

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

**AGENDA DATE:** July 16, 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 B).

**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)

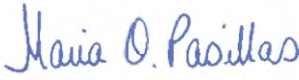
TAX REFUNDS

July 16, 2024

1. Stewart Title, in the amount of \$2,844.41 made an overpayment on November 30, 2023 of 2023 taxes.  
(Geo. #L447-999-074D-0100)
2. CoreLogic Solutions LLC, in the total amount of \$11,346.60 made an overpayment on December 06, 2022 and December 09, 2023 of 2022 and 2023 taxes.  
(Geo. # M329-999-0210-9300)
3. First Light Federal Credit Union, in the amount of \$3,606.74 made an overpayment on January 23, 2024 of 2023 taxes.  
(Geo. #P863-999-0060-1700)

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Laura D. Prine  
City Clerk

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

REMOVE 2023



CITY TAX OFFICE

JUN 17 2024

2168101

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

<b>Geo No.</b> L447-999-074D-0100	<b>Prop ID</b> 397415
<b>Legal Description of the Property</b> 74-D LOGAN HEIGHTS 1 & 2 (6000 SQ FT) 3633 MC CONNELL AVE	
OWNER: VILLANUEVA ANA G	

STEWART TITLE COMPANY  
2244 TRAWOOD STE 101  
EL PASO, TX 79935

OP ✓  
+2500

2023 OVERAGE AMOUNT \$2,844.41 ✓

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: Stewart Title			
	Address: 2244 TRAWOOD #101 ✓			
	City, State, Zip: El Paso, TX 79935 ✓			
Daytime Phone No.: 915-225-8400		E-Mail Address: Cindy.Fralick@stewart.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
	Check Payment	133250	11/30/2023	\$4,060.77
	<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 (REQUIRED)		PRINTED NAME & DATE	
	C.A. Fralick		C.A. FRALICK 6/17/24 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: NH Date: 6-17-24 ✓				

OP  
+2500

07073545

CITY TAX OFFICE

JUN 26 2024

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE  
221 N. Kansas, Suite 300  
El Paso, Texas 79901  
Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

APPLICATION FOR TAX REFUND

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION

Refund To: <b>CORELOGIC SOLUTIONS LLC</b> ✓		Phone: HOME: WORK: 817-699-9389		Property ID# (One application per account) M32999902109300
Address (mail refund to :) 3001 Hackberry Rd, Irving, TX 75063 ✓		Property Address: And/or Legal Description: 4518 MEMPHIS AVE, EL PASO TX 799030000		
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2022	12/06/22	34000896	6,943.84	6,943.84
2. 2023	12/09/23	NA	4,402.76	4,402.76
3.				
TOTAL AMOUNT (sum of the above amounts)				

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT: Since we have paid the taxes to M32999902109300 instead of M32999902109325 for the year 2022 and 2023 in the amount of \$6,943.84 and 4,040.76. Hence requesting for the refund for the amount paid to incorrect parcel which is not serviced by corelogic.

"I certify that information given to obtain this refund is true and correct."

Requestor signature: Stephanie Markham CoreLogic Date: 6-26-24  
Printed name: Stephanie Markham - CoreLogic Title: Associate #

Any person knowingly submitting false entries is subject to: (1) imprisonment of 2 to 10 years, or \$5,000 fine, or both (2) imprisonment up to one year, or fine not over \$2,000, or both (Sec. 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec. 31.11 (c))

TAX OFFICE Entry:  REFUND APPROVED

Tax Office Approval: Anna O. Pasillas Date: 7/1/24

Date: \_\_\_\_\_

(Placed on City Council Agenda over \$2,500)

DISAPPROVED       Returned to sender       See below/attached

Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.

Record of overpayment not found on this property.

Property not found as identified, resubmit after correction.

Other: \_\_\_\_\_



CITY TAX OFFICE

JUN 26 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

FIRST LIGHT FEDERAL CREDIT UNION  
P.O. BOX 24902  
EL PASO, TX 79914-900

<b>Geo No.</b> P863-999-0060-1700	<b>Prop ID</b> 403010
<b>Legal Description of the Property</b> 6 PLEASANT HILLS #1 LOT 9 (7773.00 SQ FT)  4732 ROUND ROCK DR	
OWNER: MUNOZ EDUARDO JR	

OP  
+2500

2023 OVERAGE AMOUNT \$3,606.74

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: <u>First Light Federal Credit Union</u>			
	Address: <u>PO Box 24901</u>			
	City, State, Zip: <u>El Paso TX 79914</u>			
	Daytime Phone No.: <u>915.567.1172</u>	E-Mail Address:		
<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	458687	01/23/2024	\$30,869.84
	<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 (REQUIRED) <u>Carolina Martinez</u>		PRINTED NAME & DATE <u>Carolina Martinez 6/26/24</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.H</u>	Date: <u>6-26-24</u>