

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



DEPARTMENT: Tax Office

AGENDA DATE: 5/13/25

PUBLIC HEARING DATE:

CONTACT PERSON NAME: Maria O. Pasillas

PHONE NUMBER: 915-212-0106

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:

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:

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.

COMMUNITY AND STAKEHOLDER OUTREACH:

N/A

PRIOR COUNCIL ACTION:

Council has considered this previously on a routine basis.

AMOUNT AND SOURCE OF FUNDING:

N/A

REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:

N/A

NAME	AMOUNT (\$)

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:

Maria O. Pasillas


Maria O. Pasillas
2025.04.25 16:10:02 -06'00'

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

ATTACHMENT B
TAX REFUNDS OVER \$2,500
May 13, 2025

1. Corelogic Tax LLC, in the amount of \$4,189.47, made an overpayment on December 26, 2024 of 2024 taxes.
(Geo. #L144-999-0010-0100)
2. Sierra Title Company Inc., in the amount of \$4,257.68, made an overpayment on December 27, 2024 of 2024 taxes.
(Geo. #Y848-999-0000-0300)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE
RECEIVED

JAN 22 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 TAX SERVICE LLC
3001 HACKBERRY ROAD
IRVING, TX 75063

Geo No. L144-999-0010-0100	Prop ID 61156
Legal Description of the Property LAKESIDE #1 NLY PT OF 1 (49.03 FT ON ST- IRREG ON SLY-48.50 FT ON WLY- 115.0 FT ON NLY) (5635.01 SQ FT)	
121 GEORGE ORR RD 79915	
OWNER: PELTON NIARA	

2024 OVERAGE AMOUNT \$4,189.47

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: CORELOGIC TAX LLC			
	Address: PO BOX 9202,			
	City, State, Zip: COPPELL TEXAS 75019			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 817-699-2106		E-Mail Address: shenshwetha@corelogic.com	
	Payment made by:		Check No.	Date Paid
	Check Payment		412701436	12/26/2024
	Amount Paid		\$49,410.85	
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	TOTAL AMOUNT PAID (sum of the above amounts)			
	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.			
Step 4. Sign the form. Unsigned applications cannot be processed.	<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):			
	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) KARTHIK		PRINTED NAME & DATE KARTHIK 1/22/2025	

Received POP

TAX OFFICE USE ONLY: ☒ Approved ☐ Denied By: N.W. Date: 4-24-25



TAX OFFICE
RECEIVED

APR 14 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

SIERRA TITLE COMPANY INC
5001 N MESA STE 2-C
EL PASO, TX 79912

OP ✓
+2500

Geo No. Y848-999-0000-0300	Prop ID 319960
Legal Description of the Property YSLETA INDUSTRIAL DIST #1 RPL 5.958 AC BEG 715.73 FT SE OF ZARAGOSA ST (5.958 AC)	
9155 BILLY THE KID ST 79907	
OWNER: HYR PROPERTY INVESTMENTS LLC	

2024 OVERAGE AMOUNT \$4,257.68 ✓

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>Sierra Title company, Inc.</u>			
	Address: <u>5001 N MESA STE 2C</u> ✓			
	City, State, Zip: <u>EL PASO TX 79912</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>(915) 544 3322</u>		E-Mail Address: <u>Kchouez@sierratitle.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	026975	12/27/2024	\$70,551.51
	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) <u>Korlachauz</u>		PRINTED NAME & DATE <u>Korlachauz 4/14/25</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>4-14-25</u> ✓				