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

AGENDA DATE: February 13, 2024 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

DEPARTMENT HEAD: \\ \landsymbol{\lambda} \cdot \lambda \cd

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

TAX REFUNDS February 13, 2024

1. MJ Real Properties Inc, in the amount of \$8,103.19 made an overpayment on August 25, 2023 of 2022 taxes. (Geo. #95)

2. El Paso Paper Boy, in the amount of \$3,621.13 made an overpayment on January 17, 2024 of 2023 taxes.

(Geo. #1995-999-1288-0034)

3. Lily Dominguez, in the amount of \$6,946.13 made an overpayment on January 22, 2024 of 2023 taxes.

(Geo. #N425-999-0390-2400)

4. Border Investors Capital LLC, in the amount of \$6,296.13 made an overpayment on January 23, 2024 of 2023 taxes.

(Geo. #S779-000-0200-1300)

5. Lorena Ortiz, in the amount of \$3,721.19 made an overpayment on December 25, 2023 of 2023 taxes.

(Geo. #T527-999-0410-8800)

Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

JAN 25 2024

OP 42500

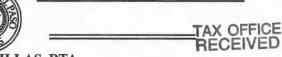
THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Suite 300

El Paso, Texas 79901

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

			CATION FOR				
			rty taxes for all eli	gible property	taxing ent	tities within El Paso County.	
APPLICANT MUST PRO	VIDE THE FOLLOWING IN	FORMATION:	, and the same			I CONTRACTOR OF THE CONTRACTOR	
Refund To: MJ Real Properties Inc.		Phone: HOME: WORK: 915-590-2444			Property ID# (One application per account) Unknown		
		Dropody A	ddra an i				
Address (mail refund to :) 1151 Kessler Dr El Paso, TX 79907		Property Address: And/or Legal Description: Unknown					
Tax year requested:	Date payment made:	Check No.	& Date, if known:	Amount of tax	es paid:	Amount of refund requested:	
1. 2022	08/25/2023	Online	08/25/2023	\$8,103.19		\$8,103.19	
2				1			
3.						1/	
,	TOTAL AMOU	JNT (sum of the	ne above amounts)	\$8,103.19		\$8,103.19	
	ERPAYMENT:	When ma	mount owed of \$4	for Acct. NO.	S56-2002	ne must appear) 2-0230-0400 The amount that comes out the same time. I am attaching proof	
Requestor signal	D- ture:				Date:	1/25/24	
Lorena Bolanos	manifestation and a second and a				Office Manager		
Printed name:	ny person knowingly submi	ittinu falsa anti	ies is subject to: [1] In	nousanment of 7	Title:	or \$5,000 line, or both	
	up to one year, or fine not o	ver \$2,000, or		l Code) An applica	ntion far a r	refund must be made within 3 years after	
TAX OFFICE Entry:	REF	JND APPROV	/ED				
Tax Office Approval:				Date: 1-29-20			
(Placed on City Council Agenda over \$2,500)					Date:		
() DISAPPROVEI () Required () Record o		rned to sen receipt, Cand and on this p	celed Check, Bank property.	See below/atta		ot submitted.	
	indigrafiante angula in mangaban da a sa ana						



MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901

JAN 2 9 2024

Prop ID

519776

PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. 1995-999-1288-0034

Legal Description of the Property INV CMP FURN MACH SIGN

OWNER: EL PASO PAPER BOX INC

24 ZANE GREY ST

EL PASO PAPER BOX INC C/O PAUL MALOOLY 24 ZANE GREY ST EL PASO, TX 79906-5226

2023 OVERAGE AMOUNT \$3,621.13

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 PROPER	TY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.					
Step 1. Identify the refund	Who should the refund be issued to:					
recipient.	Name: E/ Paso Paper Box					
Show information for whomever will be receiving	Address: 0					
the refund.	City, State, Zip: 81 Paso 1x 79906					
	Daytime Phone No. (515) 474 13 94 E-Mail Address: privare Copbin					
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid					
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	SEE ATTACHO CODIES					
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	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.)					
Xue 1/20/24	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE PRINTED NAME & DATE PRINTED NAME & DATE					
	The state of the s					
TAX OFFICE USE ONLY:	Approved Denied By: N.H. Date: 1-29-24					

THE CITY OF EL PASO CONSOLIDATED TA

221 N. Kansas, Suite 300

APPLICATION FOR TAX REFUND

JAN 2 5 2024

90

El Paso, Texas 79901 + 2500 Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

