

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

**DEPARTMENT:**

**AGENDA DATE:**

**PUBLIC HEARING DATE:**

**CONTACT PERSON NAME:**

**PHONE NUMBER:**

**DISTRICT(S) AFFECTED:**

**STRATEGIC GOAL:**

**SUBGOAL:**

**SUBJECT:**

**BACKGROUND / DISCUSSION:**

**COMMUNITY AND STAKEHOLDER OUTREACH:**

**PRIOR COUNCIL ACTION:**

**AMOUNT AND SOURCE OF FUNDING:**

**REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:**

NAME	AMOUNT (\$)

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

*Maia O. Pasillas*

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

TAX REFUNDS OVER \$2,500  
February 25, 2025


1. Vision Precision Holdings LLC, in the amount of \$3,828.37, made an overpayment on January 21, 2025 of 2024 taxes.  
(Geo.# 1537-999-1294-7334)
2. Marc I. Medina, in the amount of \$4,886.89, made an overpayment on January 31, 2025 of 2024 taxes.  
(Geo.# A462-999-0190-6501)
3. BW JV1 LLC, in the amount of \$5,716.30, made an overpayment on December 31, 2024 of 2024 taxes.  
(Geo.# A527-999-0020-0100)
4. SDP Capital Investments, LLC, in the amount of \$5,009.32, made an overpayment on December 25, 2024 of 2024 taxes.  
(Geo.# A670-999-0070-0900)
5. Martha Carrillo, in the amount of \$2,828.60, made an overpayment on January 31, 2025 of 2024 taxes.  
(Geo.# E275-000-0070-0050)
6. Marc. I. Medina, in the amount of \$4,704.42, made an overpayment on January 31, 2025 of 2024 taxes.  
(Geo.# A462-999-0190-6500)
7. Moises Gandara, in the amount of \$6,952.64, made an overpayment on January 6, 2025 of 2024 taxes.  
(Geo.# H453-999-0410-3400)
8. Jose Luis Ortega & Blanca E Ortega, in the amount of \$13,317.38, made an overpayment on January 24, 2025 of 2024 taxes.  
(Geo.# S332-999-0040-1700)
9. Santiago H Portas, in the amount of \$6,403.94, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# S986-000-0010-3200)
10. Santiago H Portas, in the amount of \$6,318.39, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# S986-000-0010-3250)
11. Santiago H Portas, in the amount of \$11,924.64, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# S986-000-0020-0200)
12. Santiago H Portas, in the amount of \$12,122.38, made an overpayment on January 28, 2025 of 2024 taxes.  
(Geo.# T287-999-4650-2000)
13. Eduardo Pinal, in the amount of \$3,161.84, made an overpayment on January 21, 2025 of 2024 taxes.  
(Geo.# V893-999-0830-2700)

TAX REFUNDS OVER \$2,500  
February 25, 2025

14. Roberto Rodriguez, in the amount of \$6,246.26, made an overpayment on January 17, 2025, of 2024 taxes.  
(Geo.# V893-999-1670-1100)

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Laura D. Prine  
City Clerk

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

OP  
+2500 ✓

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

TAX OFFICE  
RECEIVED

JAN 30 2025

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: VISION PRECISION HOLDINGS LLC ✓		Phone: HOME: WORK: 5614676246		Property ID# (One application per account) 653921	
Address (mail refund to :) salesandlocaltax@nowoptics.com		Property Address: And/or Legal Description: 1615 S. CONGRESS AVE., SUITE 105, DELRAY BEACH, FL 33445 ✓			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2024	January 21, 2025	6671268		3,828.37	3,828.37 ✓
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)				3,828.37	3,828.37

(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: We were Trying to pay different accounts but looks like we were charged twice in a single account.

