

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

**AGENDA DATE:** July 2, 2024  
**PUBLIC HEARING DATE:** N/A

**CONTACT PERSON(S) NAME AND PHONE NUMBER:** Maria O. Pasillas, (915) 212-1737

**DISTRICT(S) AFFECTED:** All

**STRATEGIC GOAL:** Goal 6 – Set the Standard for Sound Governance and Fiscal Management

**SUBGOAL:** 6.11 Provide efficient and effective services to taxpayers

**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.

That the tax refunds listed on the attachment posted with this agenda be approved. 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. (See Attachment A).

**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?

Approve property tax overpayment refunds greater than \$2,500.00, per the Texas Property Tax Code, Sec. 31.11 – Refunds of Overpayments or Erroneous Payments.

**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?

**HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED?** ☒ YES ☐ NO

**PRIMARY DEPARTMENT:** Tax Office

**SECONDARY DEPARTMENT:** N/A

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

*Maria O. Pasillas*

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

TAX REFUNDS

July 2, 2024

1. Diagnostic Outpatient Imaging, in the amount of \$21,016.18 made an overpayment on January 31, 2024 of 2023 taxes.  
(Geo. #19PP-999-8745-0050)
2. Meijiao Xu, in the amount of \$5,419.08 made an overpayment on November 21, 2023 of 2023 taxes.  
(Geo. #20PP-999-8711-8034)
3. Corelogic Tax Services LLC, in the amount of \$2,890.42 made an overpayment on February 7, 2024 of 2023 taxes.  
(Geo. #C518-999-1360-3100)
4. Richard N. Wolf, in the amount of \$4,492.98 made an overpayment on May 20, 2024 of 2023 taxes.  
(Geo. #E054-999-0530-1290)
5. Richard N. Wolf, in the amount of \$4,492.98 made an overpayment on May 20, 2024 of 2023 taxes.  
(Geo. #E054-999-0530-1290)
6. K.E. Andrews, in the amount of \$5,171.94 made an overpayment on January 31, 2024 of 2023 taxes.  
(Geo. #L541-999-001A-4300)
7. Juan Marquez, in the amount of \$4,621.50 made an overpayment on February 29, 2024 of 2023 taxes.  
(Geo. #M028-999-0380-4300)
8. Stewart Title, in the amount of \$2,711.38 made an overpayment of February 7, 2024 of 2023 taxes.  
(Geo. #V348-999-0060-5500)

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Laura D. Prine  
City Clerk



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Maria O. Pasillas, RTA  
Tax Assessor Collector



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

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

CITY TAX OFFICE

JUN 05 2024

DIAGNOSTIC OUTPATIENT IMAGING  
6065 MONTANA AVE STE A6  
EL PASO, TX 79925

|                                                                                      |                   |
|--------------------------------------------------------------------------------------|-------------------|
| Geo No.<br>19PP-999-8745-0050                                                        | Prop ID<br>686886 |
| Legal Description of the Property<br>INV FURN CMP MACH SIGN<br>1426 GEORGE DIETER DR |                   |
| OWNER: DIAGNOSTIC OUTPATIENT IMAGING                                                 |                   |

2023 OVERAGE AMOUNT \$11,374.88

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |  |                                      |         |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|---------|-------------|
| <b>Step 1. Identify the refund recipient.</b><br>Show information for whomever will be receiving the refund.                                                                                                                                                                                                                        | Who should the refund be issued to:                                                                                    |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | Name: Diagnostic Outpatient Imaging                                                                                    |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | Address: 6065 Montana Ave Ste A6                                                                                       |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | City, State, Zip: El Paso, TX 79925                                                                                    |  |                                      |         |             |
| <b>Step 2. Provide payment information.</b><br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.                                                                                                                                                                  | Daytime Phone No.: (915) 472-3071                                                                                      |  | E-Mail Address: mnunez@dximaging.com |         |             |
|                                                                                                                                                                                                                                                                                                                                     | Payment made by: Check No. Date Paid Amount Paid                                                                       |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | E check                                                                                                                |  | 5999578                              | 1-31-24 | \$21,016.18 |
|                                                                                                                                                                                                                                                                                                                                     | TOTAL AMOUNT PAID (sum of the above amounts)                                                                           |  |                                      |         |             |
| <b>Step 3. Provide reason for this refund.</b><br>Please list any accounts and/or years that you intended to pay with this overage.                                                                                                                                                                                                 | Please check one of the following:                                                                                     |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> I paid this account in error and I am entitled to the refund.                                 |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> I want this payment applied to next year's taxes.                                             |  |                                      |         |             |
| <b>Step 4. Sign the form.</b><br>Unsigned applications cannot be processed.                                                                                                                                                                                                                                                         | This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):                   |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |  |                                      |         |             |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |  |                                      |         |             |
| By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.) | SIGNATURE OF REQUESTOR (REQUIRED)                                                                                      |  | PRINTED NAME & DATE                  |         |             |
|                                                                                                                                                                                                                                                                                                                                     | [Signature]                                                                                                            |  | Accountant Maria Nunez 6/5/24        |         |             |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 6-7-24                                                                                                                                                                                                             |                                                                                                                        |  |                                      |         |             |

