

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

**AGENDA DATE:** February 27, 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

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:** Sheryl R. Mack for Maria O. Pasillas

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

TAX REFUNDS  
February 27, 2024

1. El Paso Paper Box Inc, in the amount of \$3,621.13 made an overpayment on January 17, 2024 of 2023 taxes.  
(Geo. #1995-999-1288-0034)
2. Arnaldo Gallardo, in the amount of \$5,117.53 made an overpayment on January 31, 2024 of 2023 taxes.  
(Geo. #A520-999-0570-1900)
3. Basilio & Elsa Silva, in the amount of \$6,269.83 made an overpayment on January 23, 2024 of 2023 taxes.  
(Geo. #C801-999-0130-1900)
4. Flowar Properties LLC, in the amount of \$3,597.12 made an overpayment on January 29, 2024 of 2023 taxes.  
(Geo. #F607-999-0240-0100)
5. Jorge L. Carrillo, in the amount of \$32,510.60 made an overpayment on November 7, 2023 of 2023 taxes.  
(Geo. #G128-000-0050-2600)
6. Roberto Rodriguez, in the amount of \$5,316.60 made an overpayment on January 9, 2024 of 2023 taxes.  
(Geo. #L478-999-0130-0200)
7. Fred Loya Insurance Agency, Inc., in the amount of \$13,420.97 made an overpayment on January 5, 2024 of 2023 taxes.  
(Geo. #M473-999-0380-4900)
8. Lourdes Delgadillo, in the amount of \$5,599.90 made an overpayment on January 15, 2024 of 2023 taxes.  
(Geo. #M638-999-0070-1700)
9. Elizabeth Salas, in the amount of \$4,347.05 made an overpayment on January 29, 2024 of 2023 taxes.  
(Geo. #V893-999-5360-0800)

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Laura D. Prine  
City Clerk

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



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

JAN 29 2024

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

OP  
+2500 ✓

Geo No. 1995-999-1288-0034	Prop ID 519776
Legal Description of the Property INV CMP FURN MACH SIGN  24 ZANE GREY ST  OWNER: EL PASO PAPER BOX INC	
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 PROPERTY TAX REFUND:

This application must be completed, signed, and submitted with supporting documentation to be valid.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	<b>Who should the refund be issued to:</b>			
	Name: <u>El Paso Paper Box</u>			
	Address: <u>24 Zane Grey St</u>			
	City, State, Zip: <u>El Paso TX 79906</u>			
	Daytime Phone No. <u>915 5474 1394</u>		E-Mail Address: <u>rmalooley@elpaso.gov</u>	
<b>Step 2. Provide payment information.</b> 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 _____			
	<u>SEE ATTACHED COPIES</u>			
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
<b>Step 3. Provide reason for this refund.</b> 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):			
<b>Step 4. Sign the form.</b> 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>Rivera Rivera 1/29/24</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>1-29-24</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

FEB 06 2024

Credit Card

ARNALDO GALLARDO  
7766 ROSEDALE STREET  
EL PASO, TX 79915

OP ✓  
+2500

Geo No. A520-999-0570-1900	Prop ID 147802
Legal Description of the Property 57 ALTURA PARK 6 TO 8 (9360 SQ FT)  2706 N PIEDRAS ST	
OWNER: BAKED POTATO LLC	

2023 OVERAGE AMOUNT \$5,117.53 ✓

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.

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	<b>Who should the refund be issued to:</b>		
	Name: <u>ARNALDO GALLARDO</u>		
	Address: <u>7766 ROSEDALE ST</u>		
	City, State, Zip: <u>EL PASO TX.</u>		
	Daytime Phone No.: <u>915 255 7115</u>	E-Mail Address:	
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid
	<u>Credit Card</u> ✓	<u>5967489</u>	<u>01/31/24</u>
			Amount Paid
			<u>\$5117.53</u>
	TOTAL AMOUNT PAID (sum of the above amounts)		
<b>Step 3. Provide reason for this refund.</b> 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):		
<b>Step 4. Sign the form.</b> 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>ARNALDO GALLARDO</u> ✓
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>NIS</u> Date: <u>2-7-24</u>



