

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

**AGENDA DATE:** September 13, 2022  
**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  
September 13, 2022

1. Diane Denise Rodriguez, in the amount of \$8,364.73 made an overpayment on July 25, 2022 of 2021 taxes.  
(Geo. # 1591-999-1289-7750)
2. Lalitos Auto Sales, in the amount of \$2,659.15 made an overpayment on February 07, 2020 of 2019 taxes.  
(Geo. # 17PP-000-1949-8022)

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Laura D. Prine  
City Clerk

*Maria O. Pasillas*

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Maria O. Pasillas, RTA  
Tax Assessor Collector



TAX OFFICE RECEIVED  
AUG 29 2022

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

Geo No. 1591-999-1289-7750	Prop ID 652570
Legal Description of the Property FURN CMP MACH SIGN	
9244 E GATEWAY BLVD-A	
OWNER: TRANSFORMATION REHABILITATION SERVICES	
---2021 OVERAGE AMOUNT \$5,364.73	

DIANE DENISE RODRIGUEZ  
1404 RAINBOW RIDGE DRIVE  
EL PASO, TX 79912

+2,500  
OP

1- CITY OF EL PASO, 5- YESLETA 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. Who should the refund be issued to:

Name: Diane Denise Rodriguez  
Address: 1404 Rainbow Ridge Dr.  
City, State, Zip: El Paso, TX 79912  
Daytime Phone No.: 915-276-8700  
E-Mail Address: Legacylife.pro@gmail.com

Step 2. Provide payment information. Payment made by: CR ✓

Check No.	Date Paid	Amount Paid
4560681	7/25/22	8,364.73
TOTAL AMOUNT PAID (sum of the above amounts)		8,364.73

Step 3. Provide reason for this refund. Please check one of the following:

- I paid this account in error and I am entitled to the refund.
- I overpaid this account. Please refund the excess to the address listed in Step 1. ✓
- I want this payment applied to next year's taxes.
- This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):

Step 4. Sign the form. Unsigned applications cannot be processed. By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. ( If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10. )

SIGNATURE OF REQUESTOR (REQUIRED): *[Signature]* PRINTED NAME & DATE: Diane Rodriguez 8-22-22 ✓

TAX OFFICE USE ONLY:  Approved  Denied By: N.H. Date: 8-29-22



Notes

Go To: [ ]

LUZR  
ACT80122 v1.91

09/02/2022 17:13:33  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
IP072622	159199912897750				

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	EC072522	07/25/2022	50830437	CC004560715	EC	\$8,364.73	\$8,364.73	PA	159199912897750	31417164-CO M
	IP072622	07/25/2022	50830761	CC004560681	CR	\$8,364.73	\$8,364.73	LG	159199912897750	31417363-DIANE DENISE
	EC06171941	06/17/2019	41327594	CC002530980	EC	\$7,672.10	\$7,672.10	PA	159199912897750	27446478-IVR PAYMENT

Applied Total \$24,401.56

check 2446 2/20

TAX OFFICE RECEIVED  
AUG 25 2022



MARIA O. PASTILLAS, 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

670218

LALITAS AUTOSALES  
C/O EDUARDO CARRANZA AND  
EDUARDO CARRAN  
5943 SINCLAIR ST  
EL PASO, TX 79924-4221

OP  
+2,500

Geo No. 1791000419202002	Prop ID 870218
Legal Description of the Property HEAVEN MOTOR VEHICLE	
MGR DESCRIPTION OWNER LALITAS AUTOSALES	

2022 OVERAGE AMOUNT \$2659.15

\$2659.15 ✓

CITY OF EL PASO - EL PASO COMMUNITY COLLECTOR - TAX COLLECTOR'S OFFICE - 221 N. KANSAS ST. EL PASO, TX 79901-3000

Dear Taxpayer:

Our records indicate 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 file 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 payments on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this repayment 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). Government body approval is required for refunds in excess of \$2,500.

APPLICATION FOR PROPERTY TAX REFUND: Please print in ink and fill in bold, capital, and numbered text. Supporting documents should be attached.

Step 1. Identify the refund recipient.

Who should the refund be issued to:

Name: Lalitas Auto Sales  
 Address: 6601 Donighan  
 City, State, Zip: Carutilla Tx 79835  
 Telephone No.: 915-877-2800 E-Mail Address: lalitasautosales@yahoo

Step 2. Provide payment information.

Payment made by: Check Check No: 02446 Date Paid: 3/17/22 Amount Paid: 3,260.22

Please attach copy of cancelled check, original receipt, online payment confirmation or bank proof of payment.

TOTAL AMOUNT PAID (sum of the above amounts)

Step 3. Provide reason for this refund.

Please check one of the following:

- I paid this account in error and I am entitled to the refund. ✓
- I overpaid this amount. 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 accounts and/or years (see reason listed below).

Step 4. Sign the form.

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]*  
8/25/22

SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE

Eduardo Carranza 8/24/22

TAX OFFICE USE ONLY

Approved: [Signature] Denied: By N.N. Date: 8-25-22



Notes

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DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.  
 T02072000001 17PP00019498022

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	R0305221067	03/17/2022	43691867	02446	CH	\$0.00	\$601.07	LG	17PP00019498022	LALITOS AUTO SALES
	RC220825	03/17/2022	43691867		MI	\$2,659.15	\$2,659.15	TR	17PP00019498022	LALITOS AUTO SALES
	RC220825	03/17/2022	43691867		MI	\$2,659.15	\$2,659.15	TR	17PP00019498022	31465952-LALITOS AUTC
	T80942019	03/17/2022	43691867		MI	\$0.00	\$3,260.22	TR	17PP00019498022	LALITOS AUTO SALES
	T80942019	03/17/2022	43691867		MI	\$0.00	\$3,260.22	LG	17PP00019498022	LALITOS AUTO SALES
	R0305221067	03/17/2022	43691867	02446	CH	\$0.00	\$601.07	TR	17PP00019498022	LALITOS AUTO SALES
	P20200000001	01/31/2021	46902105	1817	CH	\$6,036,397.91	\$2,582.06	PA	17PP00019498022	88888-COUNTY TAX OFF
*	T02072000001	02/07/2020	43691867	02446	CH	\$3,260.22	\$3,260.22		17PP00019498022	LALITOS AUTO SALES
	P20190001	01/31/2020	43721639	1791	CH	\$5,651,502.86	\$3,046.93	PA	17PP00019498022	88888-COUNTY TAX OFF
	P20180001	01/31/2019	40753029	88888	CH	\$5,173,266.47	\$2,794.13	PA	17PP00019498022	88888-COUNTY TAX OFF
	P20184000001	01/31/2018	37801560	88888	CH	\$5,173,530.45	\$976.37	PA	17PP00019498022	88888-COUNTY TAX OFF

Applied Total \$12,659.71