

**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)

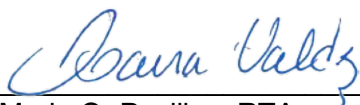
TAX REFUNDS OVER \$2,500
April 1, 2025

1. Delores Sodosky, in the amount of \$5,690.79 made an overpayment on January 4, 2025 of 2024 taxes.
(Geo. #C231-999-0180-3500)
2. GECU, in the amount of \$2,926.40 made an overpayment on December 28, 2023 of 2023 taxes.
(Geo. #C518-999-0090-6100)
3. GECU, in the amount of \$3,120.23 made an overpayment on December 27, 2024 of 2024 taxes.
(Geo. #C518-999-0090-6100)
4. Raul Marquez, in the amount of \$2,965.52 made an overpayment on January 31, 2024 of 2023 taxes.
(Geo. #D346-999-0040-4900)
5. Jessica Olivo, in the amount of \$3,529.48 made an overpayment on February 24, 2025 of 2024 taxes.
(Geo. #F124-000-0070-0900)
6. Raul Marquez, in the amount of \$4,039.10 made an overpayment on January 31, 2024 of 2023 taxes.
(Geo. #H012-999-0400-2500)
7. Raul Chavez Jr., in the amount of \$5,240.37 made an overpayment on January 30, 2025 of 2024 taxes.
(Geo. #L032-000-0060-0200)
8. Corelogic, in the amount of \$3,057.47 made an overpayment on December 18, 2024 of 2024 taxes.
(Geo. #M403-999-0240-2400)
9. Catalina Deras, in the amount of \$5,299.96 made an overpayment on January 21, 2025 of 2024 taxes.
(Geo. #M794-999-0050-0900)
10. Armando Arellano, in the amount of \$2,783.86 made an overpayment on January 31, 2025 of 2019 taxes.
(Geo. #P481-999-0090-0300)
11. Armando Arellano, in the amount of \$2,783.86 made an overpayment on January 31, 2025 of 2024 taxes.
(Geo. #P481-999-0090-0300)
12. Teresa del Real, in the amount of \$5,959.40 made an overpayment on February 3, 2025 of 2024 taxes.
(Geo. #S052-999-0100-0900)
13. Limon Maria D S, in the amount of \$3,108.09 made an overpayment on January 31, 2025 of 2024 taxes.
(Geo. #S162-999-0170-5300)

TAX REFUNDS OVER \$2,500
April 1, 2025

14. Fatime Mullalli, in the amount of \$3,000.00 made an overpayment on December 16, 2024 of 2024 taxes.
(Geo. #T287-999-4930-2100)
15. Raul Marquez, in the amount of \$5,327.87 made an overpayment on January 31, 2024 of 2023 taxes.
(Geo. #V099-000-0230-0700)
16. Raul Marquez, in the amount of \$3,712.58 made an overpayment on January 31, 2024 of 2023 taxes.
(Geo. # V893-999-0660-0100)
17. Raul Marquez, in the amount of \$4,625.49 made an overpayment on January 31, 2024 of 2023 taxes.
(Geo. # V893-999-2880-1100)
18. Xavier Gomez, in the amount of \$4,500.00 made an overpayment on January 30, 2025 of 2024 taxes.
(Geo. # W180-004-0032-0015)

Laura D. Prine
City Clerk

 for Maria Pasillas
Maria O. Pasillas, RTA
Tax Assessor Collector

Credit Card



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
MAR 11 2025

Geo No. C231-999-0180-3500	Prop ID 24314
Legal Description of the Property 18 CASTNER HEIGHTS #4 LOT 18 4605 MAUREEN CIR 79924	
OWNER: RIVERA DELORES	

DELORES SODOSKY
4305 LOMA ALEGRE DR
EL PASO, TX 79934

OP ✓
+2500

2024 OVERAGE AMOUNT \$5,690.79 ✓

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: DELORES SODOSKY			
	Address: 4305 LOMA ALEGRE DR ✓			
	City, State, Zip: EL PASO, TX 79934			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: (915) 494-7746		E-Mail Address: DSODOSKY@COM 4/11/25	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card Payment ✓	CC006552143	01/04/2025	\$5,690.79
	TOTAL AMOUNT PAID (sum of the above amounts)			\$5690.79
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) DeLores Sodosky		PRINTED NAME & DATE DELORES SODOSKY 3/8/25 ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.N	Date: 3-11-25 ✓



