

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

**AGENDA DATE:** September 10, 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  
September 10, 2024

1. Eren Antonio Acuna, in the amount of \$5,750.58 made an overpayment on July 29, 2024, of 2023 taxes.  
(Geo. # C545-999-0140-1800)
2. Corelogic Tax Services LLC, in the amount of \$4,436.99 made an overpayment on December 19, 2024, of 2023 taxes.  
(Geo. # L714-999-0030-0100)
3. Corelogic Tax Services LLC, in the amount of \$14,264.71 made an overpayment on March 09, 2023, of 2022 taxes.  
(Geo. # N442-999-0040-0100)
4. Corelogic Tax Services LLC, in the amount of \$3,867.32 made an overpayment on December 19, 2023, of 2023 taxes.  
(Geo. # P654-999-1320-0100)
5. Corelogic Tax Services LLC, in the amount of \$4,913.90 made an overpayment on December 19, 2023, of 2023 taxes.  
(Geo. # P691-000-0470-1500)
6. Corelogic Tax Services LLC, in the amount of \$2,957.53 made an overpayment on December 19, 2023, of 2023 taxes.  
(Geo. #R215-999-0240-7900)
7. Corelogic Tax Services LLC, in the amount of \$3,682.58 made an overpayment on December 19, 2023, of 2023 taxes.  
(Geo. # V897-999-0070-2700)

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Laura D. Prine  
City Clerk

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



**CITY TAX OFFICE**  
AUG 19 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

*Credit Card*

EFREN ANTONIO ACUNA  
7317 SKYROCKET DR  
EL PASO, TX 79911

<b>Geo No.</b> C545-999-0140-1800	<b>Prop ID</b> 641695
<b>Legal Description of the Property</b> BLK 14 CIMARRON SAGE #2 LOT 18  7317 SKYROCKET DR 79911	
OWNER: ACUNA EFREN A & VULGARIA-ACUNA AGORITA	

*OP +2500 ✓*

**2023 OVERAGE AMOUNT \$5,750.58** ✓

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO 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: <i>EFREN ANTONIO ACUNA</i>			
	Address: <i>7317 SKYROCKET</i> ✓			
	City, State, Zip: <i>EL PASO TX 79911</i>			
<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.: <i>915 243 3454</i>		E-Mail Address: <i>toniexpedite@gmail.com</i>	
	Payment made by: <input checked="" type="checkbox"/> Credit Card Payment ✓			
	Check No. <i>CC006227756</i>		Date Paid <i>07/29/2024</i>	
	Amount Paid <i>\$5,750.58</i>		<i>PAYMENT MADE BY MISTAKE</i> <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.	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>EFREN ACUNA 8/19/24</i> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				By: <i>N.N.</i> Date: <i>8-19-24</i> ✓



JUN 20 2024

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CITY TAX OFFICE

AUG 12 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

CORELOGIC  
PO BOX 9205  
COPPELL, TX 75019-9214

OP ✓  
+2500

Geo No. L714-999-0030-0100	Prop ID 132468
<b>Legal Description of the Property</b> 3 LOS CERRITOS #1 W PT OF 1 (30.88 FT ON N -101.72 FT ON E -31.08 FT ON S -102.98 ON W) (3176.11 SQ FT)	
6035 BANDOLERO DR-A	
OWNER: DAVALOS JOANNE & ANTONIO	

2023 OVERAGE AMOUNT \$4,436.99 ✓

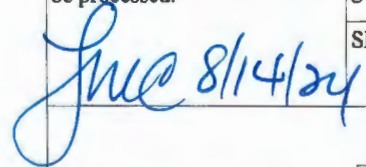
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

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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: CORELOGIC TAX SERVICES LLC			
	Address: PO BOX 9202 ✓			
	City, State, Zip: COPPELL TEXAS 75019 ✓			
Daytime Phone No.: 817-699-2106		E-Mail Address: shenswetha@corelogic.com		
<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
	Corelogic	Wire	12-19-2023	\$4,436.99
	<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 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)		PRINTED NAME & DATE	
	 Mary Taylor		Mary Taylor 08/12/23 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.N</u> Date: <u>8-13-24</u> ✓				

JUN 24 2024 76

CITY TAX OFFICE

AUG 12 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

CORELOGIC TAX SERVICE LLC  
3001 HACKBERRY ROAD  
IRVING, TX 75063

OP ✓  
+2500

Geo No. N442-999-0040-0100	Prop ID 219837
Legal Description of the Property 4 NORTH LOOP GARDENS #1 LOT 1 (0.581 ACRE)  7664 GARDEN PL	
OWNER: SAENZ JOSE L & DELORES	