GP ✓  
+2500

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

CITY TAX OFFICE

JUN 03 2024

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

|                                                                             |                    |                                                                                           |  |                                                          |                             |
|-----------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------|-----------------------------|
| Refund To:<br><br>Meijiao Xu ✓                                              |                    | Phone:<br>HOME:<br>WORK: 915 227-8188                                                     |  | Property ID# (One application per account)<br><br>697292 |                             |
| Address (mail refund to :)<br><br>969 Crooked River Dr. El Paso, TX 79932 ✓ |                    | Property Address:<br>And/or<br>Legal Description: 6303 N Mesa St STE A, El Paso, TX 79912 |  |                                                          |                             |
| Tax year requested:                                                         | Date payment made: | Check No. & Date, if known:                                                               |  | Amount of taxes paid:                                    | Amount of refund requested: |
| 1. 2023                                                                     | 11/22/23           | 5498882 11/21/23                                                                          |  | 5,419.08                                                 | 5,419.08                    |
| 2.                                                                          |                    |                                                                                           |  |                                                          |                             |
| 3.                                                                          |                    |                                                                                           |  |                                                          |                             |
| TOTAL AMOUNT (sum of the above amounts)                                     |                    |                                                                                           |  | 5,419.08                                                 | 5,419.08 ✓                  |

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR  
bank statement showing item cleared, (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: An accidental overpayment was made for a tax delinquent fee. We would like to request a refund for the extra payment.

"I certify that information given to obtain this refund is true and correct."

Meijiao Xu

Date: 6/3/24 ✓

Requestor signature:

Meijiao Xu

6/3/24

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry:

(✓) REFUND APPROVED

Tax Office Approval:

Date:

Date:

(Placed on City Council Agenda over \$2,500)

- ( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached  
( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.  
( ) Record of overpayment not found on this property.  
( ) Property not found as identified, resubmit after correction.  
( ) Other:

FEB 20 2024 12



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 Email: taxforms@elpasotexas.gov

CITY TAX OFFICE

MAY 29 2024

CORELOGIC TAX SERVICES, LLC  
3001 HACKBERRY ROAD  
IRVING, TX 75063-015

OP  
+2500 ✓

|                                                                                             |                   |
|---------------------------------------------------------------------------------------------|-------------------|
| Geo No.<br>C518-999-1360-3100                                                               | Prop ID<br>112728 |
| Legal Description of the Property<br>136 CIELO VISTA PARK LOT 16 (HOMESITE)<br>(4950 SQ FT) |                   |
| 9313 DARLINA DR 79925                                                                       |                   |
| OWNER: FAVELA MARIA D L A                                                                   |                   |