CITY TAX OFFICE

MAR 13 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

GECU
REAL ESTATE DEPARTMENT
P.O. BOX 20998
EL PASO, TX 79998-099

Geo No. C518-999-0090-6100	Prop ID 350789
Legal Description of the Property 9 CIELO VISTA PARK LOT 31 (7156 SQ FT) 1416 ELMHURST DR 79925	
OWNER: BERRY MELISSA J	

OP
+2500

2023 OVERAGE AMOUNT \$2,926.40

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

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>GECU</u>			
	Address: <u>PO Box 981529</u>			
	City, State, Zip: <u>El Paso, TX 79998</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>915-778-9221 x4082</u>		E-Mail Address: <u>brenda.arguelles@gecu.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Check Payment	1257865	12/28/2023	\$50,723,967.45
	TOTAL AMOUNT PAID (sum of the above amounts)			<u>\$50,723,967.45</u>
	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.				
<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>Brenda Arguelles</u>		<u>Brenda Arguelles 3/13/25</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>3-13-25</u>				

MAR 13 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

GECU
 REAL ESTATE DEPARTMENT
 P.O. BOX 20998
 EL PASO, TX 79998-099

OP ✓
 + 2500

Geo No. C518-999-0090-6100	Prop ID 350789
Legal Description of the Property 9 CIELO VISTA PARK LOT 31 (7156 SQ FT) 1416 ELMHURST DR 79925	
OWNER: BERRY MELISSA J	

2024 OVERAGE AMOUNT \$3,120.23 ✓

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: <u>GECU</u>			
	Address: <u>PO BOX 981529</u>			
	City, State, Zip: <u>EL PASO, TX 79998</u>			
Daytime Phone No.: <u>915 778-9221 X 6082</u>		E-Mail Address: <u>brenda.arguelles@gecu.com</u>		
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
	Check Payment	1279229	12/27/2024	\$51,302,346.41
	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	
<u>Brenda Arguelles</u>		<u>Brenda Arguelles 3/13/25</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H</u> Date: <u>3-13-25</u>				



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
 MAR 07 2025

RAUL MARQUEZ
 1376 LOMA VERDE DR
 EL PASO, TX 79936

OP ✓
 +2500

Geo No. D346-999-0040-4900	Prop ID 11650
Legal Description of the Property 4 DEL MESA LOT 40 (5885 SQ FT) 1104 SAINT JOHNS DR	
OWNER: MARQUEZ JOSE R & MARGARITA	

2023 OVERAGE AMOUNT \$2,965.52

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

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>Raul Marquez</u>			
	Address: <u>1376 Loma Verde Dr</u>			
	City, State, Zip: <u>El Paso, TX 79936</u>			
Step 2. Provide payment information. <u>Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.</u>	Daytime Phone No.: <u>915-253-9997</u>		E-Mail Address: <u>raul@dsgraphics.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Electronic Check	CC005986430	01/31/2024	\$2,965.52
	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.)			
<u>Jmc 3/11/25</u>	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<u>[Signature]</u>		<u>Raul Marquez 3-5-25</u>	

TAX OFFICE USE ONLY: Approved Denied By: N.H Date: 3-7-25



CITY TAX OFFICE

MAR 1 1 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

Credit card

Geo No. F124-000-0070-0900	Prop ID 138678
Legal Description of the Property 7 FABENS HIGHWAY 9 TO 11 (9042.81 SQ FT) 718 SE JOHNSON ST 79838	
OWNER: OLIVO ARTURO JR	

ARTURO OLIVO JR
720 JOHNSON ST.
FABENS, TX 79838

OP
+2500

2024 OVERAGE AMOUNT \$3,529.48

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 11: FABENS ISD, 27: EMERG. SERVICES DIST. #2, 44: EL PASO CNTY WTR CNTL IMP#4

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>Jessica Olivo</u>			
	Address: <u>PO Box 2074</u>			
	City, State, Zip: <u>Fabens TX 79838</u>			
Daytime Phone No. <u>(915) 4334050</u>		E-Mail Address: <u>jessica-olivo21@yaho.com</u>		
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
	Credit Card Payment	CC006942267	02/24/2025	\$3,529.48
	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.			
<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>[Signature]</u>		<u>Jessica Olivo 3/11/25</u> ✓	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By CITY TAX OFFICE	Date: <u>NH 3-12-25</u>