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

Ricardo Salgado Date: 1/30/2025 ✓

Requestor signature: \_\_\_\_\_

Ricardo Roman Salgado Hernandez Accounting Specialist

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: <u>func 1/31/25</u> <u>N.H.</u>	Date: <u>1-30-25</u>
(Placed on City Council Agenda over \$2,500)	
<input type="checkbox"/> DISAPPROVED <input type="checkbox"/> Returned to sender <input type="checkbox"/> See below/attached	
<input type="checkbox"/> Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted.	
<input type="checkbox"/> Record of overpayment not found on this property.	
<input type="checkbox"/> Property not found as identified, resubmit after correction.	
<input type="checkbox"/> Other: _____	

OP  
+2500

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

TAX OFFICE  
RECEIVED

FEB 05 2025

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:  Marc I. Medina		Phone: HOME: 915-258-8342 WORK:		Property ID# (One application per account)  386307	
Address (mail refund to :)  2915 Wheeling Ave, El Paso, TX 79930		Property Address: And/or Legal Description: 1310 N. Florence Street, El Paso, TX 79902 / 19 ALEXANDER 14 & 15			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2024	2025-01-31	N/A		\$4886.89	\$4886.89
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 name must appear)

REASON FOR OVERPAYMENT: Submitted two payments by mistake from my Flagstar Bank checking account.

\*Legal Description: 19 ALEXANDER 14 & 15 (3104 SQ FT)

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

Marc Medina

Date: 02-05-2025

Requestor signature:

Marc I. Medina

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:

Date:

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:





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](mailto:taxforms@elpasotexas.gov)

CITY TAX OFFICE

JAN 29 2025

BW JVI LLC  
444 EXECUTIVE CENTER BLVD  
EL PASO, TX 79902

Geo No. A527-999-0020-0100	Prop ID 149163
<b>Legal Description of the Property</b> 2 AMERICAS BUSINESS PARK SELY PT OF 1 (730.95' ON ST-297.49' ON NWLY-401.75' ON NELY-453.94' ON SELY) (3.9349 AC)  12251 ROJAS DR 79936  OWNER: B W JOINT VENTURE	

2024 OVERAGE AMOUNT \$5,716.30

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 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: <u>BW JV LLC</u>			
	Address: <u>444 Executive Center Blvd Ste 124</u>			
	City, State, Zip: <u>El Paso, TX 79902</u>			
	Daytime Phone No. <u>915 532-4517</u>		E-Mail Address: <u>rosea@epicenterelpaso.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
	Electronic Check	CC006529107	12/31/2024	\$11,432.61
	<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	
	<u>[Signature]</u>		<u>Tanny Berg 1-24-25</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>NH</u>	Date: <u>1-29-25</u>





TAX OFFICE  
RECEIVED

JAN 29 2025

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](mailto:taxforms@elpasotexas.gov)

SDP CAPITAL INVESTMENTS, LLC.  
615 E SCHUSTER AVE  
EL PASO, TX 79902

GP  
+2500

Geo No. A670-999-0070-0900	Prop ID 43968
Legal Description of the Property 7 ARBOUR GREEN #2 LOT 9 (4920.00 SQ FT)  3433 MIKE GODWIN DR 79936	
OWNER: SDP CAPITAL INVESTMENTS LLC	
2024 OVERAGE AMOUNT \$5,009.32	

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 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: SDP Capital Investments, LLC			
	Address: 615 E. Schuster Ave Suite 9B			
	City, State, Zip: EL PASO, TX, 79902			
<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	CC006474333	12/25/2024	\$5,009.32
	TOTAL AMOUNT PAID (sum of the above amounts)			
<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.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below): I paid the account twice unknowingly			
	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	
	JMC 1-31-25		Obed Soto 1/29/25	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: NIK Date: 1-29-25				





Credit Card  
OP  
+2500

CITY TAX OFFICE

FEB 06 2025

FW: Overpayment need refund - PID 71869

E275-000-0070-0050

From Cisneros, Luz M. <CisnerosLM@elpasotexas.gov>

Date Thu 2/6/2025 11:08 AM

To Lopez, Genesis <LopezG@elpasotexas.gov>; Montenegro, Maria D. <MontenegroMD@elpasotexas.gov>;  
Ponce, Marytzabel <PonceMX@elpasotexas.gov>

1 attachment (80 KB)

martha tax payment.jpg;

\$2828.40

Refund request.

Thank you,

**Luz M. Cisneros**

[CisnerosLM@elpasotexas.gov](mailto:CisnerosLM@elpasotexas.gov)

City of El Paso Tax Office

221 N Kansas, Suite 300

El Paso, TX 79901

(915) 212-1742

(915) 212-0108 Fax



Website: <http://www.elpasotexas.gov/tax-office>

Office Hours: Mon-Fri, 8am to 5pm

JMC 2/7/25

Your opinion matters! [Click here](#) to participate in a brief survey and let us know how we are doing.