The Con APPLICANT MUST PRO	VIDE THE FOLLOWING INF	FORMATION:					
Refund To: LILY DOMINGUEZ		Phone: HOME: (415) 6 13-8325 WORK:			Property ID# (One application per account) 345665 N425-999-0390-2400		
Address (mail refund to :) 4641 LOMA LINDA		Property Address: And/or Legal Description: 4641 LOMA LINDA					
ax year requested:	Date payment made: Check No. & Date, if kno		& Date, if known:	Amount of taxes paid:		Amount of refund requested:	
. 2023	01/22/2024	1232		\$6,946.13		\$6,946.13	
2.							
3.							
	TOTAL AMOU	JNT (sum of the above amounts)				\$6,946.13	
			iginal receipt, fron			proval required if over \$2,500)	
BANKING ERRO	DR .						
"I certify that into Requestor signal Lily Merinted name:	formation given to obte ture: Doming u e Any person knowingly submit up to one year, or fine not o	itting false entr	ries is subject to: (1) Im both. (Sec 37:10 Penal	nprisonment c I Code) An apj	Title: of 2 to 10 years, o plication for a refe	und must be made within 3 years after	
"I certify that information Requestor signal Lily Merinted name:	formation given to obt Lure: Doming ue Any person knowingly submit up to one year, or fine not of the date of the	itting false entr	ries is subject to: (1) im both. (Sec 37.10 Penal the taxpayer waives th	nprisonment c I Code) An apj	Title: of 2 to 10 years, o plication for a refe	r \$5,000 fine, or both. und must be made withim3 years after	
"I certify that information Requestor signal Lily Merinted name:	formation given to obte Lure: Doming ue Any person knowingly submit up to one year, or fine not of the Company Refu	itting false entr over \$2,000, ar the payment or JND APPROV	ries is subject to: (1) im both. (Sec 37.10 Penal the taxpayer waives ti	nprisonment c I Code) An apj	Title: of 2 to 10 years, o plication for a refe	r \$5,000 fine, or both. und must be made withim3 years after	
"I certify that inf Requestor signal Lily M Printed name: (2) Imprisonment TAX OFFICE Entry: Tax Office Approval:	formation given to obte ture: Doming ue Any person knowingly submit up to one year, or fine not of the date of the	itting false entriver \$2,000, ar the payment or JND APPROV	ries is subject to: (1) im both. (Sec 37.10 Penal the taxpayer waives ti	nprisonment c I Code) An apj	Title: of 2 to 10 years, o plication for a refe	r \$5,000 fine, or both. und must be made within 3 years after 1 (c)).	

