

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

**AGENDA DATE:** August 13, 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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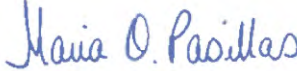
(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

TAX REFUNDS  
August 13, 2024

1. Escrow Inc, in the amount of \$5,135.62 made an overpayment on January 16, 2024, of 2023 taxes.  
(Geo. # G686-999-0800-5700)
2. Bella Sol Properties, in the amount of \$5,661.53 made an overpayment on April 07, 2024, of 2023 taxes.  
(Geo. #S812-999-0170-4700)
3. Texstar Escrow, in the amount of \$3,423.02 made an overpayment on December 22, 2023, of 2023 taxes.  
(Geo. #X579-000-3170-0380)
4. Texstar Escrow, in the amount of \$3,852.07 made an overpayment on December 22, 2023, of 2023 taxes.  
(Geo. #Z005-999-0040-9100)

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Laura D. Prine  
City Clerk

  
\_\_\_\_\_  
Maria O. Pasillas, RTA  
Tax Assessor Collector



CITY TAX OFFICE

JUL 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

Geo No. G686-999-0800-5700	Prop ID 170227
Legal Description of the Property 80 GRANDVIEW IS TO 17 (5629 SQ FT) 3829 TOMPKINS RD 79930	
OWNER: CARRASCO JACOB	

ESCROW INC  
11395 JAMES WATT #A-4  
EL PASO, TX 79936

OP ✓  
+2500

2023 OVERAGE AMOUNT \$5,135.62

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

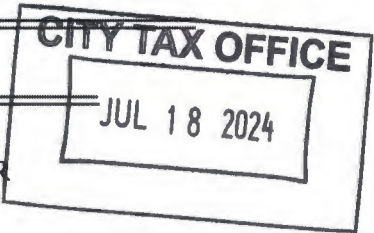
Dear Taxpayer:

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

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> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <b>Escrow, inc.</b>			
	Address: <b>11395 JAMES WATT - #A-4 EL PASO, TEXAS 79936</b>			
	City, State, Zip:		E-Mail Address: <b>rhonda@escrowinc.com</b>	
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <b>915 855 6298</b>			
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	120692	01/16/2024	\$74,374.99
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> 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> Unsigned applications cannot be processed.	<input type="checkbox"/> 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) <b>Rhonda Even</b>		PRINTED NAME & DATE <b>Rhonda Even 7-17-24</b>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <b>N.H.</b> Date: <b>7-18-24</b>				



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

BELLA SOL PROPERTIES  
 609 PAT CRUZ LN  
 EL PASO, TX 79932

<b>Geo No.</b> S812-999-0170-4700	<b>Prop ID</b> 157305
<b>Legal Description of the Property</b> 17 SUN RIDGE #14 LOT 47 (4797.94 SQ FT)	
12484 ROBERT DAHL DR	
OWNER: FJ & A PROPERTY	
<b>2023 OVERAGE AMOUNT \$5,661.53</b>	

OP  
 +2500

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> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name:			
	Address:			
	City, State, Zip:			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:		E-Mail Address:	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC006123745	04/07/2024	\$5,661.53
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> 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 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):			
<b>Step 4. Sign the form.</b> 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]		Flor Lynch 7-12-24	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 7-19-24				



CITY TAX OFFICE  
JUL 30 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

Geo No. X579-000-3170-0380	Prop ID 344035
<b>Legal Description of the Property</b> 79 TSP 3 SEC 17 T & P ABST 2154 W 1/2 OF SE 1/4 OF NW 1/4 OF NE 1/4 (5.00 AC)	
OWNER: SANCHEZ MANUEL	
<b>2023 OVERAGE AMOUNT \$3,423.02</b>	

TEXSTAR ESCROW  
5809 ACACIA CIR  
EL PASO, TX 79912-485

OP ✓  
+2500

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

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> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>TEXSTAR ESCROW</u>			
	Address: <u>5809 Acacia Cir. El Paso TX 79912</u> ✓			
	City, State, Zip:			
Daytime Phone No. <u>915-201-4337</u>		E-Mail Address: <u>info@texstarloans.com</u>		
<b>Step 2. Provide payment information.</b> 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
	Check Payment	007882	12/22/2023	\$191,721.27
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> 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):				
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	SIGNATURE OF REQUESTOR (REQUIRED) <u>Ana Ruiz</u>		PRINTED NAME & DATE <u>Ana Ruiz 7/18/24</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>7-30-24</u>				



**CITY TAX OFFICE**  
 1111 30 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

TEXSTAR ESCROW #3908  
 5809 ACACIA CIRCLE  
 EL PASO, TX 79912

OP  
 +2500 ✓

Geo No. Z005-999-0040-9100	Prop ID 246521
<b>Legal Description of the Property</b> 4 ZACH WHITE INDUSTRIAL DISTRICT WLY 1/2 OF 69 (12500.00 SQ FT)  RIPLEY DR 79922	
OWNER: QUEROLLO LLC	
<b>2023 OVERAGE AMOUNT \$3,852.07</b> ✓	

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<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Texstar Escrow</u>			
	Address: <u>5809 Acacia</u> ✓			
	City, State, Zip: <u>EL PASO, TX 79912</u>			
Daytime Phone No.: <u>915-701-4337</u>		E-Mail Address: <u>into@texstarleas.com</u>		
<b>Step 2. Provide payment information.</b> 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
	Check Payment	7912	12/22/2023	\$308,022.32
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> 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.			
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	SIGNATURE OF REQUESTOR (REQUIRED) <u>Juan 7/30/24 Anaquis</u>		PRINTED NAME & DATE <u>Ana Biner 7/18/24</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NIN</u> Date: <u>7-30-24</u> ✓				