Appr ✓  
N.H.  
2-6-25

**From:** nora magallanez <noramagz@gmail.com>

**Sent:** Wednesday, February 5, 2025 9:21 AM

**To:** CityTaxOffice <citytaxoffice@elpasotexas.gov>; Tax Forms <taxforms@elpasotexas.gov>

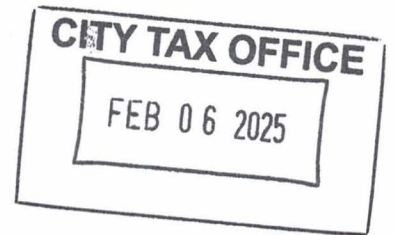
**Subject:** Overpayment need refund

You don't often get email from [noramagz@gmail.com](mailto:noramagz@gmail.com). [Learn why this is important](#)

**CAUTION:** This email originated from outside of the City of El Paso. Do not click links or open attachments unless you recognize the sender and know the content is safe. If suspicious, use **Phish Alert** or forward to [SpamReport@elpasotexas.gov](mailto:SpamReport@elpasotexas.gov).

I am writing today because due to computer glitches my taxes were paid twice. I am requesting a refund to my bank account in the name of Martha Carrillo. My property

number is **71869**. **Address is 654 Lozano Lane, EL Paso TX 79936 my Mailing**  
**address is** PO BOX 528 SAN ELIZARIO, TX 798490528. I am disabled and it is very hard  
to get a ride to the mailbox to pick up my mail let alone go deposit a check in the bank. I  
would like an electronic transfer to my bank account. I have attached the transactions



OP  
+2500

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

CITY TAX OFFICE

FEB 06 2025

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:

A462-999-0190-6500

Refund To:  Marc I. Medina	Phone: HOME: 915-258-8342 WORK:	Property ID# (One application per account)  230347		
Address (mail refund to :)  2915 Wheeling Ave, El Paso, TX 79930	Property Address: And/or Legal Description: 1312 N. Florence Street, El Paso, TX 79902/19 ALEXANDER 14 & 15*			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	2025-01-31	N/A	\$4704.42	\$4704.42
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 name must appear)

REASON FOR OVERPAYMENT: Submitted two payments by mistake from my Flagstar Bank checking account.

\* Legal Description: 19 ALEXANDER 14 & 15 (HOMESITE) (3240 SQ FT)

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

Marc Medina

Date: 02-05-2025

Requestor signature:

Marc I. Medina

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:

Date:

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

JAN 28 2025

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

MOISES GANDARA  
22 GOODWIN DR  
EL PASO, TX 79902-2221

OP  
+2500

Geo No. H453-999-0410-3400	Prop ID 275546
Legal Description of the Property 41 HIGHLAND PARK 7 & 8 & PTS OF 9 TO 11 (6.67'ON ST-132.60'ON W-63.09'ON N-120'ON E) (10188.54 SQ FT)	
2215 PORTLAND AVE 79930	
OWNER: GANDARA JOSE A & ANA V	

2024 OVERAGE AMOUNT \$6,952.64

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

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>Moises Gandara</u>				
	Address: <u>22 Goodwin Dr</u>				
	City, State, Zip: <u>EL Paso Texas, 79902</u>				
	Daytime Phone No.: <u>(915) 525-5783</u>		E-Mail Address: <u>moisesgandara1996@gmail.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
	Credit Card Payment		CC006559390	01/06/2025	\$6,952.64
	<u>4266 8418 0417 3324</u>			<u>01/06/2025</u>	<u>6,952.64</u>
	TOTAL AMOUNT PAID (sum of the above amounts)				
<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		
	<u>Moises Gandara</u>		<u>Moises Gandara 01/15/25</u>		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.H</u>	Date: <u>1-29-25</u>	



**CITY TAX OFFICE**

FEB 03 2025

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

ORTEGA JOSE L & BLANCA E  
7085 ALAMEDA AVE  
EL PASO, TX 79915-3440

Geo No. S332-999-0040-1700	Prop ID 192464
<b>Legal Description of the Property</b> 4 SHADOW MOUNTAIN HEIGHTS RPL B LOT 17 (9724.62 SQ FT)  5824 DIAMOND POINT CIR  OWNER: ORTEGA JOSE L & BLANCA E	

