302098	01/30/2020	43428903	CC002861827	EC	\$7,248.15	\$7,248.15	LG	09SS00011119359		28101152-ALEXS TRAILER
VT02122020	01/30/2020	43428903	CC002861827	EC	\$0.00	\$2,889.05	TR	09SS00011119359		28101152-ALEXS TRAILER
VT02122020	01/30/2020	43428903	CC002861827	EC	\$0.00	\$2,889.05	TR	09SS00011119359		88888-COUNTY TAX OFF
P20180001	01/31/2019	40753029	88888	CH	\$5,173,282.47	\$4,228.45	PA	09SS00011119359		28124640-ALEXS TRAILER
RD2075397	10/12/2018	37443109	0000213604	CH	\$1,568.76	\$1,568.76	RD	09SS00011119359		88888-COUNTY TAX OFF
P20184000001	01/31/2018	37801560	88888	CH	\$5,173,520.45	\$1,568.76	PA	09SS00011119359		28124640-ALEXS TRAILER
R030218398	01/31/2018	37443109	CC001910038	EC	\$0.00	\$1,568.76	TR	09SS00011119359		28124640-ALEXS TRAILER
R030218398	01/31/2018	37443109	CC001910038	EC	\$0.00	\$1,568.76	LG	09SS00011119359		28124640-ALEXS TRAILER
EC01301898	01/30/2018	37443109	CC001910038	EC	\$1,568.76	\$1,568.76	PA	09SS00011119359		28124640-ALEXS TRAILER
R031018567	01/30/2018	37443109	CC001910038	EC	\$0.00	\$1,568.76	TR	09SS00011119359		28124640-ALEXS TRAILER
R031018567	01/30/2018	37443109	CC001910038	EC	\$0.00	\$1,568.76	TR	09SS00011119359		28124640-ALEXS TRAILER
Applied Total						\$20,881.75				