2023 OVERAGE AMOUNT \$2,890.42

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|-------------|
| Step 1. Identify the refund recipient.<br>Show information for whomever will be receiving the refund.                                                       | Who should the refund be issued to:                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                |             |
|                                                                                                                                                             | Name: CORELOGIC TAX SERVICES LLC ✓                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                |             |
|                                                                                                                                                             | Address: PO BOX 9202 ✓                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                |             |
|                                                                                                                                                             | City, State, Zip: COPPELL TX 75019                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                |             |
| Daytime Phone No.: 817-699-2106                                                                                                                             |                                                                                                                                                                                                                                                                                                                                       | E-Mail Address: KIRAM@CORELOGIC.COM                                                  |                                                |             |
| Step 2. Provide payment information.<br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | Payment made by:                                                                                                                                                                                                                                                                                                                      | Check No.                                                                            | Date Paid                                      | Amount Paid |
|                                                                                                                                                             | Corelogic                                                                                                                                                                                                                                                                                                                             | 412127338                                                                            | 2/7/24                                         |             |
|                                                                                                                                                             | TOTAL AMOUNT PAID (sum of the above amounts)                                                                                                                                                                                                                                                                                          |                                                                                      |                                                |             |
| Step 3. Provide reason for this refund.<br>Please list any accounts and/or years that you intended to pay with this overage.                                | Please check one of the following:                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                |             |
|                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | I paid this account in error and I am entitled to the refund.                        |                                                |             |
|                                                                                                                                                             | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | I overpaid this account. Please refund the excess to the address listed in Step 1. ✓ |                                                |             |
|                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | I want this payment applied to next year's taxes.                                    |                                                |             |
| This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):                                                        |                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                |             |
| Step 4. Sign the form.<br>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)<br>Ramkishore                                                                                                                                                                                                                                                                                       |                                                                                      | PRINTED NAME & DATE<br>Ramkishore 03/29/2024 ✓ |             |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N/A Date: 5-29-24 ✓                                   |                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                |             |



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 Email: [taxforms@elpaso.texas.gov](mailto:taxforms@elpaso.texas.gov)

CITY TAX OFFICE

JUN 17 2024

WOLF RICHARD N  
6316 NORMANDY DR  
EL PASO, TX 79925-180

|                                                                               |                   |
|-------------------------------------------------------------------------------|-------------------|
| Geo No.<br>E054-999-0530-1290                                                 | Prop ID<br>413924 |
| Legal Description of the Property<br>53 EAST GLEN #4 ELY PT OF 2 (6883 SQ FT) |                   |
| 2863 ANISE DR <i>Rental</i>                                                   |                   |
| OWNER: WOLF RICHARD N                                                         |                   |

OP  
+2500

2023 OVERAGE AMOUNT \$4,492.98

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and

to be valid.

|                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                            |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|-------------|
| <b>Step 1. Identify the refund recipient.</b><br>Show information for whomever will be receiving the refund.                                                       | Who should the refund be issued to:                                                                                                                                                                                                                                                                                                   |                                                                                    | <b>RICHARD N WOLF</b>                      |             |
|                                                                                                                                                                    | Name: <i>PAID FOR RENTALS</i>                                                                                                                                                                                                                                                                                                         |                                                                                    | 6316 NORMANDY DR                           |             |
|                                                                                                                                                                    | Address:                                                                                                                                                                                                                                                                                                                              |                                                                                    | EL PASO TX 79925-1805                      |             |
|                                                                                                                                                                    | City, State, Zip:                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                            |             |
| <b>Step 2. Provide payment information.</b><br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | Daytime Phone No.: <i>(915) 822-9966</i>                                                                                                                                                                                                                                                                                              |                                                                                    | E-Mail Address: <i>OKWOLFPACK@Juno.COM</i> |             |
|                                                                                                                                                                    | Payment made by:                                                                                                                                                                                                                                                                                                                      | Check No.                                                                          | Date Paid                                  | Amount Paid |
|                                                                                                                                                                    | Electronic Check                                                                                                                                                                                                                                                                                                                      | CC006166382                                                                        | 05/20/2024                                 | \$4,492.98  |
|                                                                                                                                                                    | <b>TOTAL AMOUNT PAID (sum of the above amounts)</b>                                                                                                                                                                                                                                                                                   |                                                                                    |                                            |             |
| <b>Step 3. Provide reason for this refund.</b><br>Please list any accounts and/or years that you intended to pay with this overage.                                | Please check one of the following:                                                                                                                                                                                                                                                                                                    |                                                                                    |                                            |             |
|                                                                                                                                                                    | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | I paid this account in error and I am entitled to the refund.                      |                                            |             |
|                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | I overpaid this account. Please refund the excess to the address listed in Step 1. |                                            |             |
|                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | I want this payment applied to next year's taxes.                                  |                                            |             |
| <b>Step 4. Sign the form.</b><br>Unsigned applications cannot be processed.                                                                                        | This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):                                                                                                                                                                                                                                  |                                                                                    |                                            |             |
|                                                                                                                                                                    | By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. ) |                                                                                    |                                            |             |
|                                                                                                                                                                    | SIGNATURE OF REQUESTOR (REQUIRED)                                                                                                                                                                                                                                                                                                     |                                                                                    | PRINTED NAME & DATE                        |             |
|                                                                                                                                                                    | <i>Richard N Wolf</i>                                                                                                                                                                                                                                                                                                                 |                                                                                    | <i>Richard N Wolf 6/14/24</i>              |             |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.H.</i> Date: <i>6-17-24</i>                             |                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                            |             |

