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

DEPARTMENT:

Tax Department

AGENDA DATE:

October 27, 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

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 October 27, 2020

1. EPT Casas at Las Palmas LLC, in the amount of \$6,121.88, made an overpayment on January 31, 2019 of 2018 taxes.

(Geo. #W1430000701800)

2. Casas Privadas LP, in the amount of \$3,922.96, made an overpayment on January 31, 2019 of 2018 taxes.

(Geo. #Y805999035B0249)

3. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$7,328.30, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #V89399935300100)

4. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$2,788.66, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #A765999001A0265)

5. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$7,608.50, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #M43099900100100)

K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$4,787.77, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #V893999342A0105)

7. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$2,765.80, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #E01499911000100)

8. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$4,250.77, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #E01499905802700)

9. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,939.87, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #M1440000010001)

10. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,491.80, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #V88799900803300)

 K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,504.40, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #V150999000C5500)

12. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$6,419.62, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #W14599900400100)

13. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,877.99, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #A765999002E0596)

 K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$4,367.01, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #C73099900308500)

 K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,080.10, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #T18899900108900)

 K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,565.81, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #D47599900100100)

17. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,042.26, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #V8949900501200)

18. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,206.37, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #P44899900204400)

19. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,677.06, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #C11899902400150)

20. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,381.89, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #S53300000802000)

21. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$2,612.53, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #P774999018A4800)

22. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$3,001.53, made an overpayment on January 31, 2020 of 2019 taxes.

(Geo. #S23199902406600)

23. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$2,766.21, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #X29399F00A3100)

24. K.E. Andrews & Co ad Valorem Tax Service, in the amount of \$13,862.70, made an overpayment on January 31, 2020 of 2019 taxes. (Geo. #A52099901400100)

Laura D. Prine City Clerk Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED

OCT 05 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. W143-000-0070-1800

Prop ID 650464

Legal Description of the Property

BLK 7 WEST TEXAS ESTATES AMENDING LOT 18

1148 MARATHON PL 79928

EPT CASAS AT LAS PALMAS LLC 8201 LOCKHEAD ROAD SUITE 203 EL PASO, TX 79925 S XVED

OWNER: HIDALGO RICARDO O

2018 OVERAGE AMOUNT \$6,121.88

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 15: EMERG. SERVICES DIST #1, 25: LWR VALLEY WTR DISTRICT

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient. Show information for	Name:									
whomever will be receiving	Address:									
the refund.	City, State, Zip:	City, State, Zip:								
	Daytime Phone No.:		E-Mail Address	:						
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid						
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	-	CK7299	1/3/1/9	253,254.14						
bank/credit card statement.		AL AMOUNT PAID (sum of	the above amounts							
Step 3. Provide reason for	Please check one of the following:									
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	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.	have given on this form is tru	pply for the refund of the above ne and correct. (If you make a anor or a state jail felony under	false statement on th	is application, you could be found						
Ruesopho	SIGNATURE OF REQUEST	for (required)	Jen: fer							
TAX OFFICE USE ONLY:	Approved De	enied By:	Date:	10/07/20001						

10.8.20

Print Date: 09/28/2020

Notes Go To ANDREA 10/07/2020 16:26:33 ACT80122 v1.90 ACTEP DEPOSIT Remittance Detail **Summary Query** Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. A02051986 W14300000701800 Payment Payment Check/Receipt Receipt Remit Check Applied Transaction Account Images Deposit No Date Seg No. No. Type Amount Amount Type No. 1419800000001, 12/16/2019 42270898 191213175283 EF 220,479,351,04 \$5,080.98 PA W14300000701800 800000-CORELOGIC A02051986 01/31/2019 40592610 7299 ÇН \$253,254,14 S6,121.88 LG W14300000701800 23026160-EPT CASAS A M18800000001 12/14/2018 39295991 181213099087 EF 198 523 744 87 SE 089 99 PA W14300000701800 880000-CORELOGIC 802071885 01/30/2018 37715185 7148 CH \$237,658,46 \$4,309.57 PA W14300000701800 23026160-EPT CASAS A \$272.72 AA W14200000701800 A07061765 06/20/2017 35504019 7049 CH \$209 208 47 23026160-EPT CASAS A 03/08/2017 05045181 A03081785 338681 CH \$51,829,40 \$3.925.43 AA W14300000701800 EPT BELLA CUSTOM DRE EC02011798C 01/31/2017 34812945 CC001589801 EC \$51,829.40 \$3,925,43 PA W14300000701800 25286094-EPT CASAS RIE02031767 01/31/2017 34812945 CCC01569801 551,629 40-\$3,925,43- RX W14300000701800 25288094-EPT CASAS EC012916988 01/31/2018 21585501 | 00001250812 EC 357,117,17 \$3,911.53 PA W14300000761800 20202433-EPT BELLA HC

Applied Total

\$28,772,10

Summary

Payer



OCT 05 2020

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

CASAS PRIVADAS LP **8201 LOCKHEED ROAD SUITE 203** EL PASO, TX 79925



Prop ID Geo No. Y805-999-035B-0249 98128 Legal Description of the Property 35 YSLETA TR 2-C-1 (2.921 AC) 8482 ALAMEDA AVE

OWNER: NCJ DEVELOPMENT INC

2018 OVERAGE AMOUNT \$3,922.96

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient.	Name:									
Show information for whomever will be receiving	Address:									
the refund.	City, State, Zip:			an company occurs.						
	Daytime Phone No.:		E-Mail Address:							
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid						
Information. Please attach copy of cancelled check, original receipt, online payment confirmation or		CK7166	1/31/19/2	28,331.61						
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)									
Step 3. Provide reason for this refund.	Please check one of the following:									
	I paid this account in error and I am entitled to the refund.									
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	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):									
	les octo	SALES AND CONTRACT NO BA		10						
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby appl have given on this form is true a guilty of a Class A misdemeand	and correct. (If you make a fa	ilse statement on this app	lication, you could be foun						
fue 10/7/20	SIGNATURE OF REQUESTO	R (REQUIRED)	PRINTED NAME & DA	Soto 10/1/						
TAX OFFICE USE ONLY:	Approved Denie	ed By:	Date: 101	77 2000 "						

10.8.20 Print Date: 09/28/2020 Deposit Status

Notes

Go To :

10/07/2020 16:11:37 ACTEP

ANDREA ACT80122 v1.90

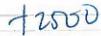
DEPOSIT

Remittance

Detail

Summary	Query

Summary Query									\$u <u>m</u> mar	гу
Deposit No.	Account	t No.		R	emit Seq No.	Check No.	F	ayment Amount	Payment Agreement I	No.
A02051986	Y80599	9035BC24	9							
Check/Receipt Images Deposit No	2010/01/02/02/01 1 /2/01	Remit Seq No.	Check No.	Payme Type	nt Payment Amount	Applied Tr Amount	ansac Type	tion Account	nt Payer	
802072081	01/31/2020 4	3685022	7171	CH	\$222 518 48	53,948,14	дд	Y805999025B02	249 22890960-CASAS	PRIVA
EC01142098	01/14/2020 4	2910271	00002767816	EC	52,948,14	\$3,948.14	PA	Y805999035B02	27929271-HCJ DEV	/ELOF
A02051986 0			71661	CH	5238,331.61	\$3,922.96	LG	Y805999035B02	23890960-CASAS	PRIV
A02051986	01/31/2019 4	40590309	7166	CH	\$238,331.81	53,922,98	ДД	¥805999035BC2	23890980-CASAS	PRIV
EC01281998	01/28/2019 4	2875720	00002328343	EC	\$3,922.96	\$3 922 98	PA	Y805999035B0Z	249 27021822-NCJ DEN	/ELO
R80100618MP	10/05/2018 2	23052147	911	CH	SC.01-	50.01	- TR	¥805999035B02	249 NOU DEVELOPMENT	TINC
RD2981528	04/04/2018 3	27713168	0000210258	CH	\$2,127,91-	\$2,127,91	- RE	Y805999015B02	249 28217271-NOJ DEN	/ELO
B02071885	01/30/2018 3	37713168	2529	CH	\$217,355,99	\$2,823.18	ÄÄ,	Y805999035B02	249 23890960-CASAS	PRIV
802071885	01/30/2018 3	27713168	2529	CH	\$217.355.89	\$2,127.91	LG	Y805999035B02	249 2389 0980- 04949	PRIV
R0302181098	01/30/2018 (27713168	2529	CH	50,00	\$1,375.25	- TR	Y805999035B02	249 26217271-NCJ DEN	VELO
R030318998	01/30/2018	37713188	2529	СН	20.00	\$1,375.25	TR	¥805999035802	249 28217271-HCJ DEN	VELO
RC180207	01/30/2018	27713188	2529	CH	\$2,127.91	\$2,127,91	TR	Y805999035 8 02	249 28217271-MCJ DEN	VELO
			Ар	plied To	tal	\$183,390,33	;			





OCT 0 9 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

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

Geo No. V893-999-3530-0100 Prop ID 399556

Legal Description of the Property 353 VISTA DEL SOL #76 NWC OF I (50845.53 SQ FT)

1490 GEORGE DIETER DR

OWNER: SCS FINANCE I L P

2019 OVERAGE AMOUNT \$7,328.30

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE								
	City, State, Zip: ROWLETT, TX 750	088							
		Daytime Phone No.: (469)298-1	594	E-Mail Address: DN	ASHBURN@KEATAX.COM				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online	K.E.ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57								
Step 3. Provide reason for	Please check one of the following:								
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.								
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	I want this payment applied to next year's taxes.								
	This payment should have be	en applied to other tax a	ccount(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 informal have given on this form is true and correct. (If you make a false statement on this application, you could guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)								
	SIGNATURE OF REQUESTOR (R Davis Mashburn	EQUIRED)	PRINTED NAME & D Davis Mashburn						

Deposit Status **Notes** Go To : ANDREA 10/09/2020 17:51:47 ACT80122 v1.90 ACTEP **DEPOSIT** Remittance Detail **Summary Query** Summary Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. Deposit No. B02072081 V89399935300100 Check Payment Payment Applied Transaction Account Check/Receipt Receipt Remit Payer No. No. Amount Images Deposit No. Date Seg No. Type Amount Type 28224284-K.E. ANDREWS 100777 CH \$1718 087 57 \$43 188 65 AA V89339935300100 B02072081 01/31/2020 43875727 B02072081 O \$1,716,067 57 L 26224254-K E. ANDREWS 01/31/2020 43675727 100777 L \$7,328.30 LG V89399935300100 CH 28340884-SCS FINANCE 0000218278 \$4,335 €7-\$4,325,67- RD \V89399935300100 RD3208018 04/18/2019 40821797 CH \$4,138.32- RD V89399935300100 28340884-SCS FINANCE RD3208018 04/18/2019 36868759 0000218278 CH \$4,138,32-\$1,205,147,38 \$38,039,23 AA V89399935300100 26224254-K.E. ANDREWS A02051938 01/31/2019 40821797 100242 CH RC190415 01/31/2019 40621797 0000218102 CH \$4,235,87 \$4,335.67 TR V89299935300100 28340884-SCS FINANCE SCS FINANCE IL P 0000218102 \$4,335.67-\$4,335,87- TR V89399935300100 RC190415 01/21/2019 40821797 CH \$1,193,38 DA V89399935300100 SCS FINANCE IL P 0000218102 50.00 RF190415 01/31/2019 40821797 CH RF190415 01/31/2019 40821797 0000218102 CH 50 00 5823 88 DA V89399936300100 SCS FINANCE ! L P RF190415 01/31/2019 40821797 0000218102 CH 50 00 50.00 DA V89399935300100 28224254-K.E. ANDREWS 50 00 DA V89399935300100 28224254-K.E. ANDREWS 01/31/2019 40621797 0000218102 CH \$0.00 RF190415 28224254-K E. ANDREWS RF190415 01/31/2019 40821797 0000218102 CH 30.00 50 00 DA V89399935300100 \$840,300.74

Applied Total



TAX OFFICE RECEIVED OCT 0 9 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

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Prop ID Geo No. A765-999-001A-0265 217331 Legal Description of the Property

1 ASCARATE TR 1-A-7-B-3 (0.358 AC)

1598 LOMALAND DR

OWNER: SBEEP LLC

2019 OVERAGE AMOUNT \$2,788.66

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.

