

**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
January 22, 2025

1. Armando Solano, in the amount of \$5,000.00, made an overpayment on November 5, 2024 of 2024 taxes.
(Geo.# W145-999-0670-0500)
2. Karina Chacon, in the amount of \$7,426.15, made an overpayment on November 20, 2024 of 2024 taxes.
(Geo.# V639-999-0270-0200)
3. CHU Properties, in the amount of \$7,034.97, made an overpayment on December 4, 2024 of 2024 taxes.
(Geo.# M577-000-0020-0800)

Laura D. Prine
City Clerk



Maria O. Pasillas, RTA
Tax Assessor Collector



TAX OFFICE RECEIVED

DEC 27 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

Geo No. W145-999-0670-0500	Prop ID 98327
Legal Description of the Property 67 WEST HILLS #20 LOT 5 (7295.28 SQ FT) 8640 CENTENNIAL DR	
OWNER: SOLANO ARMANDO	
2024 OVERAGE AMOUNT \$5,000.00	

ARMANDO SOLANO
8640 CENTENNIAL
EL PASO, TX 79912

OP ✓
+2500

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: ARMANDO SOLANO			
	Address: 7568 PLAZA REDONDA			
	City, State, Zip: EL PASO, TX 79912			
	Daytime Phone No.: (980) 370-4350	E-Mail Address: asolano9@me.com		
Step 2. Provide payment information. 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	CC006314900	11/05/2024	\$5,000.00
	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 checked="" 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.		
	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	
	<i>Armando Solano</i>		ARMANDO SOLANO 12-27-24	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.H	Date: 12-27-24

CITY TAX OFFICE

DEC 19 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

Geo No. V639-999-0270-0200	Prop ID 633984
Legal Description of the Property BLK 27 VENTANAS #3 REPLAT A LOT 2	
3148 AMISTOSO ST 79938	
OWNER: CHACON EMMA (LE) & CHACON KARINA	

KARINA CHACON
3148 AMISTOSO ST
EL PASO, TX 79938

OP ✓
+2500

2024 OVERAGE AMOUNT \$7,426.15 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to			
	Name: Karina Chacon			
	Address: 3148 Amistoso St.			
	City, State, Zip: El Paso, Tx. 79938			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: (408) 797-4581		E-Mail Address: karinachacon07@gmail.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC006349362	11/20/2024	\$7,426.15
	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) Karina Chacon		PRINTED NAME & DATE Karina Chacon 12/19/24	

TAX OFFICE USE ONLY:

Approved

Denied

By: N.H.

Date: 12-2024

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
DEC 19 2024

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: PID # 636434

Refund To: CHU PROPERTIES LLC ✓	Phone: HOME: 626-552-6016 WORK: 626-552-6016	Property ID# (One application per account) M57700000200800
----------------------------------------	----------------------------------------------------	-------------------------------------------------------------------

Address (mail refund to :) 440 N Barranca Ave Unit 9396 Covina CA ✓	Property Address: And/or Legal Description: 523 Sarum, Horizon City, TX 79928
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	4 Dec 2024		7034.97	7034.97 ✓
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			7034.97	7034.97

(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: This is duplicate payment, tax will be paid from the escrow account.

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

Date: 19 Dec 2024 ✓

Requestor signature:

John Chu

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: 12-20-24 ✓
_____	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: _____