Paid in  
ERROR



CITY TAX OFFICE

MAY 28 2024

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 Email: taxforms@elpasotexas.gov

RICHARD N WOLF  
6316 NORMANDY  
EL PASO, TX 79925

OP ✓  
+2500

|                                                                                                    |                   |
|----------------------------------------------------------------------------------------------------|-------------------|
| Geo No.<br>E054-999-0530-1290                                                                      | Prop ID<br>413924 |
| Legal Description of the Property<br>53 EAST GLEN #4 ELY PT OF 2 (6883 SQ FT)<br><br>2863 ANISE DR |                   |
| OWNER: WOLF RICHARD N                                                                              |                   |

2023 OVERAGE AMOUNT \$4,492.98

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

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APPLICATION FOR PROPERTY TAX REFUND:

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|                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                     |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------|-------------|
| <b>Step 1. Identify the refund recipient.</b><br>Show information for whomever will be receiving the refund.                                                       | Who should the refund be issued to:                                                                                                                                                                                                                                                                                                   |                                                                                    |                                     |             |
|                                                                                                                                                                    | Name: RICHARD N WOLF ✓                                                                                                                                                                                                                                                                                                                |                                                                                    |                                     |             |
|                                                                                                                                                                    | Address: 6316 NORMANDY DR                                                                                                                                                                                                                                                                                                             |                                                                                    |                                     |             |
|                                                                                                                                                                    | City, State, Zip: EL PASO TX 79925-1805                                                                                                                                                                                                                                                                                               |                                                                                    |                                     |             |
| <b>Step 2. Provide payment information.</b><br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | Daytime Phone No.: (915) 822-9966                                                                                                                                                                                                                                                                                                     |                                                                                    | E-Mail Address: OKWOLFPACK@JUNO.COM |             |
|                                                                                                                                                                    | Payment made by:                                                                                                                                                                                                                                                                                                                      | Check No.                                                                          | Date Paid                           | Amount Paid |
|                                                                                                                                                                    | Electronic Check                                                                                                                                                                                                                                                                                                                      | CC006166358                                                                        | 05/20/2024                          | \$4,492.98  |
|                                                                                                                                                                    | Electronic Check                                                                                                                                                                                                                                                                                                                      | CC006166370                                                                        | 05/20/2024                          | \$4492.98   |
| TOTAL AMOUNT PAID (sum of the above amounts)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                     | 8985.96     |
| <b>Step 3. Provide reason for this refund.</b><br>Please list any accounts and/or years that you intended to pay with this overage.                                | Please check one of the following:                                                                                                                                                                                                                                                                                                    |                                                                                    |                                     |             |
|                                                                                                                                                                    | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | I paid this account in error and I am entitled to the refund.                      |                                     |             |
|                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | I overpaid this account. Please refund the excess to the address listed in Step 1. |                                     |             |
|                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | I want this payment applied to next year's taxes.                                  |                                     |             |
| <b>Step 4. Sign the form.</b><br>Unsigned applications cannot be processed.                                                                                        | This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):                                                                                                                                                                                                                                  |                                                                                    |                                     |             |
|                                                                                                                                                                    | By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. ) |                                                                                    |                                     |             |
|                                                                                                                                                                    | SIGNATURE OF REQUESTOR (REQUIRED)                                                                                                                                                                                                                                                                                                     |                                                                                    | PRINTED NAME & DATE                 |             |
|                                                                                                                                                                    | Richard N Wolf                                                                                                                                                                                                                                                                                                                        |                                                                                    | Richard N. Wolf                     |             |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N/A Date: 5-29-24                                            |                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                     |             |