Ca. 1 Manufe de la constant	Who should the refund be issued to:	and the second s	\$\tau_{\text{\tint{\text{\tin}\exitt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\tint{\tint{\text{\tint{\text{\text{\tint{\text{\tint{\tett{\tint{\tint{\tint{\tint{\tint{\tint{\text{\tint{\text{\text{\tinit}}\tint{\text{\text{\tinit{\text{\tint{\text{\tinit}\tint{\text{\text{\text{\text{\text{\tinit}\tint{\text{\tinit}\tint{\text{\tinit{\text{\tinit}}\tint{\text{\tinithtet{\text{\tinithtet{\text{\tinithtet{\tinithtet{\tinithtet{\text{\tinit}\tint{\text{\tinithtet{\tinithtet{\tinithtet{\tinithtet{\tinithtet{\tinithtet{\tinithtet{\text{\tinithtet{\tinithtet{\tiint{\tiint{\tii}\tiithtithtet{\tiint{\tiint{\tiint{\tiin}\tint{\tiin}\t	ng documentation to be valid.					
Step 1. Identify the refund recipient.									
Show information for	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE								
whomever will be receiving	Address: 1900 DALROCK RD								
the refund.	City, State, Zip: ROWLETT, TX 750	Service Minutes							
	Daytime Phone No.: (469)298-1	594	E-Mail Address: DM	ASHBURN@KEATAX.COM					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online	K.E.ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57								
Step 3. Provide reason for this refund. Please list any accounts and/or	Please check one of the following								
	I paid this account in error and I am entitled to the refund.								
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	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								
me 10/12/20	Davis Mashburn		Davis Mashburn						
TAX OFFICE USE ONLY:	Approved Denied	Ву:	Date: (0	100/2000					

Deposit Status Notes Go To ANDREA 10/09/2020 17:20:21 ACT80122 v1.90 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. A785999001A0285 B02072081 Check/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Images Deposit No No. Payer Date Seq No. Amount No Type Amount Type 01/31/2020 43875727 100777 CH \$1,718,087.57 \$11 054.78 AA A765999001A0285 26224254-K.E. ANDREWS B02072081 B02072081 01/31/2020 43675727 100777 L CH \$1,716,067.57 \$2,788.66 LG A765999001A0265 26224254-K.E. ANDREW! A02051986 01/31/2019 40621797 100242 CH 51,205,147,28 \$8,041.38 AA A78899900140288 26224254-K.E. ANDREW! A01091878 12/30/2017 36868759 102385 CH 5833,009.27 \$5,986.19 PA A765999001A0265 25973124-ALON USA X0130172002 01/30/2017 24479111 80004 \$5.884 19 PA A765999001A0285 CH \$214,558,32 BERG SUSAN B X0204162014 \$5,578.58 PA A78599900140265 01/31/201€ 317€4073 CH 535£ 923 06 BERG SUSAN B X0113152001 01/13/2015 27914136 50087 \$151,247.05 \$5,507.98 PA A78599900140285 BERG SUSAN B CH C03051448 02/28/2014 25949645 00138283 CH \$184,558,40 \$5,788.43 PA A765999001A0265 BERG SUSAN 8 00125057 \$5,204 67 PA A7859\$9001A0285 A12281263 12/28/2012 21995220 CH 892,211.45 20833300-SOUTHWEST U A12281148 12/28/2011 19480522 00115288 CH \$18,831,67 34.821.12 PA A765999001A0265 BERG SUSAN B X0207112005 01/31/2011 18160488 CH \$75,880,88 \$4,783.29 PA A785999001A0265 BERG SUSAN B X0128102009 01/28/2010 15848038 94484 \$4,574.70 PA 478599900140285 CH \$258,245.11 BERG SUSAN B \$115,438.55 Applied Total

OCT 0 9 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

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Prop ID Geo No. M430-999-0010-0100 258132

Legal Description of the Property 1 MILES SUBDIVISION #1 LOT 1 (40000.65 SQ FT)

320 S AMERICAS AVE 79907

OWNER: SOUTHWEST CONVENIENCE STORES LLC

2019 OVERAGE AMOUNT \$7,608.50

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient. Show information for	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
whomever will be receiving	Address: 1900 DALROCK RD									
the refund.	City, State, Zip: ROWLETT, TX 75088									
	Daytin	me Phone No.: (469)298-15	94	E-Mail Address: Di	MASHBURN@KEATAX COM					
Step 2. Provide payment	Payme	ent made by:	Cheek No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online	755000000	NDREWS & CO ALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57								
Step 3. Provide reason for	Please check one of the following									
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	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 for 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 Davis Mashburn Davis Mashburn 10/06/2020									

Deposit Status

Notes

Go To .

10/09/2020 17:49:10 ACTEP

ANDREA ACT80122 v1.90

DEPOSIT

Summary Query

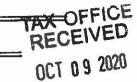
Remittance

Detail

+2500

Su<u>m</u>mary

							1000	20		04 M	
Depo	sit No.	Accou	nt No		F	lemit Seq No.	Check No.	ĵ	Payment Amount	Payment Agreement No.	
B02	072081	144309	990010010	C							
Check Images	Receipt Deposit No	Receipt K Date	Remit Seq No.	Check No.	Paym Type	ent Payment Amount		ansa Type	ction Account No.	Payer	
	B02072081	01/31/2020	43675727	100777	СН	51,716,067.57	\$7,608.50	LG	M43099900100100	26224254-K.E. ANDREWS	-6
	802072081	01/31/2020	43875727	100777	CH	\$1,716,067,57	\$58,853,23	A,A	M43099900100100	28224294-K E, ANDREWS	
	RD3208018	04/18/2019	40821797	0000218281	CH	\$7,827.48-	\$7,627,48	- RD	M42099900106100	27350318-SDUTHWEST (
	RD3208018	04/18/2019	36868759	0000218281	CH	\$7,557 83-	57,557.83	- RD	M43099900100100	27350316-SOUTHWEST (
	RD3208018	04/18/2019	24479110	0000218281	СН	57,429,04-	\$7,429,04	- RD	M43099900100100	27350318-SOUTHWEST (
	A02051986	01/31/2019	40621797	100242	CH	\$1,205,147.38	\$51,584,82	Ē,Ā,	M43099900100100	28224284-K.E. ANDREWS	
	RC190415	01/31/2019	40821797	0000218102	CH	\$7.627.48	\$7,627.48	TR	142099900100100	27390318-SOUTHWEST (
	RC190415	01/31/2019	40621797	0000218102	CH	\$7,827,48-	\$7,627.48	- TR	M42099900100100	SOUTHWEST CONVENIER	
	RF190415	01/31/2019	40621797	0000218102	СН	SC CC	50 00	DA	M43099900100100	28324284-K.E. ANDREWS	
	RF190415	01/31/2019	40621797	0000218102	CH	30,00	\$1,088,38	- D#	M=3099900100100	28224254-K.E. ANDREWS	
	RF190415	01/31/2019	40821797	0000218102	CH	50 00	50.00	DA	M420999001001 0 0	282242544K.E. ANDREWS	
	RF190415	01/31/2019	40821797	0000218102	СН	SC 00	\$0.00	CA	M43099900100100	26224254-K E ANDREWS	4
				Ар	plied To	otal	\$329.815.27	•			



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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Geo No. V893-999-342A-0105 Prop ID 327502

Legal Description of the Property

342-A VISTA DEL SOL #69 REPLAT A SWC OF 1 (200' ON NLY - 198.15" ON ELY -168.64' ON SLY - 168.60" ON WLY) (39283.56 SQ FT)

1330 N ZARAGOZA RD

OWNER: SCS FINANCE II

2019 OVERAGE AMOUNT \$4,787.77

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 PROPERT	TY TA	X REFUND: This application	must be completed, sigued.	and submitted with support	ing documentation to be valid.					
Step 1. Identify the refund	Who should the refund be issued to:									
recipient. Show information for	Name	K.E. ANDREWS & CO	AD VALOREM TAX	SERVICE						
whomever will be receiving	Addre	ess: 1900 DALROCK RI)	V						
the refund.	City,	State, Zip: ROWLETT, TX	75088							
	Dayti	me Phone No.: (469)298	-1594	E-Mail Address: D	MASHBURN@KEATAX.COM					
Step 2. Provide payment	Payor	ent made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
Step 3. Provide reason for this refund. Please check one of the following I paid this account in error and 1 am entitled to the refund. I overpaid this account. Please refund the excess to the address listed in Step 1.										
	e check one of the following									
		I overpaid this account. Ple	1.							
with this overage.	I want this payment applied to next year's taxes.									
		This payment should have	been applied to other tax a	account(s) and/or year(s)	, escrow (listed below):					
Step 4. Sign the form. Unsigned applications cannot be processed.	have	gning below, I hereby apply to given on this form is true and tof a Class A misdemeanor	correct. (If you make a	false statement on this ap	pplication, you could be found					
0		ATURE OF REQUESTOR	REQUIRED)	PRINTED NAME & D	ATE					
Juc 10/3/20		Davis Mashbur	n	Davis Mashburn	10/06/2020					
TAX OFFICE USE ONLY	X	Approved Denied	By:	Date: 1(13/2001					

Deposit Status

Notes

Go To

ANDREA ACT80122 v1 90

DEPOSIT

Remittance

Detail

10/13/2020 17:02:12 ACTEP

Summary

+2500

Summan	Query
Sersianismi	, wares

Dep	osit No.	Accou	int No.		Rei	mit Seq No.	Check No.	Paymen	t Amount	Payment Agreement No	
BC	2072081	V893	999342A010	95							
	/Receipt	Receipt Date	Remit Sea No.	Check No.	Paymen Type	t Payment Amount	Applied Tr	ransaction Type	Account No.	Payer	
mage		01/31/2020	The second secon	100777	Contract of the contract of th	1.718.087.57		AA V89399		26224254-K E. ANDREWS	N.
	B02072081 6	01/31/2020	43675727	100777	CH S	1,716,067.57	\$4,787.77	LG V89399	99342A0105	26224254-K E. ANDREWS	k
	RD3208018	04/18/2019	40621797	0000218279	СН	\$2,421.67-	\$3,421,67-	- RD VE9399	99342A0105	27350328-SCS FINANCE	
	RD3208018	04/18/2019	26868759	0000218279	CH	83,265,92-	51,285,92-	- RD V89399	99342A0105	27390328-SCS FINANCE	
	A02051988	01/31/2019	40821797	100242	CH S	1,205,147,28	\$25,788.58	AA V89399	99342AC109	28224254-K E. ANDREWS	
	RC190415	01/31/2019	40821797	0000218102	CH	93,421,67-	\$3,421,67-	- TR V89399	9934240105	SCS FINANCE II	
	RC190415	01/31/2019	40621797	0000218102	CH	\$2,421,67	\$3,421,67	TR V89399	99342A0105	27350328-SCS FINANCE	
	RF190415	01/31/2019	40821797	0000218102	CH	50.00	50 00	DA V89399	99342A0105	26224254-K E ANDREWS	
	RF190415	01/31/2019	40621797	0000218102	CH	50.00	\$281.36	DA V89399	99342A0105	SCS FINANCE II	
	RF190415	01/31/2019	40€21797	0000218102	CH	\$0,00	\$941.79	- DA V89399	99342A0105	26224254-K E. ANDREWS	
	RF190415	01/31/2019	40621797	0000218102	СН	50.00	\$500.10-	- DA V89399	99342A0105	28224264-K.E. ANDREWS	
	RF190415	01/31/2019	40€21797	0000218102	СН	20,00	50.00	DA V89399	99342A0105	28224254-K.E. ANDREWS	*
				Ap	plied Tota	il de la companya de	5530 584 80)			



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No.

