

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

**AGENDA DATE:** September 26, 2023

**PUBLIC HEARING DATE:** N/A

**CONTACT PERSON(S) NAME AND PHONE NUMBER:** Maria O. Pasillas, (915) 212-1737

**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:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what?  
Be descriptive of what we want Council to approve. Include \$ amount if applicable.

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:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

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.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

Council has considered this previously on a routine basis.

**AMOUNT AND SOURCE OF FUNDING:**

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

**HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? \_X\_ YES \_\_\_ NO**

**PRIMARY DEPARTMENT:** Tax Office

**SECONDARY DEPARTMENT:** N/A

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

**DEPARTMENT HEAD:**

*Maria O. Pasillas*

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

TAX REFUNDS  
September 26, 2023

1. Benjamin Gonzalez, in the total amount of \$10,265.41 made multiple overpayments on dates May 8, 2023, June 5, 2023, July 10, 2023, and August 17, 2023 of 2022 taxes.  
(Geo. #F175-999-0010-8650)
2. Texas Title Company, in the amount of \$16,026.70 made an overpayment on July 18, 2023 of 2022 taxes.  
(Geo. #M083-999-0030-0700)

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Laura D. Prine  
City Clerk



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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

AUG 30 2023

### 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:<br>Benjamin Gonzalez ✓                                  |                    | Phone:<br>HOME: 915-269-2193<br>WORK:  |                       | Property ID# (One application per account)<br>390482<br>E175-999-0010-8650 |  |
| Address (mail refund to):<br>6305 Belton Rd<br>El Paso, TX 79912 ✓ |                    | Property Address: <del>6305</del> 9398 Viscount Blvd 4C<br>And/or<br>Legal Description: El Paso, TX. 79925 |                       |  |  |
| Tax year requested:  | Date payment made: | Check No. & Date, if known:  | Amount of taxes paid: | Amount of refund requested: ✓  |  |
| 1 2023   | Escrow account     |  | 10,261.64             | 10,261.64 ✓  |  |
| 2  |                    |  |                       |  |  |
| 3  |                    |  | 2565.41 X 4 =         |  |  |
| 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:

Escrow account agreement

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

Requestor signature:

Date: 8/29/23

Printed name:

Benjamin Gonzalez

Title:

Owner ✓

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:

JMC 9-11-23

Date: 9-7-23

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

SEP 05 2023

Received POP





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

CITY TAX OFFICE

AUG 23 2023

TEXAS TITLE COMPANY  
1360 N LEE TREVINO STE 107  
EL PASO, TX 79936

OP  
+2500

Geo No. M083-999-0030-0700 Prop ID 191001

Legal Description of the Property

3 MARFIL LOT 4 (6000 SQ FT)

334 LOMALAND DR 79907

OWNER: ROSALES JUAN A & ROSALES GILBERTO & 4

2022 OVERAGE AMOUNT \$16,026.70

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 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><br>Show information for whomever will be receiving the refund.   | Who should the refund be issued to:  |                |   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
|--|--|----------------|---|--|------------------|-----------|-----------|-------------|--|---------------|----------------|---------------------|---|--|--|--|
|  | Name: <u>Texas Title Company</u>   |                |   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
|  | Address: <u>1320 N. Zaragoza #100</u>  |                |   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
|  | City, State, Zip: <u>El Paso TX 79936</u>  |                |   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
|  | Daytime Phone No.: <u>915-757-1721</u>   |                | E-Mail Address:                                     |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
| <b>Step 2. Provide payment information.</b><br>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement. | <table border="1"> <thead> <tr> <th>Payment made by:</th> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td><u>203388</u></td> <td><u>7/15/23</u></td> <td><u>\$ 24,431.15</u></td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>TOTAL AMOUNT PAID (sum of the above amounts)</b></td> </tr> </tbody> </table> |                |   |  | Payment made by: | Check No. | Date Paid | Amount Paid |  | <u>203388</u> | <u>7/15/23</u> | <u>\$ 24,431.15</u> | <b>TOTAL AMOUNT PAID (sum of the above amounts)</b> |  |  |  |
| Payment made by:   | Check No.  | Date Paid      | Amount Paid   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
|  | <u>203388</u>  | <u>7/15/23</u> | <u>\$ 24,431.15</u>                                 |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
| <b>TOTAL AMOUNT PAID (sum of the above amounts)</b>  |  |                |   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
| <b>Step 3. Provide reason for this refund.</b><br>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><br>Unsigned application 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. )  |                |   |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
| TAX OFFICE RECEIVED<br>SEP 11 2023<br>Received POP   | SIGNATURE OF REQUESTOR (REQUIRED)<br><u>April Wheeler</u>  |                | PRINTED NAME & DATE<br><u>April Wheeler 8/14/23</u> |  |                  |           |           |             |  |               |                |                     |   |  |  |  |
| TAX OFFICE USE ONLY:   | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied   |                | By: <u>N.N.</u> Date: <u>9-11-23</u>                |  |                  |           |           |             |  |               |                |                     |   |  |  |  |