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



DEPARTMENT: Tax Office

AGENDA DATE: 8/5/25

PUBLIC HEARING DATE:

CONTACT PERSON NAME: Maria O. Pasillas PHONE NUMBER: 915-212-0106

DISTRICT(S) AFFECTED: All

STRATEGIC GOAL:

Goal 6 – Set the Standard for Sound Governance and Fiscal Management

SUBGOAL:

6.11 Provide efficient and effective services to taxpayers

SUBJECT:

That the tax refunds listed on the attachment posted with this agenda be approved. This action would allow us to comply with state law which requires approval by the legislative body of refunds of tax overpayments greater than \$2,500.00. (See Attachment A).

DEPARTMENT HEAD:	HORIZATION************************************
IVAIVIE	AMOUNT (\$)
REPORTING OF CONTRIBUTION OR DONATION TO CITY CONTRIBUTION TO CITY CONTRIBU	
AMOUNT AND SOURCE OF FUNDING: N/A	
PRIOR COUNCIL ACTION: Council has considered this previously on a routine basis.	
COMMUNITY AND STAKEHOLDER OUTREACH: N/A	
Approve property tax overpayment refunds greater than \$2,500 Refunds of Overpayments or Erroneous Payments.	.00, per the Texas Property Tax Code, Sec. 31.11 –

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

DEPARTMENT HEAD:

TAX REFUNDS OVER \$2,500 August 5, 2025

1.	United Rentals (North America), Inc (PT), in the amount of \$4,291.12, made an overpayment on
	January 31, 2025 of 2024 taxes.
	(Geo. # 12LK-999-1206-0934)

2. United Rentals (North America), Inc (PT), in the amount of \$25,639.05, made an overpayment on January 31, 2025 of 2024 taxes. (Geo. #2000-999-1416-0042)

Laura D. Prine

Source Valds For Maria Pasillas

Maria O. Pasillas, RTA

Laura D. Prine Maria O. Pasillas, RTA
City Clerk Tax Assessor Collector



JUL 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.
12LK-999-1206-0934

Cegal Description of the Property
DEALER HEAVY EQUIPMENT INV

6500 TROWBRIDGE DR

UNITED RENTALS NORTH AMERICA INC C/O PROPERTY TAX GROUP 10330 DAVID TAYLOR DR CHARLOTTE, NC 28262-2334

OP /

OWNER: UNITED RENTALS NORTH AMERICA INC

2024 OVERAGE AMOUNT \$4,291.12

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 PROPER	TY TAX REFUND:	This application must	pe completed, signed, a	nd submitted with suppo	rting documentation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for	Name: United Rentals (North America), Inc (PT)					
whomever will be receiving	Address: 103 Foulk Road Suite 202					
the refund.	City, State, Zip: Wilmington, DE 19803					
	Daytime Phone No.:			E-Mail Address: usunitedrentalspropertytax@deloitte		
Step 2. Provide payment	Payment made by:		Check No.	Date Paid	Amount Paid	
information. Please attach copy of cancelled	Check Payment		84930186	01/31/2025	\$4,559.02	
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 the following:					
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 with this overage.	I overpaid this account. Please refund the excess to the address listed in Step 1.					
	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):					
-			, i	1-		
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.)					
Suc 7/8/25	SIGNATURE OF R	EQUESTOR (REQU	IRED) F	PRINTED NAME & I Tyler Walsh 7/7/25	DATE	
U					✓ × × × × × × × × × × × × × × × × × × ×	
TAX OFFICE USE ONLY:	Approved	Denied B	y: NA	Date:	7-7-25	

Print Date: 02/12/2025

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MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. 2000-999-1416-0042 Prop ID 501209

Legal Description of the Property DEALER HEAVY EQUIPMENT INV

8280 E GATEWAY BLVD

UNITED RENTALS NORTH AMERICA INC C/O PROPERTY TAX GROUP 10330 DAVID TAYLOR DR **CHARLOTTE**, NC 28262-2334

OWNER: UNITED RENTALS NORTH AMERICA

2024 OVERAGE AMOUNT \$25,639.05

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

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ATTECATION FOR PROFER	This application thus be o	completed, signed, at	id stromitted with suppor	thig documentation to be valid.		
Step 1. Identify the refund recipient.	Name: United Rentals (North America,) In	c. (PT)				
Show information for whomever will be receiving	Address: 103 Foulk Road Suite 202			1/2		
the refund.	City, State, Zip: Wilmington, DE 19803	3		V		
	Daytime Phone No.:	*	E-Mail Address:usunitedrentalspropertytax@deloitte.co			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled	Check Payment	84930362	01/31/2025	\$30,948.43		
check Treceipt, online payment confirmation or bank/credit card statement.	TOTALANOTHI					
Step 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) Please check one of the following:					
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	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):					
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.)					
Inc 7/8/2	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE Tyler Walsh 7/7/25					
TAX OFFICE USE ONLY:	Approved Denied By:	NA	Date:	1-1-25 V		

Print Date: 02/12/2025