MAR 1 1 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

CITY TAX OFFICE
MAR 07 2025

RAUL MARQUEZ
1376 LOMA VERDE DR
EL PASO, TX 79936

OP ✓
+2500

Geo No. H012-999-0400-2500	Prop ID 373582
Legal Description of the Property 40 HACIENDA HEIGHTS #5 LOT 13 (6670 SQ FT) 7602 MATAMOROS DR 79915	
OWNER: MARQUEZ RAUL	

2023 OVERAGE AMOUNT \$4,039.10 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>RAUL MARQUEZ</u>			
	Address: <u>1376 LOMA VERDE</u>			
	City, State, Zip: <u>EL PASO, TX 79936</u> ✓			
	Daytime Phone No. <u>915-253-9997</u>	E-Mail Address: <u>raul@dsgraphics.com</u>		
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	CC005986431	01/31/2024	\$4,039.10
	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) <u>Raul Marquez</u>		PRINTED NAME & DATE <u>RAUL MARQUEZ 3-5-25</u> ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>NW</u> Date: <u>3-7-25</u> ✓				



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

MAR 13 2025

CHAVEZ RAUL JR & PRISCILLA
 941 GERONNE DR
 EL PASO, TX 79907-3421

OP
 +2500 ✓

Geo No. L032-000-0060-0200	Prop ID 330066
Legal Description of the Property 6 LA JOLLA LOT 2 (20011.94 SQ FT)	
10548 SANTA PAULA DR 79927	
OWNER: CHAVEZ RAUL JR & PRISCILLA	

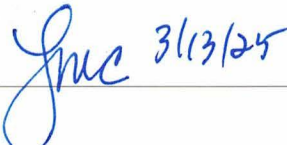
2024 OVERAGE AMOUNT \$5,240.37 ✓

4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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: Raul Chavez Jr			
	Address: 10548 Santa Paula Dr			
	City, State, Zip: El Paso TX 79927 ✓			
Daytime Phone No.: 915-600-0754		E-Mail Address: ragschavez@yghou.		
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
	Check Payment	3936	01/30/2025	\$5,240.37
	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.		
<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	
		Raul Chavez Jr, 03-11-2025 ✓		
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: N.H.	Date: 3-13-25 ✓



33

TAX OFFICE RECEIVED

MAR 03 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

Geo No. M403-999-0240-2400	Prop ID 610175
Legal Description of the Property BLK 24 MESQUITE TRAILS #5 REPLAT A LOT 24 (5359.00 SQ FT)	
12585 BROAD AUTUMN CT 79928	
OWNER: BOUNKET DEREK L	

CORELOGIC
PO BOX 9205
COPELL, TX 75019-9214

OP
+2500 ✓

2024 OVERAGE AMOUNT \$3,057.47 ✓

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:	CORELOGIC TAX SERVICES LLC		
	Address:	PO BOX 9202 ✓		
	City, State, Zip:	COPELL TEXAS 75019 ✓		
	Daytime Phone No.:	817-699-2106	E-Mail Address:	shenshwetha@corelogic.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 Fund Transfer	RG2412171564	12/18/2024	\$356,537,844.86
	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.		
	<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) <i>Abhishek</i>		PRINTED NAME & DATE 03/03/2025 ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>N.H</i> Date: <i>3-5-25</i> ✓				



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

MAR 03 2025

CATALINA DERAS
 10245 RIDGEWOOD
 EL PASO, TX 79925

Geo No. M794-999-0050-0900	Prop ID 27374
Legal Description of the Property	
5 MORNINGSIDE HEIGHTS 4 & 5 & E 10 FT OF 6 (7196.11 SQ FT)	
3517 MC KINLEY AVE 79930	
OWNER: HERNANDEZ JAVIER	
2024 OVERAGE AMOUNT \$5,299.96	

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: Catalina Deras ✓			
	Address: 10245 Ridgewood Dr. ✓			
	City, State, Zip: EL PASO, TX 79925			
Daytime Phone No.: 915 726-9103		E-Mail Address: wfgcathy2@gmail		
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	CC006675361	01/21/2025	\$5,299.96
	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	
	Catalina Deras		Catalina Deras ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N/A Date: 3-5-25 ✓				

