RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Guadalupe Alvarado ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on March 4, 2021in the amount of \$25.54 (Twenty-Five and 54/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Guadalupe Alvarado showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$25.54 (Twenty-Five and 54/100 Dollars) is approved.

APPROVED this	day of	, 2024.			
		CITY OF EL PASO:			
		Oscar Leeser Mayor			
ATTEST:					
Laura D. Prine City Clerk	_				
APPROVED AS TO FORM:		APPROVED AS TO CONTENT:			
		Maria O. Pasillas			
Oscar Gomez	 ,	Maria Pasillas, Tax Assessor/			
Assistant City Attorney		Collector			

TAX OFFICE

OCT 2 1 2024

SFP 27 2024

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

ALVARADO GUADALUPE ALVARADO SELENE 131 SELVA DR **CANUTILLO, TX 79835-7228**

Geo No. Prop ID X409-000-0000-0162 44261

Legal Description of the Property

R MORGAN SURV #409 MOBILE HOME ONLY ON TR 1-E-2 1999 AMERICAN HOMESTAR 16X76 SERIAL # AH1998364

131 SELVA DR

OWNER: ALVARADO GUADALUPE

2020 OVERAGE AMOUNT

\$25.54

Print Date: 07/19/2024

6. COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD: 27: EMERG. SERVICES DIST. #2

Dear Taxpayer:

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

APPLICATION FOR PROPER	TY TAX REFUND:	This application	must be comp	leted, signed, and	d submitted with sup	porting documentat	ion to be valid.		
Step 1. Identify the refund	Who should the ref	und be issued to):		TO SECTION SECTION				
recipient. Show information for	Name: Guadalupe Alvarado								
whomever will be receiving the refund.	Address: 131 Selva Dr.								
	City, State, Zip: Canutillo , TX 79835								
	Daytime Phone No.	:915-10	03-04		E-Mail Address:	:	344		
	Payment made by:		W COL	Check No.	Date Paid	Amount F	aid		
information. Please attach copy of cancelled	Check Payment		19	-215428176	03/04/2021		\$140.48		
check, original receipt, online							San		
payment confirmation or bank/credit card statement.		TOTAL A	MOUNT PA	ID (sum of the	a above amounts)				
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following:								
	I paid this account in error and I am entitled to the refund.								
	I overpaid this account. Please refund the excess to the address listed in Step 1.								
	I want this payment applied to next year's taxes.								
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):								
					n n				
Step 4. Sign the form.	By signing below, I					certify that the in			
Unsigned applications cannot be processed.	have given on this form is true and correct. (If you make a false silvent on this application, you could be found guilty of a Class A misdemeanor or a state jail formy under the texas Penal Code, Sec. 37.10.)								
O ₁	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE								
Tuc:0122/24	A A A A A A A A A A A A A A A A A A A								
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							V		
TAX OFFICE USE ONLY:	Approved	Denied	Ву:	N.H.	Date:	10-21-3	27		