JAN 31 2024

## 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

OP ✓  
+2500

## 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: Basilio & Elsa Silva ✓	Phone: 915-241-5100 HOME: 915-581-2663 WORK: 915-592-0321	Property ID# (One application per account) 391295 C801-999-0130-1900
Address (mail refund to): 6015 Escondido Dr. El Paso TX 79912 ✓	Property Address: 6015 Escondido Dr. And/or El Paso, TX 79912 Legal Description: 13 Coronado Club Ests #2 Lot 10	
Tax year requested: 1. 2023 2. 3.	Date payment made: Jan. 23, 2024 Check No. & Date, if known: online Amount of taxes paid: \$6,269.83 Amount of refund requested: 6,269.83 ✓	
TOTAL AMOUNT (sum of the above amounts)		6,269.83

(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 paid Taxes twice

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

Elsa Silva & Basilio A. Silva  
Requestor signature:

Date: 1-30-2024

Elsa Silva & Basilio A. SILVA  
Printed name:

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.  
JMC 2/9/24

Date:

1-31-24 ✓

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

TAX OFFICE  
RECEIVED

FEB 02 2024

## 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:

F607-999-0240-0100

<b>Refund To:</b> Flomar Properties LLC	<b>Phone:</b> 915-701-1337 HOME WORK	<b>Property ID#</b> (One application per account) 76089
<b>Address (mail refund to:)</b> 1200 E. Yandell Drive, El Paso TX 79902	<b>Property Address:</b> 5129 Roger Maris Dr and/or <b>Legal Description:</b>	

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	1/29/2024		7194.24	3,597.12 ✓
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:** Double Payment on Tax

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

**Requestor signature:**  **Date:** 2/2/2024  
**Printed name:** Gabriel Warnock **Title:** Property Manager ✓

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:** (X) REFUND APPROVED

**Tax Office Approval:**  **Date:** 2-8-24 ✓  
**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: \_\_\_\_\_



FEB 01 2024



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. Prop ID  
G128-000-0050-2600 652935

## Legal Description of the Property

BLK 5 GARDEN PARK AT MISSION RIDGE #1  
LOT 26

724 LYMINGTON RD 79928

OWNER: CARRILLO JORGE L

2023 OVERAGE AMOUNT \$32,510.60

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 15: EMFRG SERVICES DIST #1, 39: PASEO DEL ESTE MUD #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: Jorge L. Carrillo  
Address: 724 Lymington Road  
City, State, Zip: El Paso TX 79928

Daytime Phone No.: 915-779-3596

E-Mail Address: attorney.mckinley@yahoo.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

## TOTAL AMOUNT PAID (sum of the above amounts)

Please check one of the following:

☐ I paid this account in error and I am entitled to the refund☒ 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), describe (list 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 &amp; DATE

2/1/2024

TAX OFFICE USE ONLY:

Approved

Denied

By

N.H.

Date:

2-6-24



TAX OFFICE  
RECEIVED

JAN 11 2024

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

ROBERTO RODRIGUEZ  
14272 HUNTER CRK  
EL PASO, TX 79938

OP ✓  
+ 2500

Geo No. L478-999-0130-0200	Prop ID 258721
Legal Description of the Property 13 LOMA LINDA #3 LOT 2 (4510.75 SQ FT)  3604 ANGEL FACE ST	
OWNER: RODRIGUEZ ROBERT	

