

**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: _____

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

TAX REFUNDS OVER \$2,500
June 10, 2025

1. Stonebriar Auto Services LLC, in the amount of \$12,352.14, made an overpayment on April 23, 2025 of 2024 taxes.
(Geo. # 23PP-999-8428-7030)
2. Situs Asset Management LLC, in the amount of \$59,909.91, made an overpayment on January 27, 2025 of 2024 taxes.
(Geo. #A301-999-0010-0170)
3. Home Loan Serv, in the amount of \$5,368.93, made an overpayment on December 19, 2023 of 2023 taxes.
(Geo. #P863-999-0040-6700)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector

OP
+2500 ✓

SV

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:

23PP-999-8428-7030

Refund To: Stonebriar Auto Services LLC ✓	Phone: HOME WORK	Property ID# (One application per account) 721009
Address (mail refund to:) 3000 Internet Blvd Ste 610 Frisco TX 75034 ✓	Property Address: and/or 7045 S DESERT BLVD Legal Description:	

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	4/23/2025		18528.21	12352.14
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			18528.21	12352.14 ✓

(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:

Paid online, the website appear to not be processing the payment initially. Payment went through multiple times.

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

Requestor signature: Jasmin Ennis-Fleming
Printed name: Jasmin Ennis-Fleming

Date: 5/21/2025

Title: Staff Accountant ✓

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: N.H.

Date: 5-21-25 ✓

(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: _____

MAY 12 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

SITUS ASSET MANAGEMENT LLC
1 N LASALLE ST STE 2100
CHICAGO, IL 60602

Geo No. A301-999-0010-0170	Prop ID 413261
Legal Description of the Property 1 AIRWAY COMMERCIAL PARK NWLY PT OF 1 (521.82' ON ST - 298.48' ON SE - 186.31' ON SW - 449.72' ON NW) (105937.43 SQ FT)	
6650 E GATEWAY BLVD 79915	
OWNER: FP EL PASO AIRPORT LLC	

OP ✓
+2500

2024 OVERAGE AMOUNT \$59,909.91 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Situs Asset Management LLC</u> ✓			
	Address: <u>1 N. LaSalle St. Suite 2100</u> ✓			
	City, State, Zip: <u>Chicago IL 60602</u> ✓			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>312 777 6063</u>		E-Mail Address: <u>payments@fbtm.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	7712	01/27/2025	\$2,181,555.85
	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 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):			
Step 4. Sign the form. 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>Jane 5/14/25</u>		<u>Jane Mearns</u>		<u>5/14/25</u> ✓
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <u>N.H.</u> Date: <u>5-12-25</u> ✓		



TAX OFFICE
RECEIVED

MAY 05 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

~~CORELOGIC~~
~~PO BOX 9205~~
~~COPELL, TX 75019-9214~~

Home loan serv

+2500 ✓
~~2500~~

Geo No. P863-999-0040-6700	Prop ID 293396
Legal Description of the Property 4 PLEASANT HILLS #4 LOT 34 6525.81 SQ FT 10773 PLEASANT HILL DR	
OWNER: CARRILLO MANUEL & NORDBERG JESSICA R	
2023 OVERAGE AMOUNT \$5,368.93 ✓	

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:				
	Name: Home loan serv				
	Address: PO Box 7899 ✓				
	City, State, Zip: Boise ID 83707 ✓				
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 800-526-7145		E-Mail Address: linda.w@info.org		
	Payment made by: Check No. Date Paid Amount Paid				
	Check Payment		0003529939	12-19-23	153,141.95
	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)		PRINTED NAME & DATE		
	Jue 5/14/25		Linda Winchester 5-5-25 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N/A Date: 5-7-25 ✓					