OP  
+2500 ✓

2024 OVERAGE AMOUNT \$13,317.38 ✓

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

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.	<b>Who should the refund be issued to:</b>															
	Name: <u>Jose Luis Ortega &amp; Blanca E Ortega</u>															
	Address: <u>5824 Diamond Point</u>															
	City, State, Zip: <u>El Paso, TX 79912</u>															
	Daytime Phone No.: <u>915 892-8028</u>		E-Mail Address: <u>hortega@excelmpg-ne</u>													
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<table><tr><td>Payment made by:</td><td>Check No.</td><td>Date Paid</td><td>Amount Paid</td></tr><tr><td>Check Payment</td><td>02378</td><td>01/24/2025</td><td>\$46,230.67</td></tr><tr><td colspan="4"><b>TOTAL AMOUNT PAID (sum of the above amounts)</b></td></tr></table>				Payment made by:	Check No.	Date Paid	Amount Paid	Check Payment	02378	01/24/2025	\$46,230.67	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
Payment made by:	Check No.	Date Paid	Amount Paid													
Check Payment	02378	01/24/2025	\$46,230.67													
<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.	<b>Please check one of the following:</b>															
	<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) <u>Blanca E Ortega</u>		PRINTED NAME & DATE <u>Blanca E Ortega 1/30/25</u>													
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>NIS</u>	Date: <u>2-6-25</u>												



OP ✓  
+2500

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

TAX OFFICE  
RECEIVED

JAN 29 2025

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: Santiago H Portas ✓		Phone: HOME: 915-540-3739 WORK: 915-540-3739		Property ID# (One application per account) 5926-000-0010-3200 694461	
Address (mail refund to :) 2713 Tierra Gijon Pl - El Paso - TX - 79938 ✓		Property Address: And/or Legal Description: BLK 1 SUNSET VALLEY ESTATES #1 AMENDING 32 (EXC ELY PT) (5213.05 SQ FT)			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2024	01/28/2025			6,403.94	6,403.94 ✓
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 name must appear)

REASON FOR OVERPAYMENT:

The authorized withdrawal (autodraft) was not done on the proper date, but 2 days later,

what forced me to paid them to not be delayed and the after I paid them, the money was withdrawn again. Charging me twice

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

Requestor signature: [Signature]

Date: 01/29/2025 ✓

Printed name: Santiago H Portas

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:

(X) REFUND APPROVED

Tax Office Approval:

Date:

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:



TAX OFFICE  
RECEIVED

JAN 29 2025

OP  
+2500

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:  Santiago H Portas ✓		Phone: HOME: 915-540-3739 WORK: 915-540-3739		Property ID# (One application per account)  724564	
Address (mail refund to :)  2713 Tierra Giljon Pl - El Paso - TX - 79938 ✓		Property Address: And/or Legal Description:			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2024	01/29/2025			6,318.39	6,318.39 ✓
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 name must appear)

REASON FOR OVERPAYMENT:

The authorized withdrawal (autodraft) was not done on the proper date, but 2 days later.

what forced me to paid them to not be delayed and the after i paid them, the money was withdrawn again. Charging me twice

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

Requestor signature: 

Date: 01/29/2025 ✓

Printed name: Santiago H Portas

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:

Date:

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:



OP  
+2500

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

TAX OFFICE  
RECEIVED

JAN 29 2025

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:

5986-000-0020-0200

Refund To:  Santiago H Portas		Phone: HOME: 915-540-3739 WORK: 915-540-3739		Property ID# (One application per account)  694463	
Address (mail refund to :)  2713 Tierra Gijon Pl - El Paso - TX - 79938		Property Address: And/or Legal Description: BLK 2 SUNSET VALLEY ESTATES #1 AMENDING LOT 2			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2024	01/28/2025			11,924.64	11,924.64
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 name must appear)

REASON FOR OVERPAYMENT:

The authorized withdrawal (autodraft) was not done on the proper date, but 2 days later,

what forced me to paid them to not be delayed and the after I paid them, the money was withdrawn again. Charging me twice

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

Requestor signature:

Date: 01/29/2025

Santiago H Portas

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 (e)).