FEB 24 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

Chattora

ARMANDO ARELLANO
4024 LAS VEGAS DR
EL PASO, TX 79902

*OP
+2500*

Geo No. P481-999-0090-0300	Prop ID 238718
Legal Description of the Property 9 PARKWOOD LOT 2 7012.50 SQ FT 10425 MEDWOOD DR	
OWNER: ARELLANO ARMANDO	

2019 OVERAGE AMOUNT \$2,783.86 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <i>Armando Arellano</i>			
	Address: <i>4024 Las Vegas Dr</i>			
	City, State, Zip: <i>El Paso TX 79902</i>			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <i>915 974 0881</i>		E-Mail Address: <i>armando@indpad.com</i>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card Payment	CC006870328	01/31/2025	\$2,783.86
	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.	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>[Signature]</i>		<i>Armando Arellano 2/17/2025</i>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <i>NLS</i> Date: <i>3-10-25</i>				

MAR 07 2025
Received RCP

JMC 3-11-25

FEB 24 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

CREDIT CARD

Geo No. P481-999-0090-0300	Prop ID 238718
Legal Description of the Property 9 PARKWOOD LOT 2 7012.50 SQ FT 10425 MEDWOOD DR 79935	
OWNER: ARELLANO ARMANDO	

ARMANDO ARELLANO
4024 LAS VEGAS DR
EL PASO, TX 79902

OP
+2500

2024 OVERAGE AMOUNT \$2,783.86

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER

Dear Taxpayer:

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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: Armando Arellano			
	Address: 4024 Las Vegas Dr.			
	City, State, Zip: El Paso TX 79902			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: 915 974 0881		E-Mail Address: armando@indpad.com	
	Payment made by:	Check No.	Date Paid	Amount Paid
	Credit Card Payment	CC006870290	01/31/2025	\$2,783.86
	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 years that you intended to pay with this overage.	<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):			
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	
			Armando Arellano 2/17/2025	
<div style="float: left; border: 1px solid black; padding: 5px; margin-right: 20px;">MAR 07 2025</div> <div style="float: left;">Received BP</div>				
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 3-10-25				

JMC 3-11-25

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

MAR 13 2025

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: Teresa del Real ✓	Phone: HOME: 9157277783 WORK:	Property ID# (One application per account) 32406
-------------------------------------	-------------------------------------	---

Address (mail refund to :) 10901 Dave Marr CT El Paso TX 79935 ✓	Property Address: And/or Legal Description: 248 N SEVILLE DR /10 SAMBRANO 4 TO 7 (12000 SQ FT)
---	--

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	02/03/2025		5959.40	5959.40 ✓
2.				
3.				

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:

I scheduled the electronic payment to be made on 01/31/2025.
 On 02/03/2025, around 8 AM, I checked and realized that the payment had not been processed.
 Because of this, I scheduled another payment. That same day, both payments were deducted.
 I called to request a refund, and they told me they would send me a letter stating that they would reimburse the duplicate payment.
 "I certify that information given to obtain this refund is true and correct."

Requestor signature: Teresa del Real

Date: 03/12/2025

Printed name: Teresa del Real

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: Juc N.H. 3/13/25

Date: 3-13-25

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: _____

MAR 11 2025

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

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: 5162-999-0170-5300

Refund To: LIMON MARIA D S ✓	Phone: HOME: 512-638-1525 WORK:	Property ID# (One application per account): 292670		
Address (mail refund to): 5421 SWEETWATER DR ELP TX 79924 ✓	Property Address: And/or Legal Description:			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	1/31/2025		\$3108.09	\$3,108.09 ✓
2.				
3.				
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 must appear)

REASON FOR OVERPAYMENT:

Please refund overpayment to the above mailing address Payment system incorrectly indicated that payment had not been processed so I went downtown to make sure payment was made

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

[Signature]

Date: 3/11/2025
3/11/25 mly

Requestor signature:
Maria del Socorro Limon

Title: Property 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: NH Date: 3-11-25
Juc 3-11-25 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: _____

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

MAR 03 2025

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:

7287-999-4930-2100

Refund To: Fatime Mullalli ✓		Phone: HOME: (915) 300 5963 WORK:	Property ID# (One application per account) 672285	
Address (mail refund to :) A CO 264th MED BN3391 WIN FIELD SC ✓		Property Address: And/or Legal Description: 14216 Charles Pollock Ave, El Paso, TX 79938		
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2024	12-18-2024		3,000.00	3,000.00
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			3,000.00	3,000.00 ✓

(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:

I made a payment on the same day that CORELOGIC processed a payment
towards the taxes, which resulted in an overpayment.