## CITY TAX OFFICE

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

JUN 17 2024

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

K.E. ANDREWS & CO  
2424 RIDGE ROAD  
ROCKWALL, TX 75087

RECEIVED  
JUN 14 2024  
KE ANDREWS

OP

+2500

|                                                                                                                                                                                                                                                       |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Geo No.<br>L541-999-001A-4300                                                                                                                                                                                                                         | Prop ID<br>410850 |
| <b>Legal Description of the Property</b><br>LOMA TERRACE #5 PT OF TR 158 BEG 65.48<br>FT S OF NEC (55.12 FT ON ST-127.30 FT<br>ON SLY-54.60 FT ON WLY-127.30 FT ON<br>NLY) (0.1885 ACRE)<br><br>995 LOMALAND DR-A 79907<br><br>OWNER: BINGHAM KIDS LP |                   |

2023 OVERAGE AMOUNT \$5,171.94

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

## APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

| <b>Step 1. Identify the refund recipient.</b><br>Show information for whomever will be receiving the refund.                                                       | Who should the refund be issued to:<br>Name: <u>KE Andrews</u><br>Address: <u>2424 Ridge Rd</u><br>City, State, Zip: <u>Rockwall Tx 75087</u><br>Daytime Phone No.: <u>469-298-1784</u><br>E-Mail Address: <u>lwatts@keatax.com</u>                                                                                                                                                                                                                        |            |                |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|--|-----------------|----------|-----------|-------------|---------------|-------|------------|----------------|----------------------------------------------|--|--|--|
| <b>Step 2. Provide payment information.</b><br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | <table><tr><th>Payment made by</th><th>Check No</th><th>Date Paid</th><th>Amount Paid</th></tr><tr><td>Check Payment</td><td>02288</td><td>01/31/2024</td><td>\$1,445,187.47</td></tr><tr><td colspan="4">TOTAL AMOUNT PAID (sum of the above amounts)</td></tr></table>                                                                                                                                                                                   |            |                |  | Payment made by | Check No | Date Paid | Amount Paid | Check Payment | 02288 | 01/31/2024 | \$1,445,187.47 | TOTAL AMOUNT PAID (sum of the above amounts) |  |  |  |
| Payment made by                                                                                                                                                    | Check No                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date Paid  | Amount Paid    |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |
| Check Payment                                                                                                                                                      | 02288                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01/31/2024 | \$1,445,187.47 |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |
| TOTAL AMOUNT PAID (sum of the above amounts)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |
| <b>Step 3. Provide reason for this refund.</b><br>Please list any accounts and/or years that you intended to pay with this overage.                                | Please check one of the following:<br><input type="checkbox"/> I paid this account in error and I am entitled to the refund.<br><input type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.<br><input type="checkbox"/> I want this payment applied to next year's taxes.<br><input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below): |            |                |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |
| <b>Step 4. Sign the form.</b><br>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. )<br>SIGNATURE OF REQUESTOR (REQUIRED) <u>Lisa Watts</u> PRINTED NAME & DATE <u>Lisa Watts 6/17/2024</u>               |            |                |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NH</u> Date: <u>6-17-24</u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                |  |                 |          |           |             |               |       |            |                |                                              |  |  |  |

OP ✓  
+2500

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE  
221 N. Kansas, Suite 300  
El Paso, Texas 79901  
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

CITY TAX OFFICE

JUN 07 2024

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

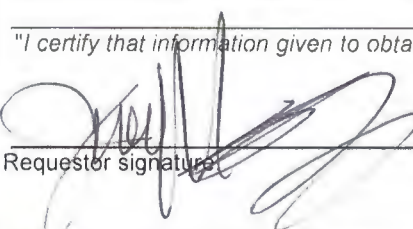
|                                                                   |                    |                                                                                    |                                                      |                             |
|-------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------|
| Refund To:<br>Juan Marquez ✓                                      |                    | Phone:<br>HOME: 915 274-3623<br>WORK: 915 274-3622                                 | Property ID# (One application per account)<br>174981 |                             |
| Address (mail refund to :)<br>3025 Wheeling ✓<br>El Paso TX 79930 |                    | Property Address:<br>And/or<br>Legal Description<br>901 S Park<br>El Paso TX 79901 |                                                      |                             |
| Tax year requested:                                               | Date payment made: | Check No. & Date, if known.                                                        | Amount of taxes paid:                                | Amount of refund requested: |
| 1. 2023                                                           | 02/29/24           |                                                                                    | \$4621.50                                            | \$4621.50 ✓                 |
| 2.                                                                |                    |                                                                                    |                                                      |                             |
| 3.                                                                |                    |                                                                                    |                                                      |                             |
| TOTAL AMOUNT (sum of the above amounts)                           |                    |                                                                                    | \$4621.50                                            | \$4621.50                   |

(City Council approval required if over \$2,500)

**REQUIRED:** Copy of original receipt, front & back of negotiated check, OR  
bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT:

"I certify that information given to obtain this refund is true and correct."

