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



DEPARTMENT: Tax Office

AGENDA DATE: 4/29/25

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 exceeding the three (3) year limit. (See Attachment A).

BACKGROUND / DISCUSSION:

Approve property tax overpayment refunds exceeding the statutory three (3) year limit, 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:

DEPARTMENT HEAD:

N/A

REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:

N/A

NAME	AMOUNT (\$)

Maria O. Papillas

Maria O. Pasillas 2025.04.11 16:00:39 -06'00'

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

Clerk Dept. Rev.2.20241204

TAX REFUNDS OVER THREE (3) YEARS April 29, 2025

- Corelogic Tax Services LLC, in the amount of \$192.31, made an overpayment on December 20, 2021 of 2021 taxes. (Geo. #P588-999-0020-1900)
- Rogelio Romero, in the amount of \$138.79, made an overpayment on January 31, 2022 of 2021 taxes. (Geo. #V893-999-0260-0300)

a O. Papillas

Maria O. Pasillas, RTA Tax Assessor/Collector

Laura D. Prine City Clerk

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					TY TAX OFFICE
-		CITY OF EL PAS	LA O. PASILLAS, RTA O TAX ASSESSOR COL N. KANSAS, STE 300 L PASO, TX 79901	1 1	JAN 28 2025
	PI	E I: (915) 212-0106 FAX: (9	15) 212-0107 Email: taxfor		
				Geo No. P588-999-0020-1900	Prop ID 373493
				Legal Description of	
				36 2	N 29 FT OF S 29.62 FT
	CORELOGI			1 1342 VILLA CANTO S	г
	PO BOX 920	X 75019-9214			1
	COTTELL,		OP		
			Syrs	I OWNER: PUJALS MA	RIO B & ROSA MI
		+	syrs	2021 01/504	GE AMOUNT S192.31
	1. CITY OF EL PASO 3. EL PA	SO ISD. 6: COUNTY OF EL PAS	7 FL PASO COMMUNITY CO		
	PASO				
	Dear Taxpayer:	verpayment exists on the proper titled to a refund, please comple	te the application below, sign it.	and return it to our office	ce. If the taxes were paid by
	account and believe you are er your mortgage/(itle company o did not make the payment(s) o this overpayment to other tax a	r any other party, you must obta on this account, please forward I accounts and/or tax years in the s in three years from the date of th	his letter to the person who pai pace provided or by attaching a	id these taxes. You may n additional sheet if nec	also request the transfer of essary. Your application for
	account and believe you are en your mortgage/title company o did not make the payment(s) o this overpayment to other tax a refund must be submitted with	r any other party, you must obta on this account, please forward to accounts and/or tax years in the s in three years from the date of th s in excess of \$2500.	his letter to the person who pai pace provided or by attaching a	id these taxes. You may n additional sheet if nec he right to the refund (Se	also request the transfer of essary. Your application for e. 31.11c). Governing body
	account and believe you are en your mortgage/title company of did not make the payment(s) of this overpayment to other tax a refund must be submitted with approval is required for refund APPLICATION FOR PROPES Step 1. Identify the refund	r any other party, you must obta on this account, please forward to accounts and/or tax years in the s in three years from the date of th s in excess of \$2500.	his letter to the person who pai pace provided or by attaching a te overpayment, or you waive th atton must be completed, signed, or	id these taxes. You may n additional sheet if nec he right to the refund (Se	also request the transfer of essary. Your application for e. 31.11c). Governing body
	account and believe you are en your mortgage/(itle company of did not make the payment(s) of this overpayment to other tax a refund must be submitted with approval is required for refund APPLICATION FOR PROPES Step 1. Identify the refund recipient.	r any other party, you must obta on this account, please forward to accounts and/or tax years in the s in three years from the date of th s in excess of \$2500. TYY TAX REFUND: This applie Who should the refund be issue	his letter to the person who pai pace provided or by attaching a te overpayment, or you waive th atton must be completed, signed, or	id these taxes. You may n additional sheet if nec he right to the refund (Se	also request the transfer of essary. Your application for e. 31.11c). Governing body
	account and believe you are en your mortgage/title company of did not make the payment(s) of this overpayment to other tax a refund must be submitted with approval is required for refund APPLICATION FOR PROPES Step 1. Identify the refund	r any other party, you must obta on this account, please forward to accounts and/or tax years in the s in three years from the date of th s in excess of \$2500. TY TAX REFUND: This applic Who should the refund be issue	his letter to the person who pai pace provided or by attaching a te overpayment, or you waive th atton must be completed, signed, or ed to: OGIC TAX SERVICES LLC	id these taxes. You may n additional sheet if nec he right to the refund (Se	also request the transfer of essary. Your application for e. 31.11c). Governing body
	account and believe you are en your mortgage/(tile company of did not make the payment(s) of this overpayment to other tax a refund must be submitted with approval is required for refund APPLICATION FOR PROPES Step 1. Identify the refund recipient. Show information for	r any other party, you must obta on this account, please forward to accounts and/or tax years in the s in three years from the date of the s in excess of \$2500. TY TAX REFUND: This applied Who should the refund be issuent Name: COREL Address: PO BO	his letter to the person who pai pace provided or by attaching a te overpayment, or you waive th atton must be completed, signed, or ed to: OGIC TAX SERVICES LLC	id these taxes. You may n additional sheet if nec he right to the refund (Se	also request the transfer of essary. Your application for e. 31.11c). Governing body