 Geo No.
 Prop ID

 E014-999-1100-0100
 178694

Legal Description of the Property
110 EAST EL PASO 1 TO 4 (14000 SQ FT)

3601 MONTANA AVE

OWNER: SULLIVAN GEORGE

2019 OVERAGE AMOUNT \$2,765.80

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:

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

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.

Step 1. Identify the refund	Who should the refund be issued to:								
recipient.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE								
Show information for whomever will be receiving	Addre	ess: 1900 DALROCK RD		900000000 17 RUF 18	2 8				
the refund.	City,	State, Zip: ROWLETT, TX	75088	70000					
	Dayti	ime Phone No.: (469)298-159	94	E-Mail Address: Di	MASHBURN@KEATAX.COM				
Step 2. Provide payment	Paym	ent made by:	Check No	Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57				
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57								
Step 3. Provide reason for this refund. Please list any accounts and/or	Please check one of the following:								
	I paid this account in error and I am entitled to the refund.								
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage	I want this payment applied to next year's taxes								
	-	This payment should have be	en applied to other tax a	ccount(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.)								
Puc 10/20	SIGN	NATURE OF REQUESTOR (R Davis Mashburn	1000	PRINTED NAME & D Davis Mashburn	L L				

Deposit Status Notes Go To ANDREA 10/13/2020 16:56:50 ACT80122 v1.90 **ACTEP** DEPOSIT Remittance Detail **Summary Query** Summary Remit Sea No. Check No. Payment Agreement No. Account No. Payment Amount Deposit No. B02072081 E01499911000100 Check/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Payer No. Images Deposit No. Date Seq No. No. Туре Amount Amount Type 51,716,067 57 \$2,765.80 LG E01499911000100 26224254-K.E. ANDREWS 802072081 01/31/2020 43675727 100777 28224254-K E. ANDREWS 01/31/2020 43879727 \$1,716,087.57 511,587,33 AA E01499911000100 B02072081 100777 CH \$12,727.48 PA E01499911000100 28712799-K E ANDREWS A10071985 10/07/2019 41588650 1018 CH \$12,727,48 \$344.80 PA E01499911000100 25973124-ALON USA A05311965 05/31/2019 41262656 115097 CH \$344.60 05/13/2019 |41190106 114545 CH 512 107.21 \$12,107,21 PA E01499911000100 25973124-ALON USA A05131965 \$12,107.21- RX EC1499911000100 25973124-ALON USA 05/13/2019 41190106 114545 CH \$12,107.21-RI05311985 28224284-K.E. ANDREWS \$1,205,147.38 \$7,782.75 AA E01499911000100 A02051986 01/31/2019 40621797 100242 CH \$7,323.48 PA E01499911000100 SULLIMAN GEORGE X0130172003 01/30/2017 34479111 20004 CH \$214,558,32 01/21/2018 21784073 9358.923.08 \$7,208.97 PA E01499911000100 SULLIVAN GEORGE X0204182014 €4292 CH 06/08/2015 | 26110591 0000190209 \$2,002.00-\$2,002.00- RD E01499911000100 23831607-SOUTHWEST (RD1931421 CH 23831807-SOUTHWEST (06/08/2015 21343581 0000190209 CH \$460.48-\$480.48- RD E01499911000100 RD1931421 50.00 TA E01498911000100 TA150331 01/13/2015 27914138 CH SC 00 SULLIVAN GEORGE \$184,989,98 Applied Total



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088 0001

Geo No. E014-999-0580-2700 Prop ID 387579

Legal Description of the Property 58 EAST EL PASO S 100 FT OF 12 TO 16 (12500 SQ FT)

501 N COPIA ST

OWNER: MALOOLY GILBERT E JR

2019 OVERAGE AMOUNT \$4,250.77

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.

Step 1. Identify the refund	Who should the refund be issued to:									
Show information for whomever will be receiving	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
	Addre	ess: 1900 DALROCK RD		V						
	City,	State, Zip: ROWLETT, TX 75	5088							
	Dayti	me Phone No.: (469)298-15	94	E-Mail Address: Di	MASHBURN@KEATAX COM					
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
check, original receipt, online payment confirmation or bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.								
Step 3. Provide reason for	Please check one of the following:									
this refund.	I paid this account in error and I am entitled to the refund.									
Please list any accounts and/or years that you intended to pay	~	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage	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 informati have given on this form is true and correct. (If you make a false statement on this application, you could guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)									
0	SIGN	ATURE OF REQUESTOR (R	EQUIRED)	PRINTED NAME & DATE						
fue 10(13/2)	Davis Mashburn Davis Mashburn 10/06/2020									
TAX OFFICE USE ONLY:	k.	Approved Denied	By: MX	Date: 10	lsbow "					

Go To

10/13/2020 16:54:32 ACTEP

Detail

Notes

Si	ımmary Query										Su <u>m</u> mary
Dep	osit No.	Accou	nt No.		F	Remit Seq No.	Check No.		Paymer	nt Amount	Payment Agreement flo.
80	2072081	E0149	990580270	0							
Checi Image	/Receipt s Deposit (Receipt Date	Remit Seq No.	Check No.	Paym Type	ent Payment Amount	100 mm 100 000 000 000 000	ransa Type	ction	Account No.	Payer
9	802072081	01/31/2020	43675727	100777	CH	\$1,716,067.57	\$4,250.77	LG	E01491	9905802700	26224254-K.E. ANDREWS
	B02072081	01/31/2020	43675727	100777	CH	\$1,718,087,57	S11.858.60	شيتر	E0149	9905802700	26224254-K.E. ANDREWS
	A02051986	01/31/2019	40821797	100242	CH	\$1,205,147,38	57,034,42	ΔÅ	E0149	9905802700	28224254-K.E. ANDREWS
6	A01091878	01/09/2018	3687990€	102387	CH	351.545.38	28,955.31	PΑ	EC149	9905802700	25973124-ALON USA
10	A02271741	02/27/2017	34945558	00181081	CH	\$43,143,86	57,082,63	A_iA_i	E0149	9905802700	24598924-SOUTHWEST (
*	X0204162014	01/31/2016	31764073	€4292	CH	\$356,923.08	\$6,513,99	PA	E0149	9905802700	MALOOLY GILBERT E JR
Ī	RD1931421	06/08/2015	25926572	0000190208	CH	84,922 97-	\$4,922,97	- RE	E0149	9905802700	23831807-SOUTHWEST (
for a	RD1931421	06/08/2015	22418301	0000190208	CH	\$3,879,10-	\$3,879.10	- RD	E0149	9905802700	22821607-SOUTHWEST (
*	X0113152001	01/13/2015	27914136	50087	CH	\$151,247.05	\$6,430,26	PA.	E0149	9905802700	MALOOLY GILBERTE JR
17	A03031423	02/28/2014	25928572	00138118	СН	\$21,742.93	\$11,875 03	PA	E0149	9905802700	23093347-ALON BRANES
	RC150601	02/28/2014	25926572	00138118	СН	\$4,922,97-	\$4,922.97	- TR	E0149	9905802700	MALOOLY GILBERT EUR
	RC150601	02/28/2014	25928572	00128118	CH	34,922,97	54,922,97	TR	E0149	9905802700	23821807-SOUTHWEST t
				Ap	plied T	otal	\$128,764 17	7			



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

ADDITION FOR PROPERTY TAY DEFINE.



Geo No. M144-000-0001-0001 Prop ID 33994

Legal Description of the Property
1 MARY LOU PARK 1 & 2 (18112 SQ FT)

602 S HORIZON BLVD

OWNER: PERRY INVESTMENTS LTD

2019 OVERAGE AMOUNT \$3,939.87

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Show information for whomever will be receiving the refund.	Address: 1900 DALROCK RD		1/							
	City, State, Zip: ROWLETT, TX 75088									
	Daytime Phone No.: (469)298-15	94	E-Mail Address: D	MASHBURN@KEATAX.COM						
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid						
information. Please attach copy of cancelled check, original receipt, online	K E ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57						
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57									
Step 3. Provide reason for	Please check one of the following:									
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	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									
thee 1015 x	Davis Mashburn Davis Mashburn 10/06/2020									
TAX OFFICE USE ONLY:	Approved Denied	By: A	Date: 10	13/2000 V						

a Deposit Status Notes Go To ANDREA 10/13/2020 16:52:28 ACT80122 v1.90 ACTEP **DEPOSIT** Remittance Detail **Summary Query** Summary Account No. Deposit No. Remit Seq No. Check No. Payment Amount Payment Agreement No B02072081 1114400000010001 Check/Receipt Remit Receipt Check Payment Payment Applied Transaction Account Payer Images Deposit No Date Sea No. No. Amount Type Type Amount No. B02072081 01/31/2020 43675727 100777 [51,716,067.57 \$3,939.87 LG M14400000010001 CH 26224254-K.E. ANDREWS B02072081 01/31/2020 43875727 100777 \$1,716,087,57 \$10,948.55 AA M14400000010001 26224254-K.E. ANDREWS A02051986 01/21/2019 40621797 100242 CH \$1,205,147,38 \$6,288.97 AA M14400000010001 28224284-K E. ANDREWS \$342,335.25 A01091878 12/30/2017 36889278 102388 CH SE.095.83 PA M14400000010001 25973124-ALON USA A02011741 01/31/2017 34595361 00180618 CH \$220,520,18 \$8,081.51 PA M14400000010001 24598924-SOUTHWEST (X0111182001 01/11/2016 30888983 83505 CH \$225,523,80 \$5,040 92 PA M14400000010001 PERRY INVESTMENTS LT RD1931421 08/08/2015 28111087 0000190218 CH \$172.89-\$172.89- RD M14400000010001 23831607-SOUTHWEST (RD1931421 08/08/2015 25939088 0000190218 CH 53.034.22-\$3,034,22- RD M14400000010001 23831807-SOUTHWEST (

52,529 94-

\$61,710,92

\$2,718.20

\$172.39-

CH Applied Total

CH

CH

CH

0000130218

48247

00139581

00139581

RD1931421

A04021454

RC150601

X1202142001

08/08/2015 21344245

12/02/2014 27107344

03/31/2014 28111087

03/31/2014 26111087

5122,316.43

\$2,529,84- RD M14400000010001

\$5,970.26 PA M14400000010001

\$172.89 PA M14400000010001

\$172.89- TR 1414400000010001

23831807-SOUTHWEST (

PERRY INVESTMENTS LT

20863300-SOUTHWEST (

PERRY INVESTMENTS LT ...