JAN 25 2024

0P +2500

Application for Tex Refund-WebVer

THE CITY OF EL PASO CONSOLIDATED TAX OFFICE

221 N. Kansas, Sulte 300 El Paso, Texas 79901

APPLICATION FOR TAX REFUND

Phone (915) 212-0106, Fax (915) 212-0108, Email: taxforms@elpasotexas.gov

Border Investors Capital LLC HOME: (915).855-8236 WORK: Property Address: And/or Property Address: And/or Po Box 960277, El Paso, TX 79996-0277 Regulested: Date payment made: Check No. & Date, if known: Amount of taxes paid: Amount of refund requested: 1. 2023 D1/23/2024 E-Check D1/23/2024 B-Check D1/23/2024 B-C	der Investors Capital LLC der Investors Capital LLC der Investors Capital LLC WORK: Property Address: Ander Son P60277, El Paso, TX 79986-0277 Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Box 960277, El Paso, TX 79986-0277 Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Box 960277, El Paso, TX 79986-0277 Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Box 960277, El Paso, TX 79986-0277 Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Box 960277, El Paso, TX 79928 Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Box 960277, El Paso, TX 79928 Legal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Amount of refund requested: (Chy Cauncil approach of over \$2,500) REQUESTD: Capy of original recept, front & back of regulated block, OR bank story of regulated block, OR bank story over name must appear) The property mentioned above has no association whatsoever with Border Investors Capital LLC. According that information given to obtain this refund is true and correct.* Li Zukuth fina- Title: Title: Title: According that information given to obtain this refund is true and correct.* Li Zukuth fina- Title: Title: According that information given to obtain this refund is true and correct.* According the property and planting face entrays subset to (1) impropertion of the property of property and the mane within 3 your after the property of property and the mane within 3 your after the property of property and the mane within 3 your after the property of property and the mane within 3 your after the property of of overpayment into found on this property. (1) Record of overpayment not found on this property. (2) Property not found as identified, resubmit after correction.	The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.							
Border Investors Capital LLC ### HOME: (915) 855-8236 ### WORK ### Address (mail refund to :) ### Property Address:	der Investors Capital LLC HOME: (915) 855-8236 WORK 707919 85 799-000-0200-3200 Property Address: Ansier Ansi	APPLICANT MUST PRO	VIDE THE FOLLOWING INF	ORMATION:				-	
PO Box 960277, El Paso, TX 79986-0277 Tex year requested: Date psyment made: Check No. & Date; if known: Amount of taxes paid: Amount of refund requested: 1, 2023 01/23/2024 E-Check 01/23/2024 E-Ch	Property Address: Ander Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Box 960277, El Paso, TX 79996-0277 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story Avenue, El Paso, TX 79928 Lagal Description: 13849 Summer Story	Refund To:		Phone: HOME: (915) 855-8236			707919		
1. 2023 01/23/2024 E-Check 01/23/2024 \$6,296.13 \$6,296.13 2. TOTAL AMOUNT (sum of the above amounts) \$6296.13 \$6,296.13 TOTAL AMOUNT (sum of the above amounts) \$6296.13 \$6,296.13 REQUIRED. Copy of original receipt, front & back of aegotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear) REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invert Capital LLC. This is not property of Border investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Linguistor signature: Linguistor signature: Linguistor signature: Title: Any parson knowingly submitting false entries is subject to (3 Impresonment of 2 to 10 years or \$5,000 from not over \$3,000 or both (5x 37 10 Princi Could be application for application of the distinct of the claim of the parameters the trapsper scares the right to the reford (see 31 1) (c) TAX OFFICE Entry: (YREFUND APPROVED () Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted. () 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.	TOTAL AMOUNT (sum of the above amounts) TOTAL AMOUNT (sum of the above amounts) S6296.13 (City Council approval required if over \$2,500) REQUIRED. Copy of original receipt, front & back of regotiated check, OP bank statement showing item cleared (both the bank & corpayer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border Investors Capital LLC. It certify that information given to obtain this refund is true and correct.* Lizabeth Pina Title: Title: Approvable bankingly submitting (ofter entres is subject to (i) impresonment up to one year, or fine not over 3000, or both (50 27 to Penal Cate) An application for a refund must be name within 3 wears after the date of the pariment on the targetys submitting to the refund (see 31 to (4)). W. OFFICE Entry: V. PREFUND APPROVED Office Approval: Date: 1-29-24			And/or 13849 Summer Stony					
1. 2023 01/23/2024 E-Check 01/23/2024 \$6,296.13 \$6,296.13 2. TOTAL AMOUNT (sum of the above amounts) \$6296.13 \$6,296.13 TOTAL AMOUNT (sum of the above amounts) \$6296.13 \$6,296.13 REQUIRED. Capy of original receipt, front & back of aegotiated check, OR bank statement showing item cleared flowth the bank & tax payer name must appear) REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invert Capital LLC. This is not property of Border investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Printed name: Title: Act Manager Printed name: Title: Approximation for over \$2,000, or both (\$62.37.10 Panel Could Amognication for a refund must be made within 3 years of the distingthing false entries is subsect to (3) impresonment of 2 to 10 years or \$5,000 pine, or both (\$62.37.10 Panel Could Amognication for a refund must be made within 3 years of the distingthing false entries is subsect to (3) impresonment of 2 to 10 years or \$5,000 pine, or both (\$62.37.10 Panel Could Amognication for a refund must be made within 3 years of the distingthing false entries is submitted to the refund to the refund (see 31.11 fc) TAX OFFICE Entry: (YREFUND APPROVED () 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.	TOTAL AMOUNT (sum of the above amounts) TOTAL AMOUNT (sum of the above amounts) S6296.13 (City Council approval required if over \$2,500) REQUIRED. Copy of original receipt, front & back of regotiated check, OP bank statement showing item cleared (both the bank & corpayer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border Investors Capital LLC. It certify that information given to obtain this refund is true and correct.* Lizabeth Pina Title: Title: Approvable bankingly submitting (ofter entres is subject to (i) impresonment up to one year, or fine not over 3000, or both (50 27 to Penal Cate) An application for a refund must be name within 3 wears after the date of the pariment on the targetys submitting to the refund (see 31 to (4)). W. OFFICE Entry: V. PREFUND APPROVED Office Approval: Date: 1-29-24	Tax year requested:	Date navment made:	Check No. & Date if known: Amount of		faxes paid:	Amount of refund requested:		
TOTAL AMOUNT (sum of the above amounts) \$6296.13 \$6,286.13 (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 & toxpayer name must appear) REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invent Capital LLC. This is not property of Border investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Printed name: Acct Manager Printed name: Title: Any person knowingly submitting false entres is subject to (3) impresonment of \$2.00 years or \$5,000 (no. or both the taken of the date of the parametric the late of the parametric the la	TOTAL AMOUNT (sum of the above amounts) REQUIRED. Copy of original receipt. Front & back of negotiated check, OR founds statement showing item cleared (both the bank & taxpayer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border investors Capital LLC. It certify that information given to obtain this refund is true and correct.* Ling by person knowing the content of the bank of the person of the name within 3 years of the color of the dains of the pannet on the dains of the pannet on the bank of the person of the name within 3 years of the the person of the name within 3 years of the color of the				7				
