

TAX REFUNDS
August 1, 2023

1. Texas Title, in the amount of \$5,722.62 made an overpayment on August 29, 2022 of 2021 taxes.
(Geo. #T240-999-0160-5700)
2. Hanson Roger R & Jennie S, in the amount of \$3000.00 made an overpayment on June 30, 2023 of 2022 taxes.
(Geo. #V893-999-0160-0500)



Laura D. Prine

Laura D. Prine
City Clerk

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED
JUL 11 2023

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

TEXAS TITLE COMPANY
1360 N LEE TREVINO STE 107
EL PASO, TX 79936

OP
+2500

Geo No. T240-999-0160-5700	Prop ID 370989
Legal Description of the Property 16 THOMAS MANOR LOT 29 7853 JERSEY ST	
OWNER: ROMO JOSE M & YVONNE	

2021 OVERAGE AMOUNT \$5,722.62

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

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. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Texas Title</i>			
	Address: <i>1360 N. Lee Trevino, Suite 107</i>			
	City, State, Zip: <i>El Paso, TX 79936</i>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.:	<i>915-573-3800</i>	E-Mail Address:	<i>mtoguinto@texas-title.com</i>
	Premium made by:	Check No.	Date Paid	Amount Paid
	<i>Texas Title</i>	<i>179850</i>	<i>8/29/22</i>	<i>\$5,722.62</i>
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. 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.		
Step 4. Sign the form. Unsigned applications cannot be processed.	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): <i>E.M. 7/14/23</i>		PRINTED NAME & DATE <i>MARY ALICE TOGUINTO 7/10/23</i>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.N.</i> Date: <i>7-13-23</i>				

OP
+2500

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901



CITY TAX
OFFICE

JUL 05 2023

TN

Phone (915) 212-0106, Fax (915) 212-0108

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: HANSON ROGER R & JENNIE S ✓		Phone: HOME: 915-252-1293 WORK:	Property ID# (One application per account) 312417 V893-999-0160-0500	
Address (mail refund to:) 10812 SOMBRA VERDE DR (79935-3623) ✓		Property Address: And/or 10812 SOMBRA VERDE Legal Description:		
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	6/30/23	BILL PAY GECU	3300.00	3000.00
2.				
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 must appear)

REASON FOR OVERPAYMENT:

COMPUTER added more zero's TO PAYMENT

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

Roger Hanson
Requestor signature:

Date: 7/5/23

ROGER HANSON

OWNER

Printed name:

Title:

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:

Maria D. Pasillas

Date:

7/6/23

JMC 7/6/23

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: _____