TAX OFFICE RECEIVED

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

OCT 0 9 2020

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO

ROWLETT, TX 75088

00 V

Geo No. V887-999-0080-3300 Prop ID 106669

Legal Description of the Property

8 VISTA DEL PRADO #2 S PT OF 16 (277.08 FT ON N - 168.11 FT ON E - 166.12 FT ON S-110 FT ON W) (30796.00 SQ FT)

9829 SOCORRO RD 79927

OWNER: ALUSA (TX) LTD PARTNERSHIP

2019 OVERAGE AMOUNT \$3,491.80

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient. Show information for	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
whomever will be receiving the refund.	Address: 1900 DALROCK RD									
	City, State, Zip: ROWLETT, TX 75088									
	Daytime Phone No.: (469)298-15	94	E-Mail Address: DM	ASHBURN@KEATAX.COM						
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid						
Information. Please attach copy of cancelled check, original receipt, online	K.E. ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57						
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716.00									
Step 3. Provide reason for	Please check one of the following									
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	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.)									
Q.	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE									
7110 1015 bis	Davis Mashburn Davis Mashburn 10/06/2020									

Deposit Status Notes Go To 10/13/2020 16:50:29 ANDREA ACT80122 v1.90 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Payment Agreement No Remit Sea No Check No. Payment Amount Account No. Deposit No. B02072081 V88799900803300 Check/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Payer No Images Deposit No Date Seq No. No. Type Amount Amount Type 26224254-K.E. ANDREWS \$1,716,067.57 \$3,491.80 LG V88799900803300 B02072081 01/31/2020 43675727 100777 CH 26224254-K E. ANDREWS 01/31/2020 43675727 \$1,716,087,57 \$8,527,98 AA V88799900803300 B02072081 100777 \$5,021.39 AA V88799900803300 28224254-K E. ANDREWS A02051986 01/31/2019 40621797 100242 CH \$1,265,147,38 \$342,335,25 \$4,975.53 PA V88789900803300 25973124-ALON USA A01091878 12/30/2017 38889276 102386 CH \$4,890,74 PA V88799900803300 24598924-SOUTHWEST (01/31/2017 34595361 00180018 CH \$220,520,16 A02011741 \$4,635.08 PA V88799900803300 ALUSA (TX) LTD PARTNE 01/11/2016 30888983 83505 CH \$225,533,80 X0111162001 23831607-SOUTHWEST (S0.01- RE V88799900803300 RD1931421 08/08/2015 28355881 0000190231 CH 50 01-\$2,718 37- RD V88799900802300 23831607-SOUTHWEST (RD1931421 06/08/2015 26018137 0000190231 CH \$2,718,37-CH \$1,415,24-\$1,415,24- RD V88799900803200 23831807-SOUTHWEST (RD1931421 08/08/2015 23317518 0000190231 01/30/2015 28355861 \$148,288,54 \$4,578.08 AA V88799900803300 ALUSA (TX) LTD PARTNE A01301541 00150507 CH ALUSA (TX) LTD PARTNE 01/30/2015 28355861 CH S0.01-50.01- TR V88799900803300 RC150601 00150507 23831607-SOUTHWEST (-01/30/2015 28355881 00150507 CH 50.01 \$0.01 TR V88799900802300 RC150601 \$113,319,43 Applied Total





OCT 119 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

> Geo No. V150-999-000C-5500

Prop ID 94621

Legal Description of the Property

VALLEY GATE PT OF 64 BEG 20.26 FT S OF NWC (83.76 FT ON N 116.26 FT ON E 84.34 FT ONF S 129.74 FT ON W)

7150 ALAMEDA AVE

OWNER: ASKENIZI SHIRLEEN M

2019 OVERAGE AMOUNT \$3,504.40

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

OWNER: AS

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.

Step 1. Identify the refund	Who should the refund be issued to: Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE								
recipient. Show information for									
whomever will be receiving the refund.	Address: 1900 DALROCK RE								
	City, State, Zip: ROWLETT, TX 75088								
	Daytime Phone No.: (469)298	-1594	E-Mail Address:	DMASHBURN@KEATAX COM					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online	K.E.ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.		TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57							
Step 3. Provide reason for	Please check one of the following:								
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.								
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	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.)								
0	SIGNATURE OF REQUESTO	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE							
rue 10/15/20	Davis Mashburn		Davis Mashb	ourn 10/06/2020					
TAX OFFICE USE ONLY:	Approved Denie	ed By:	Date:	olishope					

Notes

Go To

10/13/2020 16.42.12 ACTEP

ANDREA ACT80122 v1 90

DEPOSIT

Remittance

Detail

Summary	Query
---------	-------

	osit No	Accou	nt No		ſ	Remit Seq No.	Check No.	Payment Amount	Summary Payment Agreement No	
B02	2072081	V1505	999000C55(00						
Check	Receipt Deposit No. B02072081	Receipt Date 01/31/2020	Remit Seq No. 43875727	Check No. 100777	Paym Type CH	ent Payment Amount \$1,718,087,57		ansaction Account Type No. 4A V150999000C5500	Payer 26224254-K.E. AHDREWS	
13	B02072081	00/31/2020	43675727	100777	СН	\$1,716,067.57	V \$3,504.40	LG V150999000C5500	26224254-K E. ANDREWS	
	A02051986	01/31/2019	40821797	100242	СН	\$1,205,147.38	\$4,393.71	AA V150999000C5500	28224254-K E. ANDREWS	
11	A01091878	12/30/2017	36868759	102385	CH	\$833,009.27	\$4,353,59	PA V150999000C5500	25973124-ALON USA	
*	X0130172003	01/30/2017	34479111	80004	CH	\$214,558.32	\$4,279.40	PA V150999000C5500	ASKENIZI SHIRLEEN M	
*	X0204162014	01/31/2016	31764073	64292	СН	\$356,923.08	\$4,055,68	PA V150999000C5500	ASKENIZI SHIRLEEN M	
	RD1931421	08/08/2015	25949845	0000190230	СН	\$1,380.18-	\$1,380.18-	RD V150999000C5500	23831607-SOUTHWEST (
	RD1931421	08/08/2015	22418301	0000190220	CH	\$1,241.00-	\$1.241.00-	RD V150999000C5500	22821607-SOUTHWEST (
*	X0113152001	01/13/2015	27914138	50087	СН	\$151,247.05	\$4,005,79	PA V150999000C5500	ASKENIZI SHIRLEEN IJ	
	C03051448	02/28/2014	25949645	00138263	СН	\$164,558,40	\$5,589,98	PA V150999000C5500	ASKENIZI SHIRLEEN M	
	RC150601	02/28/2014	25949845		СН	\$1,280.18	\$1,380.18	TR V150999000C5500	23831807-SOUTHWEST (
	RC150801	02/28/2014	25949645		СН	\$1,380,18-	\$1,260,18-	TR V150999000C5500	ASKENIZI SHIRLEEN M	7
				à	Applied To	otai	\$99,027,18			



TAX OFFICE RECEIVED

OCT 0 9 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. W145-999-0040-0100

Prop ID 324880

K.E. ANDREWS & CO

1900 DALROCK RD ROWLETT, TX 75088

Legal Description of the Property 4 WEST HILLS #2 SELY PT OF 1 (180 96' ON SLY- IRREG ON WLY-204.72' ON NLY-202.61' ON ELY) (49101.12 SQ FT)

701 RESLER DR

OWNER: SCS FINANCE I LP

2019 OVERAGE AMOUNT \$6,419.62

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.

Show information for whomever will be receiving the refund.		NDREWS & CO 0 DALROCK RE ROWLETT,		SERVICE				
whomever will be receiving the refund.	City, State, Zip:	-						
D	<u> </u>	ROWLETT,						
	Daytime Phone No.:		TX 75088	V				
Care 2 Bornella		(469)298	3-1594	E-Mail Address: DM	ASHBURN@KEATAX COM			
	ayment made by:	The second second	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	K.E.ANDREWS 8 AD VALOREM TA		100777	01/29/2020	\$1,716,067.57			
bank/credit card statement.		TOTAL AMO	OUNT PAID (sum of (he above amounts)	\$1,716,067.57			
Step 3. Provide reason for	Picase check one of the following:							
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.							
years that you intended to pay	✓ I overpaid this	I overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	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):							
Unsigned applications cannot h	ave given on this for	rm is true and cor	rect. (If you make a f		tify that the information I uplication, you could be found to: 37.10.)			
S	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE							
The 10/15/20	Davis Mashburn Davis Mashburn 10/06/202							
	\			\/ ·	12/20			

Motes

Go To :

NDREA .CT80122 v1.90 10/13/2020 16:36:24 ACTEP

DEPOSIT

Remittance

Detail

Summary	Query
---------	-------

Juin	nory davis										Summary	
Deposit	No.	Accou	nt No		1	Remit Seq No.	Check No.		Paymen	t Amount	Payment Agreement No	
B0207	B02072081		9990040010	00								
Check/Re Images	ceipt Deposit No	Receipt Date	Remit Seq No.	Check No.	Paynt Type	ent Payment Amount	KO	ansa Type	ction	Account No.	Payer	
80	2072081	01/31/2020	43675727	100777 V	CH	\$1,716,067.57	56,419.62	LG	W14599	9900400100	26224254-K.E. ANDREW	
80	2072081	01/31/2020	43875727	100777	СН	51.718 087.57	531,965,05	AA	W14599	99004CG10C	28224254-K E. ANDREW	
A0	2051988	01/31/2019	40821797	100242	CH	\$1,205,147.38	\$19,378.93	$\Delta_i\Delta$	W14595	990040010 0	28224254-K.E. ANDREW	c
A.0	1091878	12/30/2017	36868759	102385	CH	5833,009.27	519,159,08	PA	W1459	9906466106	25973124-ALON USA	
X0	130172003	01/30/2017	34479111	20004	CH	\$214,558.32	\$18,233,41	PA	W14599	9900400100	SCS FINANCE LLP	
×0	204162014	01/21/2016	21764072	€4292	CH	\$358,923,08	\$17,942.29	PΑ	W14599	9900400106	SCS FINANCE LLP	
₹ XC	128152008	01/28/2015	28334598	50088	CH	\$175 188 72	\$17,712,74	PΑ	W1459	9900400100	SCS FINANCE ILP	
RD	1693651	07/03/2014	22416201	0000180385	CH	56,648,26-	\$8,648,28-	RD	771459	9900400100	23284522-SCS FMANCE	
4.0	4021454	03/31/2014	26111087	00129581	CH	53,718.20	\$1,721.88	РД	W1459	9900±00100	20883300-SOUTHWEST	1
03	051472	03/05/2014	25952715	00138261	CH	\$92,656,23	\$23,903.87	PA	W1459	9900400100	SCS FINANCE LLP	
A.0	11171363	01/17/2013	22416301	00128057	CH	\$181,654,61	\$29,498,99	PA	W1459	9900400100	20883300-SOUTHWEST	Ĺ
RC	140701	01/17/2013	22418301	00128057	CH	\$8,848,28-	\$8,848,26-	TR	W1459	9900400100	SCS FINANCE ILP	
				Ap	plied To	otal	5548 987 27					



OCT 0 9 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. A765-999-002E-0596 Prop ID 101231

Legal Description of the Property 2 ASCARATE TR 5-C-13-C-3-A (0.446 AC)

6360 AIRPORT RD

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

APPLICATION FOR PROPERTY TAX REFUND.