2022 OVERAGE AMOUNT \$14,264.71

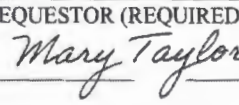
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	Name: CORELOGIC TAX SERVICES LLC			
	Address: PO BOX 9202 ✓			
	City, State, Zip: COPPEL, TX, 75019			
Daytime Phone No.: 817-699-2106		E-Mail Address: KIRAM@CORELOGIC.COM		
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	Corelogic	411654704	03/09/23	\$14,652.89
	<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.		
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	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	 Mary Taylor		08/12/24 ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.H.	Date: 8-13-24 ✓



**CITY TAX OFFICE**

AUG 12 2024



JUN 20 2020

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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

CORELOGIC  
 PO BOX 9205  
 COPPELL, TX 75019-9214

OP ✓  
 +2500

Geo No. P654-999-1320-0100	Prop ID 41552
<b>Legal Description of the Property</b> 132 PEBBLE HILLS #16 1 & W 24 FT OF 2 (HOMESITE) (5907 SQ FT)  10900 SAGEBRUSH WAY-A 79936  OWNER: MENDOZA OLGA M	

**2023 OVERAGE AMOUNT \$3,867.32**

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

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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: CORELOGIC TAX SERVICES LLC			
	Address: PO BOX 9202			
	City, State, Zip: COPPELL TEXAS 75019			
Daytime Phone No.: 817-699-2106		E-Mail Address: shenshwetha@corelogic.com		
<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
	Corelogic	Wire	12/19/23	\$3,867.32
	<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.		
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	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
June 8/14/24 Mary Taylor		Mary Taylor 08/12/24		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 8-13-24				

OFFICE

2024



CITY TAX OFFICE

AUG 12 2024

JUN 20 2024

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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

CORELOGIC  
PO BOX 9205  
COPPELL, TX 75019-9214

OP  
+2500 ✓

Geo No. P691-000-0470-1500	Prop ID 709318
Legal Description of the Property BLK 47 PEYTON ESTATES #7 LOT 15 249 HUNSTANTON ST 79928	
OWNER: MELENDEZ JUAN	

2023 OVERAGE AMOUNT \$4,913.90 ✓

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 15: EMERG. SERVICES DIST #1, 51: PASEO DEL ESTE MUD #7

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.

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	Name: CORELOGIC TAX SERVICES LLC			
	Address: PO BOX 9202			
	City, State, Zip: COPPELL TEXAS 75019			
Daytime Phone No.: 817-699-2106		E-Mail Address: shenshwetha@corelogic.com		
<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
	Corelogic	Wire	12-19-2023	\$8,373.20
	<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.		
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	SIGNATURE OF REQUESTOR (REQUIRED) <i>Mary Taylor</i>		PRINTED NAME & DATE Mary Taylor 08/12/24	

*June 8/14/24*

TAX OFFICE USE ONLY:

Approved

Denied

By:

*NN*

Date:

*8-13-24*



JUN 20 2024

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CITY TAX OFFICE

AUG 12 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

CORELOGIC  
PO BOX 9205  
COPELL, TX 75019-9214

OP ✓  
+2500

Geo No. R215-999-0240-7900	Prop ID 375354
Legal Description of the Property 24 RANCLAND HILLS #4 LOT 14 (6703.50 SQ FT) 1400 HUNTER DR	
OWNER: MAGDALENO ANGEL H & MARISELA	

2023 OVERAGE AMOUNT \$2,957.53 ✓

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

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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: CORELOGIC TAX SERVICES LLC			
	Address: PO BOX 9202 ✓			
	City, State, Zip: COPPELL TEXAS 75019 ✓			
Daytime Phone No.: 817-699-2106		E-Mail Address: shenshwetha@corelogic.com		
<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
	Corelogic	Wire	12-19-2023	\$2,957.53
	<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 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):				
<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	
	Mary Taylor		Mary Taylor 08/12/24 ✓	

Jue 8/14/24

TAX OFFICE USE ONLY:  Approved  Denied By: N.N. Date: 8-13-24 ✓



CITY TAX OFFICE

AUG 12 2024



330

JUN 20 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

CORELOGIC  
PO BOX 9205  
COPELL, TX 75019-9214

Geo No. V897-999-0070-2700	Prop ID 271017
Legal Description of the Property 7 VISTA HILLS #1 LOT 14 (7345.00 SQ FT)  1708 ANDY WILLIAMS PL	
OWNER: HERNANDEZ HECTOR & SANDRA L M	

OP  
+2500 ✓

2023 OVERAGE AMOUNT \$3,682.58 ✓

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: CORELOGIC TAX SERVICES LLC				
	Address: PO BOX 9202 ✓				
	City, State, Zip: COPPEL, TX, 75019 ✓				
	Daytime Phone No.: 817-699-2106		E-Mail Address: KIRAM@CORELOGIC.COM		
<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
	Corelogic		Wire	12/19/23	\$4,016.19
	<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.			
	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 (REOUIRED) <i>Mary Taylor</i>			PRINTED NAME & DATE Mary Taylor 08/12/24 ✓	

08/14/24

TAX OFFICE USE ONLY:

Approved

Denied

Bv:

N.N

Date:

8-13-24 ✓