2023 OVERAGE AMOUNT \$5,316.30

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to?																		
	Name: ROBERTO RODRIGUEZ ✓																		
	Address: 14272 HUNTER CRK ✓																		
	City, State, Zip: EL PASO, TX 79938																		
	Daytime Phone No.: 915 496 7272		E-Mail Address: robrod14272@gmail.com																
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<table><tr><td>Payment made by:</td><td>Check No.</td><td>Date Paid</td><td colspan="2">Amount Paid</td></tr><tr><td>Echeck</td><td>5687389</td><td>1-4-24</td><td colspan="2">\$5,316.30</td></tr><tr><td colspan="5">TOTAL AMOUNT PAID (sum of the above amounts)</td></tr></table>				Payment made by:	Check No.	Date Paid	Amount Paid		Echeck	5687389	1-4-24	\$5,316.30		TOTAL AMOUNT PAID (sum of the above amounts)				
Payment made by:	Check No.	Date Paid	Amount Paid																
Echeck	5687389	1-4-24	\$5,316.30																
TOTAL AMOUNT PAID (sum of the above amounts)																			
<b>Step 3. Provide reason for this refund.</b> 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):																		
<b>Step 4. Sign the form.</b> 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. )																		
<b>CITY TAX OFFICE</b>  JAN 31 2024 Received POP	SIGNATURE OF REQUESTOR (REQUIRED) 		PRINTED NAME & DATE ROBERTO RODRIGUEZ. 8 JAN 24 ✓																
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: NA	Date: 1-31-24 ✓															



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

FEB 07 2024

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:  Fred Loya Insurance Agency, Inc		Phone: HOME: WORK: (915) 629-5130		Property ID# (One application per account)  249618 <u>M473-999-0380-4900</u>	
Address (mail refund to :)  1800 Lee Trevino - El Paso, TX 79936		Property Address: And/or Legal Description: 416 E SAN ANTONIO AVE EL PASO, TX 79901			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2023	1/11/2024	942447 1/5/2024		\$13,420.97	\$13,420.97
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)					\$13,420.97 ✓

(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: 2023 property taxes were paid in error.

Property was sold to Legate Co Texas LLC on 10/13/2022.

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

Requestor signature:

Eric Sanchez

Printed name:

Date: 02/07/2024 ✓

Agent

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:

Maria O. Pasillas

Date:

2/8/2024 ✓

JMC 2/9/24

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:

Credit Card

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

FEB 05 2024  
7m

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:  LOURDES DELGADILLO	Phone: HOME: WORK:	Property ID# (One application per account)  100211  M638-999-0070-1700		
Address (mail refund to :)	Property Address: And/or Legal Description: 2801 HAWICK			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	01/15/2024		\$5,599.90	\$5,599.90
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)				\$5,599.90

(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:

DOUBLE PAYMENT

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

Requestor signature:

Date:

Lu2 de Lourdes Miranda De Delgadillo Feb 25 '2024  
Printed name: 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: Date: 2-7-24

(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:



TAX OFFICE  
RECEIVED

FEB 09 2024

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

ELIZABETH SALAS  
11308 MENLO AVE  
EL PASO, TX 79936

OP  
+2500 ✓

Geo No. V893-999-5360-0800	Prop ID 103046
Legal Description of the Property 536 VISTA DEL SOL #126 LOT 8 (5968.50 SQ FT)  12246 RUSSOLO DR  OWNER: SALAS CESAR A & ELIZABET S	

2023 OVERAGE AMOUNT \$4,347.05 ✓

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

<b>Step 1. Identify the refund recipient.</b> Show information for whomever will be receiving the refund.	Who should the refund be issued to: Name: <u>Elizabeth Salas</u> Address: <u>11308 Menlo Ave.</u> City, State, Zip: <u>El Paso TX 79936</u> Daytime Phone No.: <u>(915) 329-0995</u> E-Mail Address: <u>eliza.salas@gmail.com</u>
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by: <u>E Check</u> Check No. <u>5885547</u> Date Paid <u>1-29-24</u> Amount Paid <u>\$4,347.05</u> <u>Ref# 5884773</u> TOTAL AMOUNT PAID (sum of the above amounts)
<b>Step 3. Provide reason for this refund.</b> 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):
<b>Step 4. Sign the form.</b> 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>[Signature]</u> PRINTED NAME & DATE <u>Elizabeth Salas 2/5/2024</u>
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H</u> Date: <u>2-9-24</u>	