TOTAL AMOUNT (sum of the above amounts) SE296.13 SEQUIRFD. Copy of original receipt. Front & back of negotiated cheek, OR brank statement showing item cleared (both the bank & toxpayer name must appear) REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invent Capital LLC. This is not property of Border investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Printed name: Title: Title: Title: Tay person knowingly submitting false entries is subject to (1) impresonment of 2 to 10 year, or 55,000 false, or both (5ct 57 10 Printed Late) for a refund must be made within 5 years on the date of the parament on the turpayer wavers the right to the referred fast \$1.1(3). TAX OFFICE Entry: (Placed on City/Counții Agenda over \$2,500) () DISAPPROVED () Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted. () 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.	REQUIRED. Copy of original receipt, from & back of negatiated check, OR bank statement showing item cleared (both the bank & toxpayer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border investors Capital LLC. It certify that information given to obtain this refund is true and correct." Consider the constant of th		O MEGIZORY		0172072024	30,200,10		00,200.10	
TOTAL AMOUNT (sum of the above amounts) (City Council approval required if over \$2,500) REQUIRED. Copy of original receipt. Front & back & toxpoyer name must appear) REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invert Capital LLC. This is not property of Border investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Printed name: In purson knowing twent to obtain this refund is true and correct. Printed name: In purson knowing to submitting false entracts subject to (1) impresonment of 2 to 10 years or \$5,000 (suc, or both (62) impresonment up to one year, or fine nor over \$2,000 or both (52) 37 10 Panal Cadel An application for a refund must be made within 3 years or the date of the purson of the date of the	REQUIRED. Copy of original receipt, from & back of negatiated check, OR bank statement showing item cleared (both the bank & toxpayer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border investors Capital LLC. It certify that information given to obtain this refund is true and correct." Consider the constant of th],							
(City Council approval required if over \$2,500) REQUIRED. Copy of original receipt. Front & back of negotiated check, OR book statement showing item cleared (both the bank & toxpayer name must appear) The property mentioned above has no association whatsoever with Border Invert Capital LLC. This is not property of Border Investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Lizably Printed name: Title: Any person knowingly submitting false entries is subject to (i) impresonment of 2 to 10 years or \$5,000 or both (set 37 10 Penal Code) An application for a refund must be more within 3 years of the date of the payment on the toxpayer sources the right to the refund lase \$1.1 (c) TAX OFFICE Entry: (Placed on City Countyl Agenda over \$2,500) () DISAPPROVED () Required documentation (Tax receipt, Canceled Check, Bank Statement, or Other) not submitted. () Property not found as Identified, resubmit after correction.	REQUIRED. Copy of original receipt, from & back of negatiated check, OR bank statement showing item cleared (both the bank & toxpayer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border investors Capital LLC. It certify that information given to obtain this refund is true and correct." Consider the constant of th		TOTAL AMOU	NT (sum of the	he above amounts)	\$6296.13		\$6,296.13	
REASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invent Capital LLC. This is not property of Border investors Capital LLC. "I certify that information given to obtain this refund is true and correct." Lizable "I certify that information given to obtain this refund is true and correct." Lizable "I certify that information given to obtain this refund is true and correct." Lizable Printed name: Title: Any person knowingly administing false entries is subject to (1) improvement of 2 to 10 years or 55,000 flore, or both (2) Improvement up to one year, or fine not over \$3,000, or both (55,37.10 Prints) duel for application for a refund must be made within 3 years on the date of the payment or the tarpeyer subject. The refund for \$1.10 (1) TAX OFFICE Entry: (Placed on City Countil Agenda over \$2,500) () DISAPPROVED () 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.	BEGUIRED. Copy of original receipt, front & back of negotiated check, DR bank statement shawing item cleared (both the bank & corpoyer name must appear) ASON FOR OVERPAYMENT: The property mentioned above has no association whatsoever with Border Invertors Capital LLC. This is not property of Border investors Capital LLC. It certify that information given to obtain this refund is true and correct." Date: Date: Date: Azut Manager Title: Any parson anawagiv submitting (also entres is subject to (3) impropriet of 2 or 30 year, or 55 000 pm. or both (5% 37 30 pm.a) Code (1 an application) for a refund must be made within 3 years after the time of the parsoned in the turpoyer submits to region (see \$1.1) (c) WOFFICE Entry: Office Approval: Date: Date: Date: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				la l				
"I certify that information given to obtain this refund is true and correct." Lizably Property of the prince of the payment o	Contify that information given to obtain this refund is true and correct." Contify that information given to obtain this refund is true and correct." Contify that information given to obtain this refund is true and correct." Contify that information given to obtain this refund is true and correct." Contify that information given to obtain this property Contify the payment of the true payer subsenting and the payment of the true payer subsenting and the payment of the payment of the true payer subsenting and the payment of		bank statement s ERPAYMENT:	howing iter	nowing item cleared (both the bank & taxpayer name must appe			e must appear)	
(2) Impresenting 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 a the date of the payment or the tarpayer waves the right to the refund (Sec 31.11 (c)) TAX OFFICE Entry: (YREFUND APPROVED Date: (Placed on City Countil 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.	(2) Improcument up to one year, or fine not over \$2,000, or both (5ec 37.10 Penal Code) An application for a refund must be made within 3 years after the date of the payment or the tarpoyer waves the right to the refund (sec 31.11 (c)). AX OFFICE Entry: (VREFUND APPROVED Date: 1-29-24 Loced on City Countil Agenda over \$2,500)) DISAPPROVED () Returned to sender () See below/attached () Required documentation (Tax recelpt, 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:	Eliza						Act Manger V	
Tax Office Approval: Date: 1–29-3 (Placed on City Countil 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.	Office Approval: Date: Date: 1-29-24 Date: Da	(2) Improonment	up to one year, or fine not ov the date of the	ec \$3,000, or e payment or	both (Sec 37-10 Pena the taxpoyer waives fi		olication for a n	efund must be made within 3 years after	
(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.	Jaced 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:	·	-2	ND APPRO	VED			. 22 21	
() 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.) 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:		fue 100						
		() Required () Record of () Property	d documentation (Tax re of overpayment not fou	ecelpt, Can nd on this p	celed Check, Bank property.			ot submitted.	
					*				