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

Requestor signature: [Signature] Date: 03-02-2025 ✓

Printed name: Fatime Mullalli 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: [Signature] Date: 3-5-25 ✓

[Signature] 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: _____



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

MAR 07 2025

RAUL MARQUEZ
 1376 LOMA VERDE DR
 EL PASO, TX 79936

OP ✓
 +2500

Geo No. V099-000-0230-0700 Prop ID 365753

Legal Description of the Property
 23 VALLE DEL SOL #4 LOT 7 (4580.00 SQ FT)
 420 VALLE KOKI DR
 OWNER: MARQUEZ RAUL

2023 OVERAGE AMOUNT \$5,327.87 ✓


4: CITY OF SOCORRO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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: Raul Marquez			
	Address: 1376 Loma Verde Dr			
	City, State, Zip: El Paso, TX 79936 ✓			
Daytime Phone No.: 915-253-9997		E-Mail Address: raul@dsgraphics.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	CC005986432	01/31/2024	\$5,327.87 ✓
	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.			
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	
 JMC 3/14/25		Raul Marquez, 3-5-25 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: N.H. Date: 3-7-25				



CITY TAX OFFICE

MAR 07 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

Geo No. V893-999-0660-0100	Prop ID 247365
Legal Description of the Property 66 VISTA DEL SOL #13 LOT 1 (10763 SQ FT)	
1952 OCTUBRE DR	
OWNER: MARQUEZ RAUL	

RAUL MARQUEZ
1376 LOMA VERDE DR
EL PASO, TX 79936

OP
+2500 ✓

2023 OVERAGE AMOUNT \$3,712.58 ✓

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.

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Raul Marquez</u>			
	Address: <u>1376 Loma Verde</u>			
	City, State, Zip: <u>EL PASO, TX 79936</u>			
	Daytime Phone No.: <u>915-253-9997</u>	E-Mail Address: <u>raul@dsignographics.com</u>		
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	CC005986433	01/31/2024	\$3,712.58
	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.		
	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) <u>Raul Marquez</u>		PRINTED NAME & DATE <u>Raul Marquez 3-5-25</u>	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.H</u>	Date: <u>3-7-25</u>

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

MAR 07 2025

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: Raul Marquez ✓		Phone: HOME: 915-253-9997 WORK: 915-253-9997		Property ID# (One application per account) 94034 ACT = V5939992880110	
Address (mail refund to :) 1376 Loma Verde El Paso, Tx 79936 ✓		Property Address: And/or Legal Description: 1648 GENE TORRES DR 288 VISTA DEL SOL #58 LOT 11 (6723 SQ)			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2023	1-31-2024	ACH	1-31-24	4,625.49	4,625.49 ✓
2.					
3.					
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:

Duplicate

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

Requestor signature: 

Date: 3-5-25

Printed name: Raul Marquez

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:  N.H.

Date: 3-7-25

(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: _____

CREDIT CARD

TAX OFFICE RECEIVED
MAR 06 2025

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

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: Xavier Gomez ✓		Phone: HOME: (915) 478-2121 WORK: (915) 694-2187		Property ID# (One application per account) 133169 W180-004-0032-0015	
Address (mail refund to): 7340 Phil Hansen ✓ Canutillo, TX 79835		Property Address: 913 Westway Blvd Canutillo, TX 79835 And/or Legal Description:			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2025	1/30/2025	181766 1/30/2025		\$4,500.-	\$4,500.-
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)				\$4,500.00	

(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: **By mistake I paid the taxes for property 133169 and Prime Exchng LLC had already paid them.**

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

Requestor signature: **[Signature]** Date: **2/24/2025**
Printed name: **Javier Gomez** 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: **N.H** Date: **3-13-25**
Jmc 3-13-25 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: _____