OWNER: SCS FINANCE I L P

2019 OVERAGE AMOUNT \$3,877.99

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Show information for whomever will be receiving	Address: 1900 DALROCK RI	Address: 1900 DALROCK RD								
the refund.	City, State, Zip: ROWLETT,	City, State, Zip: ROWLETT, TX 75088								
	Daytime Phone No.: (469)298	8-1594	E-Mail Address:	DMASHBURN@KEATAX COM						
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid						
information. Please attach copy of cancelled check, original receipt, online	K E ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57						
payment confirmation or bank/credit card statement.	TOTA	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57								
Step 3. Provide reason for	Please check one of the following:									
this refund.	I paid this account in error and I am entitled to the refund.									
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	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.)									
7.0	SIGNATURE OF REQUESTO	DATE								
Bug 10/15/20	Davis Mashburn Davis Mashburn 10/06/2020									
TAX OFFICE USE ONLY:	Approved Deni	ed By:	Date:	IOBBlack						

Notes

Ge To

NDREA CT80122 v1.90

10/13/2020 16:33:31 ACTEP

DEPOSIT Remittance

Detail

Summary	Query
---------	-------

Deposit No. Account No.		int No	Remit Seq No.		Check No. Payment Amount			Summary Payment Agreement No.			
80	2072081	A765	999002E059	e							
Check		Receipt	Remit Seq No.	Check No.	Payme Type	ent Payment Amount	Applied Tr Amount	ansa Type		Payer	
	B02072081	01/31/2020	43675727	100777	CH	\$1,716,067.57	\$3,877.99	LG	A765999002E0596	26224254-K.E. ANDREW!	=
	B02072081	01/21/2020	43675727	100777	СН	51,716,087,57	511 218 51	4,4	A785999002E0598	28224254-K.E. ANDREWS	
	A02051986	01/31/2019	40621797	100242	CH	\$1,205,147.38	57,124.21	ΔA	A785999002EG598	28224284-K E. ANDREWS	
	A01091878	12/30/2017	36868759	102385	CH	\$833,009,27	57.044.10	PA	A785999002E0598	25973124-ALON USA	
*	XC130172003	01/30/2017	24479111	800C4	CH	\$214,558.32	\$6,702.78	PA	A785999002E0598	SCS FRIANCE IL P	
	X0204162014	01/21/2018	31784073	64292	CH	\$355,923.06	58,597 15	PA	A765999002E0598	SCS FINANCE IL P	
	RD1845403	01/27/2015	25928798	0000185051	CH	\$1,490 07-	\$1,490.07-	RD	A785989002E0598	23582738-SCS FINANCE	
0	X0113152001	01/13/2015	27914136	50087	CH	\$151.247.05	\$6.512.25	PA	4785999002E0598	SCS FINANCE IL P	
	RD1693651	07/03/2014	21995220	0000180357	CH	5992 84-	\$992,84-	RD	A765999002E0596	23254522-SCS FWANCE	
	A03031423	02/28/2014	25928796	00137711	CH	\$59,399.88	\$8,328,33	PA	A785999002E0598	23093347-ALON BRAND:	
	RC150121	02/28/2014	25926798	00137711	CH	\$1,490.07-	\$1,490.07-	TR	A785999002E0598	SCS FINANCE IL P	
	RC150121	02/28/2014	25928798	00127711	CH	\$1,490,07	\$1.490.07	TR	A765999002E0598	22582736-SCS FMANCE	41
				A	cplied To	tal	\$131,124,82				



TAX OFFICE RECEIVED

OCT 09 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Geo No. C730-999-0030-8500 Prop ID 25668

Legal Description of the Property
3 COLLINGSWORTH 17 & W 5' OF ADJ ALLEY
BEG 15' OF SWC OF 17 (23444.00 SQ FT)

6060 ALAMEDA AVE

OWNER: ALUSA (TX) LTD PARTNERSHIP

2019 OVERAGE AMOUNT \$4,367.01

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Show information for whomever will be receiving the refund.	Address: 1900 DALROCK RD									
	City,	City, State, Zip: ROWLETT, TX 75088								
	Dayti	me Phone No.: (4	469)298-1	594		E-Mail Address:	DMASHBURN@KEA	TAX.COM		
	Paym	ent made by:	AIT-105-13	Check	k No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled check, original receipt, online	K.E. ANDREWS & CO AD VALOREM TAX SERVICE			100777		01/29/2020	\$1,716,067.57			
payment confirmation or bank/credit card statement.			\$1,716,067.57							
Step 3. Provide reason for this refund. Please list any accounts and/or	Please check one of the following:									
		I paid this accou		1						
years that you intended to pay	V	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.		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):									
				1 0 1 01			a'C. A Ah . in C			
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.)									
Tue 10/5/20	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAM Davis Mashburn Davis Mashburn							V		
TAX OFFICE USE ONLY:	X	Approved [Denied	Ву:	M	Date:	10BDex	≥ √		

Deposit Status

Notes

Go To

10/13/2020 16:28:19 ACTEP

ANDREA ACT80122 v1.90

DEPOSIT

Remittance

Detail

Su	mmary Query										Summary
Depo	Deposit No. Account No.			Remit Seq No.		Check No. Payment Amount			Payment Agreement No.		
B02	072081	C7309	990030850	ol							
Check/ Images	Receipt Deposit No	Receipt	Remit Seq No.	Check No.	Paym Type	ent Payment Amount	Applied T	ransa Type		Account No.	Payer
4	B02072081	01/31/2020	43675727	100777 V	CH	\$1,716,067.57	\$4,367.01	LG	C73099	900308500	26224254-K.E. ANDREWS
	B02072081 -	01/31/2020	43875727	100777	СН	51,716,087,57	512,601.60	4	C73099	002302500	28224254-K.E. ANDREWS
T.	A02051986	01/31/2019	40621797	100242	CH	\$1,205,147,38	\$8,288.07	مد	C73099	900308500	28224254-K.E. ANDREWS
	A01091878	12/30/2017	36889278	102388	CH	5342,335,25	\$8,215,39	PA	C73099	900308500	25973124-ALON USA.
	A02011741	01/31/2017	34595361	00180018	СН	\$220,520,16	\$5,915,11	PA	C73099	900308500	24598924-SOUTHWEST (
#	X0111162001	01/11/2016	30888983	63505	СН	\$225,523.80	55,821.01	PA	C73099	900308500	ALUSA (TX), LTD PARTNE
F	RD1931421	08/08/2015	28355881	0000190208	СН	50.01-	SC.01	- RD	072099	900308500	23831607-SOUTHWEST (
	RD1931421	08/08/2015	26018187	0000190208	CH	35,103,95-	\$5,103.95	- RD	073099	990308500	23831607-SOUTHWEST (
	RD1931421	06/08/2015	22004958	0000190208	СН	34,549,04-	54,543,04	- RD	C73099	9900308500	23831807-SOUTHWEST (
	A01301541	01/30/2015	28355861	00150507	CH	\$148,288,54	\$5,746.2	غرد ا	C73099	900308500	ALUSA (TX) LTD PARTHE
	RC150601	01/30/2015	28355861	00150507	СН	\$0.01-	50.01	- TR	C72099	9900308500	ALUSA (TX) LTD PARTIE
	RC150601	01/30/2015	28355861	00150507	СН	30 01	50.0	TR	073099	9900208500	23831607-SOUTHWEST (
				A	pplied T	otal	5142 904.9	ĉ			

OCT 0 9 2020

Prop ID

332400

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Legal Do

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088 8/200

Legal Description of the Property
1 TERRY ALLEN 0.326 AC IN SWC UNPL PT
OF BLK (85 FT ON TROWBRIDGE 157.85 FT

ON HOWZE 85 FT ON N 167 FT ON E

Geo No.

T188-999-0010-8900

5001 TROWBRIDGE DR

OWNER: EL PASO BS COMPANY INC

2019 OVERAGE AMOUNT \$3,080.10

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.

Step 1. Identify the refund	Who should the refund be issued to:									
recipient.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Show information for whomever will be receiving the refund.	Address: 1900 DALROCK F	RD	/							
	City, State, Zip: ROWLETT, TX 75088									
	Daytime Phone No.: (469)29	B-1594	E-Mail Address: D	MASHBURN@KEATAX.COM						
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid						
information. Please attach copy of cancelled check, original receipt, online	K.E.ANDREWS & CO AD VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57						
payment confirmation or bank/credit card statement.		the above amounts)	\$1,716,067.57							
Step 3. Provide reason for this refund. Please list any accounts and/or	Please check one of the following:									
	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage	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.)									
fue 10117 bo	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Davis Mashburn Davis Mashburn 10/06/2020									

Dezosit Status **Notes** Go To 10/13/2020 16:14:18 ANDREA ACT80122 v1.90 ACTEP **DEPOSIT** Remittance Detail **Summary Query** Summary Payment Agreement No Remit Seq No. Check No. Payment Amount Account No. Deposit No. T18899900108900 B02072081 Applied Transaction Account Check/Receipt Receipt Remit Check Payment Payment Payer No. Date Sea No. No. Type Amount Amount Type Images Deposit No. \$5,809.03 AA T18899900108900 28224254-K.E. ANDREWS ... 01/31/2020 43675727 100777 CH \$1,718,087,57 B02072081 26224254-K.E. ANDREW! 53,080.10 LG T18899900108900 1007774 CH \$1,716,067.57 V B02072081 01/31/2020 43675727 28224254-K E. ANDREWS \$4.041.05 AA T18899900108900 01/31/2019 40621797 100242 CH \$1,205,147.28 A02051986 25973124-ALON USA \$3,995.80 PA T18899900108900 12/30/2017 38888759 102385 CH \$833,009.27 A01091878 \$214,558.32 \$3,802,58 PA T18899900108900 EL PASO BS COMPANY I 01/20/2017 34479111 80004 CH X0130172003 01/31/2016 31764073 €4292 CH \$358,923.08 52.742.08 PA T18899900108900 EL PASO ES COMPANY I X0204162014 \$3.693.98 PA T18899900108900 EL PASO BS COMPANY I 50087 CH \$151,247.05 01/13/2015 27914136 X0113152001 \$8,577.76 \$8,577.78 PA T18899900108900 20883300-SOUTHWEST (02/28/2014 25942042 CH A03041454 00138285 EL PASO BS COMPANY I \$7,828.53 PA T18899900108900 A12101254 12/10/2012 21728115 00125116 CH \$22,288,41 \$2,375.73 PA T18899900108900 EL PASO BS COMPANY I

521,918 73

59,704.22

\$12,533,91

CH Applied Total

CH

CH

A01101241

A03021040

X020711200€

01/10/2012 19762537

01/31/2011 18160496

02/28/2010 16033079

115594

00095867

\$81 528.74

\$2,112.33 PA T18899900108900

\$2,208.58 PA T18899900108900

EL PASO BS COMPANY I

EL PASO BS COMPANY I



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088 DE V

Geo No. D475-999-0010-0100 Prop ID 644892

Legal Description of the Property BLK 1 DEVOTO ADDITION LOT 1

5710 HONDO PASS AVE 79904

OWNER: DEVOTO JOHN A & 1

2019 OVERAGE AMOUNT \$3,565.81

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.

