


TAX REFUNDS
December 17, 2024

1. Roberto Vielma, in the amount of \$3,689.08, made an overpayment on November 10, 2024 of 2024 taxes.
(Geo. #S804-999-0190-5500)
2. Eduardo Chavez, in the amount of \$4,338.54, made an overpayment on November 20, 2024 of 2024 taxes.
(Geo. # V897-999-0580-2300)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



CITY TAX OFFICE

NOV 15 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

Gen No. S804-999-0190-5500	Prop ID 216837
Legal Description of the Property 19 SUMMIT PLACE 24 TO 26 (9360 FT) 3000 TYLER AVE 79930	
OWNER: VIELMA ROBERTO & IBARRA EVELYN	

ROBERTO VIELMA
3000 TYLER
EL PASO, TX 79930

OP
+2500

2024 OVERAGE AMOUNT \$3,689.08

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Roberto Vielma</i>			
	Address: <i>3000 Tyler Ave</i>			
	City, State, Zip: <i>El Paso TX 79930</i>			
Daytime Phone No.: <i>915-873-6712</i>		E-Mail Address: <i>beto.v60@yahoo.com</i>		
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card Payment <input checked="" type="checkbox"/>	CC006326140	11/10/2024	\$3,689.08
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<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 checked="" type="checkbox"/>			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
<i>[Signature]</i>		<i>RVA</i>		
		<i>11-05-24</i>		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <i>N.H.</i>	Date: <i>11-15-24</i>



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
NOV 27 2024

EDUARDO CHAVEZ
1804 ROSE GATE WAY
EL PASO, TX 79936

OP ✓
+2500

Geo No. V897-999-0580-2300	Prop ID 164239
Legal Description of the Property 58 VISTA HILLS #30 LOT 23 (7338.05 SQ FT)	
1804 ROSE GATE WAY 79936	
OWNER: CHAVEZ EDUARDO	

2024 OVERAGE AMOUNT \$4,338.54 ✓

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

Dear Taxpayer:

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

APPLICATION FOR PROPERTY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:				
	Name: Eduardo Chavez				
	Address: 1804 Rose Gate Way ✓				
	City, State, Zip: El Paso, TX 79936				
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: (915) 497-2181		E-Mail Address: chavez.eduardo6585@hotmail.com		
	Payment made by:		Check No.	Date Paid	Amount Paid
	Credit Card Payment ✓		CC006349776	11/20/2024	\$4,338.54
	TOTAL AMOUNT PAID (sum of the above amounts)				
	Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.				
Please check one of the following:					
<input type="checkbox"/> I paid this account in error and I am entitled to the refund.					
<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓					
<input type="checkbox"/> I want this payment applied to next year's taxes.					
<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):					
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)				
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
	[Signature]		Eduardo Chavez ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N/A Date: 11-27-24					