TAX OFFICE Entry:

(✓) REFUND APPROVED

Tax Office Approval:

Date:

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:



TAX OFFICE  
RECEIVED

JAN 29 2025

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

OP ✓  
+2500

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:  Santiago H Portas ✓		Phone: HOME: 915-540-3739 WORK: 915-540-3739		Property ID# (One application per account)  683969	
Address (mail refund to :)  2713 Tierra Gijon Pl - El Paso - TX - 79938 ✓		Property Address: And/or Legal Description: BLK 465 TIERRA DEL ESTE #73 LOT 20			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2024	01/28/2025			12,122.38	12,122.38 ✓
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)					

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

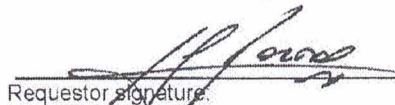
REQUIRED: Copy of original receipt, front & back of negotiated check, OR  
bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT:

The authorized withdrawal (autodraft) was not done on the proper date, but 2 days later.

what forced me to paid them to not be delayed and the after I paid them, the money was withdrawn again. Charging me twice

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

Requestor signature: 

Date: 01/29/2025 ✓

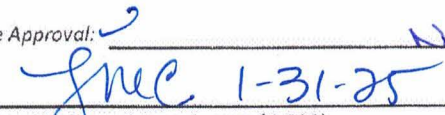
Printed name: Santiago H Portas

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: 

Date:

1-30-25 ✓

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:

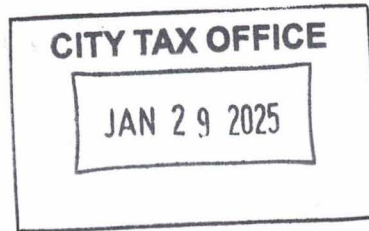




MARIA O. PASILLAS, RTA  
CITY OF EL PASO TAX ASSESSOR COLLECTOR  
221 N. KANSAS, STE 300  
EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

EDUARDO PINAL  
10948 ART WALL DR  
EL PASO, TX 79936



Geo No. V893-999-0830-2700	Prop ID 378648
Legal Description of the Property 83 VISTA DEL SOL LOT 14  10948 ART WALL DR 79936	
OWNER: PINAL EDUARDO	

2024 OVERAGE AMOUNT \$3,161.84

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

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>Eduardo Pinal</u>			
	Address: <u>10948 Art wall Dr.</u>			
	City, State, Zip: <u>EL PASO, TX 79936</u>			
	Daytime Phone No.: <u>915 433-0038</u>		E-Mail Address: <u>epinal.elp@gmail.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
	Credit Card Payment <input checked="" type="checkbox"/>		CC006671793	01/21/2025
				\$3,161.84
	TOTAL AMOUNT PAID (sum of the above amounts)			
<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 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	
	<u>[Signature]</u>		EDUARDO PINAL 1-27-2025	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.H.</u>	Date: <u>1-29-25</u>



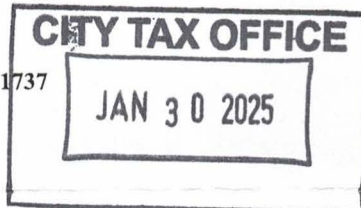
Credit Card



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

ROBERTO RODRIGUEZ  
4937 PADDOCK PL.  
RANCHO CUCAMONGA, CA 91737



Geo No.  
V893-999-1670-1100

Prop ID  
163241

Legal Description of the Property

167 VISTA DEL SOL #29 LOT 6

1620 BERT GREEN DR 79936

OWNER: RODRIGUEZ RICARDO

2024 OVERAGE AMOUNT \$6,246.26 ✓

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

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>Roberto Rodriguez</u> ✓				
	Address: <u>4937 Paddock Pl</u> ✓				
	City, State, Zip: <u>Rancho Cucamonga Ca. 91737</u> ✓				
<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.: <u>(951) 660-3167</u>		E-Mail Address: <u>RobertoRodriguez19662@gmail.com</u>		
	Payment made by:		Check No.	Date Paid	
	Credit Card Payment ✓ <u>Visa</u>		CC006644678	01/17/2025	
	Amount Paid		\$6,246.26		
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>				
	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.				
<b>Step 4. Sign the form.</b> 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) <u>[Signature]</u>		PRINTED NAME & DATE <u>Roberto Rodriguez</u> <u>Roberto Rodriguez 19662@gmail.com</u> <u>Nil</u> Date: <u>01/26/2025</u> ✓		
TAX OFFICE USE ONLY:		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <u>Nil</u> Date: <u>01/26/2025</u> ✓	