Step 1. Identify the refund	Who:	Who should the refund be issued to:									
Show information for whomever will be receiving the refund.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE										
	Addre	Address: 1900 DALROCK RD									
	City, State, Zip: ROWLETT, TX 75088										
	Dayti	me Phone No.: (469)298-15	594	E-Mail Address: 0	MASHBURN@KEATAX COM						
	Paym	ent made by:	Check No.	Date Paid	Amount Paid						
information. Please attach copy of cancelled check, original receipt, online		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57						
payment confirmation or bank/credit card statement.			the above amounts)	\$1,716,067.57							
Step 3. Provide reason for	Please check one of the following:										
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.										
years that you intended to pay	Z	ı. V									
with this overage.	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.)										
Aug with	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE										
Tue 10/15/20)	Davis Mashburn Davis Mashburn 10/06/2020									
TAX OFFICE USE ONLY:		Approved Denied	By:	Date:	Naslana						

Print Date: 02/07/2020

7

Deposit Status

Notes

Go To

10/13/2020 16:10:42 ACTEP

ANDREA ACT80122 v1.90

DEPOSIT Remittance

Detail

Su	immary Query									Summary	
Dep	osit No.	Accou	nt No			Remit Seq No.	Check No.	Paym	ent Amount	Payment Agreement No.	
B02	2072081	D4759	9990010010	c							
Check Image	/Receipt s Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payr Type	nent Payment Amount		ansaction Type	Account No.	Payer	
	B02072081	01/31/2020	43875727	100777	CH	\$1,718,087.57	\$18,781.91	AA D479	99900100100	26224254-K E, ANDREW	
	B02072081 DF	01/31/2020	43675727	100777 V	CH	\$1,716,067.57	\$3,565.81	LG D475	99900100100	26224254-K.E. ANDREW	
15	A02051986	01/31/2019	40621797	100242	СН	\$1,205,147,38	\$15,328.04	AA D479	99900100100	28224254-K E. ANDREWS	¢
8	A01091878	12/30/2017	36868759	102385	CH	\$633,009.27	\$15,153,71	PA 0475	59900100100	25973124-ALOH USA.	
÷	X0130172003	01/30/2017	34479111	80004	CH	\$214,558,32	\$14,421.57	PA 0475	59900100100	DEVOTO JOHN 4 8 1	
×	X0204162014	01/31/2016	31764073	84292	CH	\$358,923.08	\$14,192.18	PA D475	99900100100	DEVOTO JOHN 4 & 1	
ŢĪ.	R030215868	12/12/2015	27280535	59148	СН	50.00	\$475.40	TR D475	ES980010C100	DEVOTO JOHN A & 1	
	R030215868	12/12/2015	27280535	59146	CH	\$0,00	\$255.51	TR D475	599900100100	DEVOTO JOHN A & 1	
	A02021541	01/31/2015	28465588	00150188	СН	\$13,258,89	\$4,174.44	AA. D475	E99900100100	DEVOTO JOHN 4 & 1	
	R020215868	01/31/2015	28531095	01116	CH	\$0,00	5263.51	TR D475	59900100100	DEVOTO JOHN A & 1	
	R030215868	12/12/2014	27280535	5914E	СН	50.00	3353.27	TR D47	599900100100	DEVOTO JOHN A & 1	
	R030215868	12/12/2014	27280535	59146	СН	\$0.00	\$397.79	TR D47	599900100100	DEVOTO JOHN A & 1	- 14
					Applied 7	ctal	\$95,685,03				



PAX OFFICE

OCT 0 9 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

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Prop ID Geo No. V894-999-0050-1200 187000 Legal Description of the Property

5 VISTA GRANADA #1 NW PT OF 6 (20000.07 SQ FT)

11601 ROJAS DR

OWNER: ALUSA (TX) LTD PARTNERSHIP

2019 OVERAGE AMOUNT \$3,042.26

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.

Step 1. Identify the refund	Who	should the refund be issued to:								
recipient. Show information for	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
whomever will be receiving	Address: 1900 DALROCK RD									
the refund.	City, State, Zip: ROWLETT, TX 75088									
	Dayti	me Phone No.: (469)298-15	94	E-Mail Address: Df	MASHBURN@KEATAX.COM					
Step 2. Provide payment	Paym	ent made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,7									
Step 3. Provide reason for	Please check one of the following:									
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	I want this payment applied to next year's taxes.									
		This payment should have be	en applied to other tax a	ccount(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									
The 10115/21	1	Davis Mashburn		Davis Mashburn	10/06/2020					
TAX OFFICE USE ONLY:	M	Approved Denied	By:	Date: 10	13/2020 V					

Print Date: 02/07/2020

Deposit Status

Notes

Go To

10/13/2020 16:06:50 ACTEP

ALUSA (TX) LTD PARTNE

23831607-SOUTHWEST (=

ANDREA ACT80122 v1 90

RC150601

RC150801

DEPOSIT

Remittance

Detail

01/30/2015 28355861

01/30/2015 28355881

Su	ımmary Query											Summary
Dep	osit No.	Accou	nt No.		F	Remit Seq No.	Che	ck No		Payment A	mount	Payment Agreement No
B02	2072081	V894	9990050120	0								
Check Image:	/Receipt s Deposit No.	Receipt Date	Remit Seq No.	Check No.	Paym Type	ent Payment Amount			ansa Type		Account No.	Payer
TW.	B02072081	01/31/2020	43875727	100777	CH	\$1,718,087,57	S	10,285.17	44	V2949990	0501200	28224254-K E ANDREWS
	B020720810	01/31/2020	43675727	100777 V	СН	\$1,716,067.57	V .	\$3,042.26	LG	V8949990	0501200	26224254-K.E. ANDREWS
8	A02051986 -	01/31/2019	40621797	100242	СН	\$1,205,147.28		56,747,49	ă,ă	V8949990	0501200	25224254-K E. ANDREWS
	A01091878	12/30/2017	36869276	102386	CH	\$342,335.25	9	\$6,685,87	PΑ	V8949990	0501200	25973124-ALON US4.
13	A02011741	01/21/2017	34595361	00180018	CH	\$220,520,18	9	\$8,571.93	PA	V8949990	0501200	24598924-SOUTHWEST (
*	X0111162001	01/11/2016	30888983	83505	CH	\$225,523,80		\$6,228.38	PA	V8949990	0501200	ALUSA (TX) LTD PARTILE
	RD1931421	08/08/2015	28355861	0000190233	C.H	50.01-		\$0.01-	RD	V8949990	0501200	23831807-SOUTHWEST (
	RD1931421	08/08/2015	26018107	0000190223	CH	\$2,829,20-		82,829 20-	RD	V8949990	0501200	22831607-SOUTHWEST (
	RD1931421	06/08/2015	23317518	0000190233	СН	\$2,435,08-	}	92,435,06-	RD	V8949990	0501200	23831907-SOUTHWEST (
	A01301541	01/30/2015	28355861	00150507	CH	\$148.288.54		\$6,151,77	ĄĄ	V8949990	0501200	ALUSA (TX) LTD PARTNE

50.01-

SC.01

CH Applied Total

CH

\$150,245,80

50.01- TR V89499900501200

S0.01 TR V89499900501200



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

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Prop ID Geo No. P448-999-0020-4400 182021 Legal Description of the Property PARKLAND NW PT OF 61 & 62 (21665 SQ FT)

10298 DYERST

OWNER: ALUSA (TX) LTD PARTNERSHIP

2019 OVERAGE AMOUNT \$3,206.37

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.

Step 1. Identify the refund	Who s	diould the refund be issued to:		40.0							
recipient. Show information for	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE										
whomever will be receiving	Address: 1900 DALROCK RD										
the refund.	City, S	City, State, Zip: ROWLETT, TX 75088									
	Daytin	me Phone No.: (469)298-15	94	E-Mail Address: D	MASHBURN@KEATAX.COM						
Step 2. Provide payment	Total Control	nt made by:	Check No.	Date Paid	Paid Amount Paid						
information. Please attach copy of cancelled check, original receipt, online		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57						
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57										
Step 3. Provide reason for	Please	check one of the following			44%						
this refund. Please list any accounts and/or		I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.										
with this overage.	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										
			1								
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.)										
0	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE										
Tues 10/15/20	3	Davis Mashburn		Davis Mashburn	10/06/2020						
					1						

50 00

525,447,39

523,614,43

\$21,179,17

CH

CH

CH

CH

Applied Total

00138853

00125211

00114059

50 00 TA P44899900204400

\$8,095.70 PA P44899900204400

\$5,380,40 PA P44899900204400

55.088.61 PA P44899900204400

\$126.263.28

23099177-SOUTHWEST (

23093347-ALON BRAND:

ALUSA (TX) LTD PARTHE

ALUSA (TX) LTD PARTNE -

02/11/2015 28735961

03/20/2014 | 26032321

12/10/2012 21728498

11/14/2011 19054748

TA150331

A03201465

A12101254

A11141184



OCT 0 9 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. C118-999-0240-0150 Prop ID 285379

Legal Description of the Property

24 CAPISTRANO PARK SWLY COR OF 1 (0.413 AC) (17990 SQ FT)

295 PADRES DR 79907

OWNER: ALUSA (TX) LTD PARTNERSHIP

2019 OVERAGE AMOUNT \$3,677.06

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.

K.E. ANDREWS & CO

1900 DALROCK RD ROWLETT, TX 75088

check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for the second of the following.	Who should the refund be issued to:									
whomever will be receiving the refund. Address: 1900 DALROCK RD City, State, Zip: ROWLETT, TX 75088 Daytime Phone No.: (469)298-1594 E-Mail Address: DMASHBURN@KI Amount I information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for Please check one of the following.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Daytime Phone No.: (469)298-1594 Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for the second of the following: Check No. Date Paid Amount I amount										
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for Please check one of the following. TOTAL AMOUNT PAID (sum of the above amounts) Amount II Amount II Amount II Amount II Amount II TOTAL AMOUNT PAID (sum of the above amounts) \$1,716	City, State, Zip: ROWLETT, TX 75088									
information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for the second to the following. KE ANDREWS & CO AD VALOREM TAX SERVICE 100777 01/29/2020 \$1,71 TOTAL AMOUNT PAID (sum of the above amounts) \$1,716	EATAX COM									
Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for this service 100777 01/29/2020 \$1,716	and									
bank/credit card statement. TOTAL AMOUNT PAID (sum of the above amounts) \$1,716 Step 3. Provide reason for this refund.	6,067.57									
Step 3. I Tovate Teason to	6,067.57									
this refund. I noid this account in error and I am entitled to the refund	Please check one of the tollowing:									
Please list any accounts and/or I paid this account in crioi and I am entitled to the fetallation	I paid this account in error and I am entitled to the refund.									
years that you intended to pay I overpaid this account. Please refund the excess to the address listed in Step 1.	V									
with this overage. 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 (liste	d 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 inhave given on this form is true and correct. (If you make a false statement on this application, you guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)	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	./									
Davis Mashburn Davis Mashburn 10/06/2020	V									
TAX OFFICE USE ONLY: Approved Denied By Date: 013	V									

Notes

Go To :