whomever will be receiving	Address:	PO BOX 9202				10.001 +	Hached
the refund.	City, State, Zip:	COPPELL TE>	(AS 75019			iero, i	
C. Sec.	Daytime Phone No.	817-699-2106			E-Mail Address:	shenshwetha@co	orelogic.com
Step 2. Provide payment	Payment made by:		Che	ck No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled	Electronic Fund Tr	ansfer	RG211	2172054	12/20/2021	\$274,189,760	5.61
check, original receipt, online payment confirmation or	 						
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)						
Step 3. Provide reason for	Please check one of			Sec. 1			
this refund. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.						
years that you intended to pay	1 overpaid this account. Please refund the excess to the address listed in Step 1.						
with this overage.	I want this payment applied to next year's laxes.						
hazula	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):						
14 117100							
Step 4. Sign the form. Unsigned applications cannot be processed CAR OFFICE	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.)						
RECEIVED	SIGNATURE OF F	EQUESTOR (RE Abhisho		PF	03/03/20		
MAR 0 3 2025 Received POP TAX OFFICE USE ONLY:	Approved	Denied	Ву:	N.F	Date:	3-5-25	$\underline{}$
v52.1.9	n tếg tr.					Print Date: 07	1/12/2024

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Corelogic Tax Services LLC ("Taxpayer") has applied for a refund with the tax assessor for their 2021 property taxes that were overpaid on December 20, 2021 in the amount of \$192.31 (One Hundred and Ninety-Two and 31/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2021 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Corelogic Tax Services LLC showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2021 taxes and the tax refund in the amount of \$192.31 (One Hundred and Ninety-Two and 31/100 Dollars) is approved.

APPROVED this _____ day of _____, 2025.

CITY OF EL PASO:

Renard U. Johnson Mayor

ATTEST:

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Oscal Gomez Assistant City Attorney APPROVED AS TO CONTENT:

aiia O. Pasillas

Maria Pasillas Tax Assessor/Collector

	CITY TAX OFFICE
	MAR 1 0 2025
MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901	DLLECTOR
PH: (915) 212-0106 FAX: (915) 212-0107 Email: tax	forms@elpasotexas.gov
	Geo No. Prop ID V893-999-0260-0300 164633
	Legal Description of the Property 26 VISTA DEL SOL #3 LOT 2
ROMERO ROGELIO JR ROMERO MAGDALENA	10902 LAKEWOOD AVE
10902 LAKEWOOD AVE EL PASO, TX 79925340 OP / + 34rs	OWNER: ROMERO ROGELIO JR & MAGDALENA
	2021 OVERAGE AMOUNT \$138.79

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 PROPER	TY TAX REFUND: This application must be	completed, signed, an	d submitted with suppor	ting documentation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to:				
recipient. Show information for	Name: Kogelio Kom	Gro		/	
whomever will be receiving	Address: 10902 ACE	2000 the	- V	1/	
the refund.	City, State, Zip: CI DA30 T	x 799=	35		
	Daytime Phone No. (915) 355-7	109	E-Mail Address:	gerro mero 590	
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled	Check Payment	103234	01/31/2022	\$5,138.79	
check, original receipt, online					
payment confirmation or			4		
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following:				
Step 3. Provide reason for this refund.					
Please list any accounts and/or	I paid this account in error and I am entitled to the refund.				
years that you intended to pay	V I overpaid this account. Please refund the excess to the address listed in Step 1.				
with this overage.	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):				
		Lafat A	- Sector		
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.)				
gnicz114/2	SIGNATURE OF REQUESTOR (DEQUIP	RED) Pl	RINTED NAME & D	D Romano	
TAX OFFICE USE ONLY:	VApproved Denied By:	N.L	Date:	3-10-25	

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Rogelio Romero through Rogelio Jr and Magdalena Romero ("Taxpayer") has applied for a refund with the tax assessor for their 2021 property taxes that were overpaid on January 31, 2022in the amount of \$138.79 (One Hundred and Thirty-Eight and 79/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2021 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Rogelio Romero showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2021 taxes and the tax refund in the amount of \$138.79 (One Hundred and Thirty-Eight and 79/100 Dollars) is approved.

APPROVED this _____ day of _____, 2025.

CITY OF EL PASO:

Renard U. Johnson Mayor

ATTEST:

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Oscar Gomez Assistant City Attorney

APPROVED AS TO CONTENT: Maria O. Pasillas

Maria Pasillas Tax Assessor/Collector