Requester signature: 

Date: 6/7/24 ✓

Printed name:

Title:

Any person knowingly submitting false entries is subject to: (1) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  
(2) Imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Penal Code) An application for a refund must be made within 3 years after  
the date of the payment or the taxpayer waives the right to the refund (Sec 31.11 (c)).

TAX OFFICE Entry:

( ✓ ) REFUND APPROVED

Tax Office Approval:

Date: 6-10-24 ✓

(Placed on City Council Agenda over \$2,500)

- ( ) DISAPPROVED ( ) Returned to sender ( ) See below/attached
- ( ) Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.
- ( ) Record of overpayment not found on this property.
- ( ) Property not found as identified, resubmit after correction.
- ( ) Other: \_\_\_\_\_

2110069



REMOVE 2023

CITY TAX OFFICE

JUN 17 2024

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 Email: taxforms@elpasotexas.gov

STEWART TITLE COMPANY  
2244 TRAWOOD DRIVE, SUITE 101  
EL PASO, TX 79935

OP ✓  
+2500

|                                                                                                            |                   |
|------------------------------------------------------------------------------------------------------------|-------------------|
| Geo No.<br>V342-999-0060-5500                                                                              | Prop ID<br>232856 |
| Legal Description of the Property<br>6 VALLEY VIEW HEIGHTS LOT 118 (6160 SQ FT)<br>6431 CHEYENNE TRL 79925 |                   |
| OWNER: OTT PROPERTIES & RENOVATIONS LLC                                                                    |                   |

2023 OVERAGE AMOUNT \$2,711.38

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                              |                                                   |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------|-------------|
| <b>Step 1. Identify the refund recipient.</b><br>Show information for whomever will be receiving the refund.                                                                                                                                                                                                                          | Who should the refund be issued to:                                                                                    |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       | Name: <u>Stewart Title</u>                                                                                             |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       | Address: <u>2244 TRAWOOD #101</u>                                                                                      |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       | City, State, Zip: <u>EL PASO, TX 79935</u>                                                                             |                              |                                                   |             |
| <b>Step 2. Provide payment information.</b><br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.                                                                                                                                                                    | Daytime Phone No.: <u>915-225-8400</u>                                                                                 |                              | E-Mail Address: <u>Cindy.Fratlick@stewart.com</u> |             |
|                                                                                                                                                                                                                                                                                                                                       | Payment made by:                                                                                                       | Check No.                    | Date Paid                                         | Amount Paid |
|                                                                                                                                                                                                                                                                                                                                       | Check Payment                                                                                                          | 136880                       | 02/07/2024                                        | \$4,702.27  |
|                                                                                                                                                                                                                                                                                                                                       | <b>TOTAL AMOUNT PAID (sum of the above amounts)</b>                                                                    |                              |                                                   |             |
| <b>Step 3. Provide reason for this refund.</b><br>Please list any accounts and/or years that you intended to pay with this overage.                                                                                                                                                                                                   | Please check one of the following:                                                                                     |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> I paid this account in error and I am entitled to the refund.                                 |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> I want this payment applied to next year's taxes.                                             |                              |                                                   |             |
| <b>Step 4. Sign the form.</b><br>Unsigned applications cannot be processed.                                                                                                                                                                                                                                                           | This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):                   |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                              |                                                   |             |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                              |                                                   |             |
| By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. ) |                                                                                                                        |                              |                                                   |             |
| SIGNATURE OF REQUESTOR (REQUIRED)                                                                                                                                                                                                                                                                                                     |                                                                                                                        | PRINTED NAME & DATE          |                                                   |             |
| <u>C.A. Fratlick</u>                                                                                                                                                                                                                                                                                                                  |                                                                                                                        | <u>C.A. FRATLICK 6/17/24</u> |                                                   |             |
| TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>6-17-24</u>                                                                                                                                                                                                |                                                                                                                        |                              |                                                   |             |