

TAX REFUNDS
May 9, 2023

1. Children's Eye Center of El Paso c/o Violeta Radenovich-MD, in the amount of \$6,368.10 made an overpayment on January 17, 2023 of 2022 taxes.
(Geo. #1997-999-1664-0034)
2. Michelle Fluekiger, in the amount of \$3,019.41 made an overpayment on January 31, 2023 of 2022 taxes.
(Geo. #M395-999-0250-3200)



Laura D. Prine

Laura D. Prine
City Clerk

Maria O. Pasillas

Maria O. Pasillas, RTA
Tax Assessor Collector

catched
OP
+2500

TAX OFFICE
RECEIVED
APR 27 2023

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: <i>Childrens Eye Center OF EL PASO c/o Violeta Radenuovich-mo.</i>	Phone: HOME: <i>915-543-3085</i> WORK: <i>915-577-9672</i>	Property ID# (One application per account) <i>493341</i> <i>1997-999-1664-0034</i>		
Address (mail refund to): <i>1 MINTA Perdida Dr EL PASO, TX 79902</i>	Property Address: <i>1250 E. CLIFT DR. STE 40 EL PASO, TEXAS 79902-4106</i>	Legal Description: <i>INV CMP FURN MACH VEH</i>		
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. <i>2022</i>	<i>1/17/23</i>	<i>CREDIT CARD pmt.</i>	<i>6,368.10</i>	<i>6,368.10</i> ✓
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:

*We paid the tax twice on Jan 17, 2023.
using two different credit cards, please
Refund one (thru)*

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

Requestor signature: *[Signature]* Date: *4/27/23*
Printed name: *Wayne Germaino* Title: *Exec. Dir.* ✓

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: *4-28-23*

JMC 5/1/23

(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.

TAX OFFICE
RECEIVED

APR 28 2023

Received POP



CITY TAX OFFICE

APR 19 2023

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

MICHELLE K FLUEKIGER
11661 OCHRE BLUFF LN
EL PASO, TX 79934

Geo No. M395-999-0250-3200	Prop ID 622447
Legal Description of the Property BLK 25 MESQUITE HILLS #5 LOT 32 11661 OCHRE BLUFF LN 79934	
OWNER: FLUEKIGER CHARLES & MICHELLE	

OP ✓
+2500

2022 OVERAGE AMOUNT \$3,019.41 ✓

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: Michelle Fluekiger			
	Address: 11661 Ochre Bluff Ln ✓			
	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.:	210 393 9720	E-Mail Address:	mkfluekiger@hotmail.com
	Payment made by:	Check No.	Date Paid	Amount Paid
	Echeck	0005110279	1/31/23	\$ 3,019.41
	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	
Jmc 4/24/23 X [Signature]		X Michelle Fluekiger 16 APR 23 ✓		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: N.D. Date: 4-21-23 ✓		