City of El Paso Agenda Summary Form

City Clerk

Submitted On:
Jun 26, 2026, 05:09PM EDT

Department / Council Office	Tax Office
Agenda Date	July 21, 2026
Email of User Submitting Form	alvaradot@elpasotexas.gov
Contact Person	Maria O. Pasillas (915) 212-0106
District(s) Affected	All Districts
Agenda Item	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 overpayment exceeding the three (3) year limit. (See Attachment A).
Issue Statement	City Council is asked to approve the tax refund list for refunds over three years per State Code.
Background	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.
Council Options	1. Approve the resolution. 2. Decline approval.
Committee Review and/or Recommendation	N/A
Community and Stakeholder Outreach (if applicable, as an attachment) – please include	N/A
Related City Policies	N/A
Prior Council Action	Council has considered this previously on a routine basis.
The City Attorney's Office has reviewed the documents and signed off on the necessary forms	Yes
Amount and Source of Funding	N/A
Enter the elected official's name followed by the amount donated.	N/A
For More Information	Maria O. Pasillas (915) 212-0106 citytaxoffice@elpasotexas.gov

TAX REFUNDS OVER THREE (3) YEARS
July 21, 2026

1. Patricia Moses, in the amount of $ 39.20, made an overpayment on April 3, 2023 of 2022 taxes.
   (Geo. #G550-000-0100-0070)

2. Patricia Moses, in the amount of $ 107.89, made an overpayment on April 3, 2023 of 2022 taxes.
   (Geo. # K216-999-0360-7300)

Laura D. Prine
City Clerk

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor /Collector

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, PATRICIA MOSES ("Taxpayer") has applied for a refund with the tax assessor for their 2022 property taxes that were overpaid on APRIL 03, 2023 in the amount of $39.20 (THIRTY NINE DOLLARS AND 20/100 CENTS) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2022 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 PATRICIA MOSES showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2022 taxes and the tax refund in the amount of $39.20 (THIRTY NINE DOLLARS AND 20/100 CENTS) is approved.

APPROVED this _____ day of _____, 20___.

CITY OF EL PASO:

_____
Renard U. Johnson
Mayor

ATTEST:

_____
Laura D. Prine
City Clerk

APPROVED AS TO CONTENT:

Maria O. Pasillas
_____
Maria O. Pasillas, RTA
Tax Assessor/Collector

APPROVED AS TO FORM BY THE CITY ATTORNEY'S OFFICE

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

TAX OFFICE RECEIVED
SEP 29 2023

Geo No.	Prop ID
G550-000-0100-0070	138488

Legal Description of the Property
10 GOULD S 45 FT OF 7 & N 15 FT OF 8 (6600 SQ FT)

520 MARGARITA ST

OWNER: MOSES PATRICIA

SARAH VALENZUELA
5030 ROCK HOLLOW LN
IDAHO FALLS , ID 83401

OP
+3yrs

2022 OVERAGE AMOUNT $39.20

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 16: ANTHONY ISD, 17: TOWN OF ANTHONY, 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: Patricia Moses
Address: 5030 Rock Hollow Ln
City, State, Zip: Idaho Falls ID 83401 ✓
Daytime Phone No.: 505-453-2264 E-Mail Address:

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	5288246	4/3/23	$2174.49
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:

	I paid this account in error and I am entitled to the refund.
X	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):

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): Sarah Valzula Trustee
PRINTED NAME & DATE: Trustee Sarah Valenzuela 9/23/23

CITY TAX OFFICE
JUN 05 2026
Received RP

TAX OFFICE USE ONLY: ☑ Approved ☐ Denied By: N.H Date: 6-5-26

v52.1.8

Print Date: 04/04/2023

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, PATRICIA MOSES ("Taxpayer") has applied for a refund with the tax assessor for their 2022 property taxes that were overpaid on APRIL 03, 2023 in the amount of $107.89 (ONE HUNDRED AND SEVEN DOLLARS AND 89/100 CENTS) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2022 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 PATRICIA MOSES showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2022 taxes and the tax refund in the amount of $107.89 (ONE HUNDRED AND SEVEN DOLLARS AND 89/100 CENTS) is approved.

APPROVED this _____ day of _____, 20___.

CITY OF EL PASO:

_____
Renard U. Johnson
Mayor

ATTEST:

_____
Laura D. Prine
City Clerk

APPROVED AS TO CONTENT:

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

APPROVED AS TO FORM BY THE CITY ATTORNEY'S OFFICE

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

TAX OFFICE RECEIVED
SEP 29 2023

Geo No.	Prop ID
K216-999-0360-7300	197721

Legal Description of the Property
36 KERN PLACE 19 & 20 & E 10 FT OF 21 (7200 SQ FT)

918 MC KELLIGON DR

OWNER: PATRICIA A MOSES REVOCABLE TRUST

PATRICIA MOSES
5030 ROCK HOLLOW LN
IDAHO FALLS , ID 83401

OP
+ 3yrs

2022 OVERAGE AMOUNT $107.89

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.

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Who should the refund be issued to:

Name: Patricia Moses
Address: 5030 Rock Hollow Ln.
City, State, Zip: Idaho Falls, ID 83401 ✓
Daytime Phone No.: 505-453-2264 E-Mail Address:

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	EC-5288248	4/3/23	5,987.27
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:

- [ ] I paid this account in error and I am entitled to the refund.
- [x] 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):

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): Sarah Valenzuela Trustee
PRINTED NAME & DATE: Sarah Valenzuela Trustee 9/25/23

CITY TAX OFFICE
JUN 05 2026
Received POP

TAX OFFICE USE ONLY: [✓] Approved [ ] Denied By: N.N Date: 6-5-26

v52.1.8

Print Date: 09/18/2023