CITY TAX OFFICE

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300

JAN 0 8 2024

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

LORENA I ORTIZ 1449 PEDRO FIGARI EL PASO, TX 79936

+3200 Ob
 Geo No.
 Prop ID

 T527-999-0410-8800
 133362

Legal Description of the Property

41 TOBIN PARK #2 LOT 30

5703 LEXINGTON RD

OWNER: ORTIZ LORENA

2023 OVERAGE AMOUNT \$3,721.19

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 PROPER	TY TAX REFUND: This application	must be completed, signed, and	d submitted with supp	orting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:							
recipient. Show information for	Name: Lorena ORtiz							
whomever will be receiving	Address: 1449 Pedro Figari							
the refund.	City, State, Zip: 60 PASO TX 701936							
	Daytime Phone No.:		E-Mail Address:					
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled check, original receipt, online	ECheck	5645387	12-29-23	\$3,721.19				
payment confirmation or bank/credit card statement.	TOTALA	MOUNT PAID (sum of th	e above amounts)					
Step 3. Provide reason for	Please check one of the following:							
this refund.	I paid this account in error and I am entitled to the refund.							
Please list any accounts and/or 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.	By signing below, I hereby apply f							
Unsigned applications per be processed.	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.)							
be processed.								
JAN 2 2 2024	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE LOSENO ORTIZ							
Received POP				V 2 311 V				
TAX OFFICE USE ONLY:	Approved Denied	By: N.12	Date:	1-23-24				

v52.1.8 MC 1/24

Print Date: 01/02/2024