10/13/2020 15:52:43 ACTEP

\$73.57 DA C11859902400150 ALUSA (TX) LTD PARTNE +

ANDREA ACT80122 v1 90

RF150801

DEPOSIT Remittance

Detail

03/20/2014 26032321 00138853

F	A A A A A A A A A A A A A A A A A A A	illance	Detail										
Su	ımmary Query											Summary	
Dep	osit No.	Accou	int No.			Remit Seq No.	CI	heck No.		Paymer	nt Amount	Payment Agreement No	
B02	072081	C1189	9990240015	C									
Check	/Receipt s Deposit No.	Receipt Date	Remit Seq No.	Check No	Paym Type	nent Payment Amount		20 00 00 00 00 00 00 00 00 00 00 00 00 0	ransa Type	ction	Account No.	Payer	
	B02072081	01/31/2020	43675727	100777	CH	\$1,718,087,57		\$7,898.28	بقريف	C11899	9902#00150	28224254-K E ANDREV	12 2
	B02072081 64	-01/31/2020	43675727	100777 V	СН	\$1,716,067.57	V	\$3,677.06	LG	C11899	9902400150	26224254-K E. ANDREV	V.
	A02051986	01/31/2019	40621797	100242	СН	\$1,205,147.38		\$5,204.92	ДĀ	C11899	8902400150	28224254-K.E. ANDREV	, C
	A01091878	12/30/2017	38889278	102388	CH	\$342,335,25		\$5,157,38	PA	C11898	9902400150	25973124-ALOH USA	
	A02011741	01/31/2017	34595361	00180013	CH	\$220,920,18		\$5,089,49	PA	C11899	9902400150	24598924-SOUTHWEST	1
*	X0111162001	01/11/2016	30888983	83505	СН	\$225,523,80		54,804.45	PΑ	C11899	9902400150	ALUSA (TX) LTD PARTI	1£
	RD1931421	08/08/2015	26032321	0000190203	CH	\$304.81-		\$304.81	- RD	C11899	9902400150	23831607-SOUTHWEST	. (
	A01301541	01/30/2015	28355861	00150507	CH	\$148 288 54		\$4,745.38	дд	C1189	9902400150	ALUSA (TX) LTD PARTI	łŧ
	A03201465	03/20/2014	26032321	00138853	CH	\$25,447.39		\$5,385,04	Pά	C1189	5902400150	23092347-ALON BRAN	C:
	RC150802	03/20/2014	26032321	00138853	CH	\$304.81		9304.81	TR	C11899	9902400150	23831607-SOUTH-WEST	- (
	RC150602	03/20/2014	26032321	00138853	CH	5304.81-		\$304.81	- TR	C1189	9902400150	ALUSA (TX) LTC PARTI	1E

ÇН Applied Total

\$109,997,47

30.00



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



 Geo No.
 Prop ID

 S533-000-0080-2000
 383472

 Legal Description of the Property

 8 SOCORRO TR 20 (0.67 AC)

 10001 ALAMEDA AVE

OWNER: GOOD TIME STORES INC

2019 OVERAGE AMOUNT \$3,381.89

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:

Step 1. Identify the refund	Who s	hould the refund be issued to:								
recipient.	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Show information for whomever will be receiving	Address: 1900 DALROCK RD									
the refund.	City, S	City, State, Zip: ROWLETT, TX 75088								
	Daytii	ne Phone No : (469)298-15	94	E-Mail Address: DN	MASHBURN@KEATAX.COM					
Step 2. Provide payment	Payme	int made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online		NDREWS & CO ALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.		\$1,716,067.57								
Step 3. Provide reason for this refund. Please list any accounts and/or	Please	check one of the following:								
		I paid this account in error and I am entitled to the refund.								
years that you intended to pay	V	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	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.	have g	gning below, I hereby apply fo given on this form is true and o of a Class A misdemeanor or	correct. (If you make a t	false statement on this ap	plication, you could be found					
fue Idislas	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Davis Mashburn Davis Mashburn 10/06/2020									
TAX OFFICE USE ONLY:	K.	Approved Denied	Ву:	Date:	olsboo					

ANDREA ACT80122 v1.90

Notes

Go To

ACCOUNT NO (\$53300000802000): YEAR = 2016, LEGAL STATUS = CLOSED BANKRUPTCY, BANKRUPTCY NUMBER = 15-31243, 6-2-17 RECONFILE

10/13/2020 15:44:23 ACTEP

DEPOSIT | Remittance

Detail

Summary	Query

	minute y during											Summary
Dep	osit No.	Ассоц	nt No		F	Remit Seq No.	Check	lo.		Payment	Amount	Payment Agreement No.
B0:	2072081	85330	000080200	0								
Check Image	/Receipt s Deposit No _{4/}	Receipt Date	Remit Seq No.	Check No.	Paym Type	ent Payment Amount	App Ame		ransa Type		Account No.	Payer
	B02072081 O	01/31/2020	43675727	100777 V	СН	\$1,716,067.57	V 53,3	81.89	LG	\$533000	00802000	26224254-K.E. ANDREWS
	B02072081	01/31/2020	43875727	100777	СН	\$1,716,067,57	512.4	24,00	AA	\$533000	:0020200C	28224254-K.E. ANDREW:
	A02051986	01/31/2019	40621797	100242	СН	\$1,205,147,38	\$9.5	14.03	A,A	\$533000	00802000	28224294-K.E. ANDREWS
	A04121875	04/12/2018	38148964	105003	CH	\$1,177.63	36	69.68	PA	\$523000	00202000	25973124-ALON USA
	A02161885	02/16/2018	37821770	103598	CH	\$57,558,68	59.2	221,90	غيف	\$533000	00802000	GOOD TIME STORES INC
	402011741	01/31/2017	34595381	00180018	CH	\$220,520,18	59.	170 00	P4	\$533000	000202000	24598924-SOUTHWEST.
*	X0111162001	01/11/2018	20888983	83505	СН	\$225,533,80	Sē	128 83	PA	\$533000	000862000	GOOD TIME STORES INC
	R040415111	03/31/2015	25861059		CH	SG C0	\$1.5	96 58	- TR	\$533000	000203000	GOOD TIME STORES INC
	R040415111	03/31/2015	25881059		CH	50.00	21	73,85	- TR	9533000	000203000	GOOD TIME STORES INC
	R040415111	03/31/2015	25881059		CH	20.00	\$3	92 42	- TR	\$532000	000202000	GOOD TIME STORES INC
	R040415111	03/31/2015	21726560	00124885	СН	\$0.00	27	785.39	- TR	5533000	000802000	GOOD TIME STORES INC
	R040415111	03/31/2015	21726560	00124865	СН	30.00	\$1.	31.23	- TR	\$53300	000802000	GOOD TIME STORES INC

Applied Total

\$191.295.84



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. P774-999-018A-4800 Prop ID 121856

Legal Description of the Property

18-A PIEDMONT ADDITION 8 & 9 & PTS OF 7 & 10 (IRREG ON ST 138.62 ON N 131.93 ON E 120 ON S) (177658 SQ FT)

4140 N MESA ST 79902

OWNER: SCS FINANCE I LP

4140

2019 OVERAGE AMOUNT \$2,612.53

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:

K.E. ANDREWS & CO 1900 DALROCK RD

ROWLETT, TX 75088

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.

Step 1. Identify the refund	Who	should the refund be issued to:			524					
recipient. Show information for	Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
whomever will be receiving	Address: 1900 DALROCK RD City, State, Zip: ROWLETT, TX 75088									
the refund.										
	Dayti	me Phone No.: (469)298-159	94	E-Mail Address:	DMASHBURN@KEATAX COM					
Step 2. Provide payment	Paym	ent made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online		ANDREWS & CO VALOREM TAX SERVICE	100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.		TOTAL AM	\$1,716,067.57							
Step 3. Provide reason for this refund. Please list any accounts and/or	Pleas	e check one of the following:		75 1988 NO. 10	we ve					
	I paid this account in error and I am entitled to the refund.									
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.									
with this overage.	I want this payment applied to next year's taxes.									
		This payment should have been	en applied to other tax a	ccount(s) and/or year(s), escrow (listed below):					
Step 4. Sign the form. Unsigned applications cannot be processed.	have guilty	gning below, I hereby apply for given on this form is true and coy of a Class A misdemeanor or	orrect. (If you make a f a state jail felony under	alse statement on this the Texas Penal Code	application, you could be found, Sec. 37.10.)					
Pue jousto	SIGN	NATURE OF REQUESTOR (RI Davis Mashburn	EQUIRED)	PRINTED NAME & Davis Mashbu	1/					
TAX OFFICE USE ONLY:	X	Approved Denied	By:	Date:	10/13/2020					

Print Date: 02/07/2020

🖢 Deposit Status 🔝 🛴 🖺 🗖 🗵

Notes

Go To

ANDREA ACT80122 v1.90

DEPOSIT Remittance

ance Det

Detail

10/13/2020 15:36:13 ACTEP

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

Debo	3H 140	ACCOU	HE NO.		- 1	Cellar Ced 110	CHECK INC.	га	Yment Amount	rayingin Agreement no	
B020	072081	P7749	99018A480	0							
Check/I Images	page 1980 may recome the rest.	Receipt Date 01/31/2020	Remit Seq No.	Check No 100777	Туре	ent Payment Amount \$1.718.087.57		Туре	on Account No. 774999018A4866	Payer 26224254-K E. ANDREWS	
	B02072081 DIL			100777 V		\$1,716,067.57			774999018A4800	26224254-K.E. ANDREWS	
1	A02051988	01/31/2019	40621797	100242	CH	\$1,205,147.28	\$10,628.48	44 P7	77499901844800	28224254-K.E. ANDREWS	
F	RD2957234	03/29/2018	36868759	0000210233	CH	\$1,833,87-	\$1,833,87-	RD P7	774999018A4800	28340884-SGS FINANCE	
1	RD2957234	03/29/2018	34479111	0000210233	CH	\$1,745.27-	\$1,745,27-	RD P7	774999018A4800	28340884-SCS FINANCE	
	401091878	12/30/2017	36868759	102385	CH	\$823,009.27	\$12,340 83	PA P7	774999018A48CO	25973124-ALON USA	
	RC180326	12/30/2017	28888759	102285	СН	\$1,823,87	\$1.823.87	TR P7	774999018A4800	26340884-SCS FINANCE	
	RC180328	12/30/2017	36868759	102265	CH	\$1,833.87-	\$1,833 \$7-	TR P7	774999018A4800	SCS FINANCE LLP	
	RF180323	12/30/2017	26888759	102385	CH	50.00	\$6.00	DA P	774999018A4800	25972124-ALON USA	
	RF180323	12/30/2017	36868759	102385	CH	\$0.00	50,00	DA P	774999018A4800	25973124-ALON USA	
	RF180323	12/30/2017	38888759	102385	СН	\$0.00	\$811.89	DA P	774999018A480C	SCS FIHARICE LLP	
	RF180323	12/30/2017	36868759	102365	СН	SC.00	\$158.10	DA P	774999018A4800	SCS FINANCE LLP	ho
				Apı	plied To	otal	\$235,050,35				



OCT 0 9 2020

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR 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. S231-999-0240-6600 Prop ID 281984

Legal Description of the Property

24 SCOTSDALE #2 NEC OF LOT 14 (127.09) ON WEDGEWOOD-114,90' ON S-148,65' ON W-114.30' ON N) (18672.01 SQ FT)

10026 MONTANA AVE

OWNER: SCS FINANCE INC I LP

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

2019 OVERAGE AMOUNT \$3,001.53

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:

Step 2. Provide payment Payment made by: Check No. Date Paid Amount Paid information.	Step 1. Identify the refund	Who	should the refund be issued to:								
whomever will be receiving the refund. Address: 1900 DALROCK RD City, State, Zip: ROWLETT, TX 75088 Daytime Phone No.: (469)298-1594 E-Mail Address: DMASHBURN@KEATAX C Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. 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 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 for 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		Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE									
Daytime Phone No.: (469)298-1594 E-Mail Address: DMASHBURN@KEATAX Comparison Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. 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. 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 for 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		Address: 1900 DALROCK RD									
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. 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 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 form guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) SIGNATURE OF REQUESTOR (REQUIRED) Particle No. Date Pand Amount	the refund.	City,	City, State, Zip: ROWLETT, TX 75088								
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. 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 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 form.) SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE		Dayti	ime Phone No.: (469)298-15	94	E-Mail Address: DM	IASHBURN@KEATAX.COM					
Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. 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. 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 formed by the processed. SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE				Check No.	Date Paid	Amount Paid					
payment confirmation or bank/credit card statement. 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 I. 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 for 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	Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. Step 3. Provide reason for this refund.			100777	01/29/2020	\$1,716,067.57					
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 for 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			TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,06								
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 for 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		Pleas	e check one of the following:								
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 for 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 paid this account in error and	d I am entitled to the ref	und.	./_					
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 for 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		V	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. 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 for 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	with this overage	I want this payment applied to next year's taxes.									
Unsigned applications cannot be processed. have given on this form is true and correct. (If you make a false statement on this application, you could be for 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		This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):									
Unsigned applications cannot be processed. have given on this form is true and correct. (If you make a false statement on this application, you could be for processed. SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE											
	Unsigned applications cannot	have	given on this form is true and co	orrect. (If you make a f	false statement on this app	plication, you could be found					
Davis Mashburn Davis Mashburn 10/06/2020	0	SIGN	NATURE OF REQUESTOR (RI	PRINTED NAME & DA	TE						
	The 10/15/20										
TAX OFFICE USE ONLY: Approved Denied By: Date: 013 2000		4	?		100 N . 10	labor) V					

in Deposit Stalus

Notes

Go To :

10/13/2020 15:31:50 ACTEP

ANDREA ACT80122 v1 90

DEPOSIT

Remittance

Detail

	ımmary Query										Summary
Deposit No		Account No.			Remit Seq No.		Check No.		Payment Amount		Payment Agreement No
B02	072081	S2319	9990240660	0							
lmages	/Receipt s Deposit No. B02072081	Receipt Date 01/31/2020	Remit Seq No.	Check No. 100777	Туре	ent Payment Amount \$1,716,087,57	Amount	Туре		Account No.	Payer
		01/31/2020		100777		\$1,716,067.57	\$12.G97.10 \$3,001.53		\$231999 \$231999	02406600	28224254-K.E. ANDREW 26224254-K.E. ANDREW
	A10071985	10/07/2019	415888857	1310	СН	\$12,929.83	\$13,929.83	PA	8231999	02408800	28713799-K E ANDREWS
	A02051986	01/31/2019	40621797	100242	CH	\$1,205,147.38	38 552 84	AA	S231999	02406600	26224254-K.E. ANDREW
	A02271741	02/27/2017	34954352	00181178	СН	544,074,25	\$8,912.26	РΔ	\$231999	02408800	SCS FINANCE INC. LLP
ź.	X0204162014	01/31/2016	31764073	84292	CH	\$356,923,08	58,777 65	PA	9231999	02405600	SCS FINANCE INCILE
	A02111572	02/11/2015	28735981	00151025	CH	515,269 10	\$9,276,57	ДД	S231999	02408800	23099177-SOUTHWEST
	TA150321	02/11/2015	28735961		CH	SC CO	50.00	-4	\$231999	02405600	23099177-SOUTHWEST
	RD1845403	01/27/2015	28928514	0000185054	CH	\$1,597,23-	\$1,597.22-	RD	8231999	02408800	23582738-SCS FINANCE
	RD1693851	07/03/2014	22416301	0000180362	CH	\$1,517,29-	\$1,517.29	RD	\$231898	02408600	23254522-908 FINANCE
	A03031423	02/28/2014	25926514	00138117	CH	984,153,94	\$10,317,48	PA	8231999	02408800	23093347-ALON BRAND
	RC150121	02/28/2014	25928514		CH	\$1,597.23	\$1,597,23	TR	S231998	02408800	23582726-SCS FINANCE
				A	plied To	tal	\$168 133 69				



K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088



Geo No. Prop ID X293-999-F00A-3100 283437

Legal Description of the Property H F FISHER SURV 293 ABST 38 TR 17 (0.421 AC)

1733 N BROWN ST

OWNER: BALBOA INVESTMENT GROUP II LLC

2019 OVERAGE AMOUNT \$2,766.21

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:

Step 1. Identify the refund	Who should the refund be issued to: Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE								
recipient. Show information for									
whomever will be receiving	Address: 1900 DALROCK RD	V							
the refund.	City, State, Zip:ROWLETT, TX 75088								
	Daytime Phone No.: (469)298-1	MASHBURN@KEATAX COM							
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid					
information. Please attach copy of cancelled check, original receipt, online		100777	01/29/2020	\$1,716,067.57					
payment confirmation or bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.53								
Step 3. Provide reason for	Please check one of the following								
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.								
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	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.)								
Ω	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE								
the 10/15/20	Davis Mashburn Davis Mashburn 10/06/2020								
TAX OFFICE USE ONLY:	Approved Denied	By:	Date: 40	13/200					

🗽 Deposit Status

Notes

Go To

ANDREA ACT80122 v1.90

DEPOSIT Remittance

10/13/2020 15:28:57 ACTEP

Detail

Si	ımmary Query										
Deposit No. BC2072081		Account No. X293999F00A3100			Remit Seq No. Ch		heck No.		Payment Amount	Summary Payment Agreement No.	
Check Image	/Receipt s Deposit No+	Receipt Date	Remit Seq No.	Check No.	Payme Type	ent Payment Amount		ansa Type	ction Account	Payer	
	B02072081	01/31/2020	43675727	100777	CH	51,716,067.57 L	S2,766.21	LG	X293999F00A3100	26224254-K.E. ANDREWS	Ŀ
Till.	B02072081	01/31/2020	43675727	100777	СН	\$1,716,087.57	S9.220 68	ДД	X293999F00A3100	28224254-K.E. ANDREWS	
	A02051986	01/31/2019	40621797	100242	CH	\$1,205,147.38	\$6,612,34	ÄÄ	X293999F0043100	28224354-K.E. ANDREWS	
	A01091878	12/30/2017	38888759	102365	CH	\$633,009,27	56.537.99	PA	X293999F00A3100	25973124-ALON USA	
*	X0130172003	01/30/2017	34479111	80004	CH	\$214,558,32	\$6,222.12	PA	X293999F0043100	BALBOA INVESTMENT G	
*	X02041€2014	01/31/2016	31764073	84292	CH	\$358,923,08	\$6,123,16	PA	X293999F00A3100	BALBOA INVESTMENT G	
	RD1931421	06/08/2015	25949845	0000190238	CH	\$1,391,81-	81,391,51-	RD	X29?999F0043100	23831607-SOUTHWEST (
	RD1931421	08/08/2015	21995220	0000190238	CH	\$1,082,25-	\$1,082,25-	RD	X293999F00A3100	23831607-SOUTHWEST (
	R030115468	12/31/2014	27637617	48245	CH	90.CO	591.75	TR	X293999F0043100	BALBOA INVESTMENT G	
1	R030115468	12/31/2014	27837817	48245	CH	50,00	\$222.57	TR.	X252595F0043100	BALBOA INVESTMENT G	
16.	R030115468	12/31/2014	27637617	48245	CH	\$0.00	\$220.85	TR	X293999F00A3100	BALBOA INVESTMENT G	
	R030115468	12/31/2014	27837617	43245	CH	30.00	\$245.88	TR	%292999F00A2100	BALBOA INVESTMENT G	¥.
				A	pplied To	tai	\$108,486.08				



TAX OFFICE RECEIVED

OCT 0 9 2020

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

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

K.E. ANDREWS & CO 1900 DALROCK RD ROWLETT, TX 75088

ADDITION FOR BRODERTY TAY RESING.

B/BPV

 Geo No.
 Prop ID

 A520-999-0140-0100
 246722

 Legal Description of the Property

14 ALTURA PARK 1 TO 6 (18000 SQ FT)

2000 N PIEDRAS ST

OWNER: SCS FINANCE II LP

2019 OVERAGE AMOUNT \$13,862.70

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:

Step 1. Identify the refund	Who should the refund be issued to: Name: K.E. ANDREWS & CO AD VALOREM TAX SERVICE								
recipient. Show information for									
whomever will be receiving	Address: 1900 DALROCK RD								
the refund	City, State, Zip: ROWLETT, TX 75088								
	Daytime Phone No.: (469)298-15	SHBURN@KEATAX COM							
Step 2. Provide payment	Payment made by:	Check No.							
information. Please attach copy of cancelled check, original receipt, online payment confirmation or		100777	01/29/2020	\$1,716,067.57					
bank/credit card statement.	TOTALA	\$1,716,067.57							
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) \$1,716,067.57 Please check one of the following:								
this refund.	I paid this account in error and I am entitled to the refund.								
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	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 have given on this form is true and guilty of a Class A misdemeanor of	correct. (If you make a	false statement on this ap	plication, you could be found					
Para of -las	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE						
frue ions (20)	Davis Mashburn Davis Mashburn 10/06/2020								
\bigcirc			N1 ' 1	la = 1 V					
TAX OFFICE USE ONLY:	pproved Denied	Ву:	Date:	13/2000					

Deposit Status
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■
 ■

Notes

Go To

10/13/2020 15:21,40 ACTEP

ANDREA ACT80122 v1.90

Deposit

REMITTANCE

Detail

St	ummary Query									Summary
Dep	osit No	Account No.			Remit Seq No.		Check No		Payment Amount	Payment Agreement No
B0:	2072081	A520	9990140010	c						
Check	VReceipt s Deposit No. B02072081	Receipt Date 01/31/2020	Remit Seq No.	Check No 100777	Paym Type CH	ent Payment Amount \$1,715,067,57	Applied Amount	Fransa Type		Payer 28224254-K E. ANDREWS 🐠
	B02072081 D	01/31/2020		100777	СН	\$1,716,067.57	AND DESCRIPTION OF PERSONS ASSESSMENT			26224254-K.E. ANDREW!
10	R80101119MP	10/11/2019	25926798	00127711	СН	SC.00	50 G	C TR	A52099901400100	SCS F##ANCE # LP
	R80101119MP	10/11/2019	25926796	00127711	СH	50.00	98.C	? TR	A52099901400100	SCS FINANCE ILLP
	R80101119MP	10/11/2019	25926798	00127711	CH	50.00	\$0.0	2- TR	A52099901400100	23092347-ALON BRAND:
	R80101219MP	10/11/2019	25928796	00137711	СН	\$0.02-	SC C	2- TR	A52099901400100	SCS FINANCE ILLP
	A02051986	01/31/2019	40821797	100242	СН	\$1,205,147,38	\$7,524.8	1 44	A52099901400100	26224254-K E ANDREWS
	A01091878	12/30/2017	36868759	102365	CH	\$823,009.27	\$7,450 0	9 PA	A52099901400100	25973124-ALON USA
	X0130172003	01/20/2017	34479111	80004	CH	\$214,558,32	27,090,1	5 F-	A52099901406100	SCS FINANCE II LP
*	X0204162014	01/31/201€	31764073	64292	CH	\$358,923,08	\$6,977,3	7 PA	A52099901400100	SCS FINANCE II LP
*	X0113152001	01/13/2015	27914136	50087	CH	\$151,247.05	S8.887.8	2 P4	A52099901400100	SCS FINANCE ILLP
	RD1707322	07/30/2014	25926798	0000180853	СН	\$13,321,37-	\$13,321.3	7- RD	452099901400100	23275041-SCS FINANCE +
				Ap	plied To	otal	\$162 057 8	7		