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

AGENDA DATE: March 12, 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 A).

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:

Shery R. Mack for Maria O. Pasillas

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

TAX REFUNDS March 12, 2024

- Jennifer English, in the amount of \$3,877.78 made an overpayment on January 31, 2024 of 2023 taxes. (Geo. #10SS-999-1150-5634)
- Paul A. Cabrera, in the amount of \$4,105.35 made an overpayment on January 26, 2024 of 2023 taxes. (Geo. #C518-999-1440-5700)
- Lorenza Olivas, in the amount of \$4,620.85 made an overpayment on December 28, 2023 of 2023 taxes. (Geo. #A462-999-1520-2100)
- Jessica Sevillano, in the amount of \$2,959.88 made an overpayment on January 31, 2024 of 2023 taxes. (Geo. #H453-999-0370-9900)
- Thomas Levy, in the amount of \$3,402.46 made an overpayment on January 24, 2024 of 2023 taxes. (Geo. #H453-999-1040-8500)
- Rosa M. Moreno, in the amount of \$3,250.00 made an overpayment on January 19, 2024 of 2023 taxes. (Geo. #P585-000-0170-5600)
- Rosa M. Moreno, in the amount of \$3,250.19 made an overpayment on January 19, 2024 of 2023 taxes. (Geo. #P585-000-0170-5600)
- Maria Monreal, in the amount of \$4,136.25 made an overpayment on January 16, 2024 of 2023 taxes. (Geo. #P654-999-0400-1900)
- Jaime Marquez, in the amount of \$10,898.26 made an overpayment on February 1, 2024 of 2023 taxes. (Geo. #R343-999-0010-1800)
- K.E. Andrews, in the amount of \$53,863.58 made an overpayment on January 31, 2024 of 2023 taxes. (Geo. #V893-999-3410-0100)
- 11. Michael Kotowski, in the amount of \$4,883.55 made an overpayment on January 31, 2024 of 2023 taxes. (Geo. #V894-999-0150-1000)

here R. Mack for Maria O. Pasillas

Maria ঔ. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

)		FFICE
	MARIA O. PASIL OF EL PASO TAX ASSI 221 N. KANSAS, EL PASO, TX 6 FAX: (915) 212-0107	ESSOR CO STE 300	DLLECTOR FEB 2	2 2024
FII: (915) 212-010	0 FAX: (915) 212-0107	Cman. tax	Geo No. 10SS-999-1150-5634	Prop II 617417
			Legal Description of the 1 #6388 INV FURN MACH SIG	
JENNIFER ENGLISH 145 E SUNSET RD.			5415 DYER ST	
I45 E SUNSE I RD. EL PASO, TX 79922	08	\checkmark	OWNER: SUBWAY	

2023 OVERAGE AMOUNT \$3,877.78

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 TA	X REFUND:	This application	must be comp	leted, signed,	and submitted with su	porting docume	entation to be valid.
Step 1. Identify the refund	Who	should the r	efund be issued to		Sugar 1		PROFIL TO	
show information for	Name	LLI T	Enterprise	es Inc.	dbr \$	subway 6	388	
whomever will be receiving	Addre		E Sunse			200 PMB 2	,	./
the refund.	City,	State, Zip:	El Paso		79922			
			10.: 915 494		- 110	E-Mail Address	english	Gway.com
Step 2. Provide payment		ent made by			heck No.	Date Paid		int Paid
information.	,	T . I .	le	~~~~~	2000	1-31-24	42	877.78
Please attach copy of cancelled check, original receipt, online	t	Echec	K	599 -	7502	1-31-01	(0)	8 7 7 8
payment confirmation or							100	2
bank/credit card statement.				MOUNT PA	ID (sum of	the above amounts	\$387	-9.78
Step 3. Provide reason for	Please	e check one	of the following:			· · · · · · · · · · · · · · · · · · ·		11
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	X	X 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 have given on this form is true and correct. (If you make a false statement on this application, you could be guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)					you could be found		
Pro Inter	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE							
Jan 2/23/24	Act	when	Unglio			Jennifer En	glish	2/15/24
D '	0	.0	0			(
TAX OFFICE USE ONLY:	V	Approved	Denied	By:	4.4	Date:	3-23	2-24

V

	ARIA O. PASILLAS, RTA PASO TAX ASSESSOR CO 221 N. KANSAS, STE 300 EL PASO, TX 79901 X: (915) 212-0107 Email: taxfo	EED 23	
		Geo No. A462-999-1520-2100	Prop ID 277073
LORENZA OLIVAS 4304 BUCKINGHAM DR EL PASO , TX 79902	DP V	Legal Description of the P 152 ALEXANDER 7 & 8 (634 2115 N STANTON ST	
	+2500	OWNER: THE LORENZA OL TRUST	JVAS 2021 LIVING

2023 OVERAGE AMOUNT \$4,620.85

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:

APPLICATION FOR PROPER	TY TAX REFUND: This application	on must be completed, signed, an	nd submitted with sup	porting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued	to:				
recipient. Show information for	Name: 1. SRENE	ZA OLIVAS		/		
whomever will be receiving		Buckinghon	n DR			
the refund.	City State 7in.		'50Z			
	Daytime Phone No.:		E-Mail Address:	V		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled check, original receipt, online	ECheck	5635362	6-28-23	\$4,620.85		
payment confirmation or bank/credit card statement.	TOTAL	AMOUNT PAID (sum of th	ne 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 have given on this form is true an guilty of a Class A misdemeanor	d correct. (If you make a fal	lse statement on thi	s application, you could be found		
fue strepy	SIGNATURE OF REQUESTOR		RINTED NAME 8			
	1					
TAX OFFICE USE ONLY:	Approved Denied	By: N.H	Date:	2-23-24		

	= =		EB 2 2 2024
	MARIA O. PASILLAS, R F EL PASO TAX ASSESSOR 221 N. KANSAS, STE 30 EL PASO, TX 79901 6 FAX: (915) 212-0107 Email: t	0	
		Geo No. C518-999-1440-5700	Prop ID 220543
		Legal Description of the 144 CIELO VISTA PARK # SQ FT)	
CABRERA PAUL A 9265 MCFAL DR		9265 MC FALL DR	
EL PASO , TX 79925	6P V +2500	OWNER: CABRERA PAUL	. A
	Sharl IN	2023 OVERAGE A	AMOUNT \$4,1

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 PASO

Dear Taxpayer:

APPLICATION FOR PROPER	TY TAX REFUND: This applica	tion must be completed, signed, a	and submitted with supp	porting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issue	d to:				
recipient. Show information for whomever will be receiving the refund.	Name: PAULA.	Cebreva				
	Address: 9265 W	riFall	V			
	City, State, Zip: 5/ Pu	50, N. 79425	r			
	Daytime Phone No.: (915)	309-8278	E-Mail Address:	peloren773@grai		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled check, original receipt, online	cheet	107	1/26/24	4,105.35.		
payment confirmation or bank/credit card statement.		L AMOUNT PAID (sum of (the above amounts)			
Step 3. Provide reason for	Please check one of the following	ng:				
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. Hyggaplay	By signing below, I hereby appl have given on this form is true a guilty of a Class A misdemeand SIGNATURE OF REQUESTO	and correct. (If you make a fa or or a state jail felony under t R (REQUIRED)	alse statement on this the Texas Penal Code PRINTED NAME &	s application, you could be found e, Sec. 37.10.)		
TAX OFFICE USE ONLY:	Approved Denie	ed By: N.L.	Date:	2.22-24		

		CITY TAX OFFICE
CITY OF E	MARIA O. PASILLAS, RTA L PASO TAX ASSESSOR COLLE 221 N. KANSAS, STE 300 EL PASO, TX 79901	
OUdut (1000 PH: (915) 212-0106 F.	H4 Le	Weipasotexas.gov eo No. Prop ID 453-999-0370-9900 118088 egal Description of the Property HIGHLAND PARK 31 TO 32 (6000 SQ FT)
JESSICA SEVILLANO 2600 SAN JOSE EL PASO , TX 79930	0P 1 +2500 01	WNER: CJES INVESTMENTS LLC-SERIES ESIDENTIAL
	~	2023 OVERAGE AMOUNT \$2,959.88

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:

APPLICATION FOR PROPER	TY TAX RE	FUND: Thi	is application i	must be complet	ed, signed, a	and submitted with su	pporting documentation	ion to be valid.
Step 1. Identify the refund	Who shoul	d the refund	be issued to:		and the second second			
recipient. Show information for	Name:	Jess	ica	Sevi	llan	0,		
whomever will be receiving	Address:	2600	50	in Jo	se	Ave		
the refund.	City, State,	Zip: E	1 Pa	SO T	X			
	Daytime P	hone No.:		05-610	17	E-Mail Addres	Sevilleno 1	271 Damast
Step 2. Provide payment	Payment n				eck No.	Date Paid	Amount P	aid
information. Please attach copy of cancelled check, original receipt, online	Cred	it ca	sd	5957	136	01/31/2	4 \$ 295	9.88
payment confirmation or bank/credit card statement.			TOTAL AN	MOUNT DAT) (sum of	the above amount	()	
Step 3. Provide reason for	Please che	ck one of the		NOUNT TAI	o (suii oi	the above amount	3)	
this refund.	Ipa	id this accou	int in error a	nd I am entitle	d to the ref	fund.		1
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):							
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Step 4. Sign the form. Unsigned applications cannot be processed.	have given	on this form	is true and o	correct. (If yo	u make a f	-described taxes an false statement on the the Texas Penal Co	his application, you	
guezinta	SIGNATU	RE OF REQ	UESTOR (R	REQUIRED)		PRINTED NAME	& DATE Sevillano	00/04/2
\bigcirc	1							V
TAX OFFICE USE ONLY:	Appro	oved	Denied	By:	N.12	Date:	2-12-2	24

CITY OF EL	ARIA O. PASILLAS, F PASO TAX ASSESSOR 221 N. KANSAS, STE 3 EL PASO, TX 79901 X: (915) 212-0107 Email:	COLLECTOR	TAX OFFICE RECEIVED JAN 3 1 2024
	(,	Geo No. H453-999-1040-8500	Prop ID 130833
THOMAS LEVY		Legal Description of the 104 HIGHLAND PARK 29 2506 ALTURA AVE 7993	& 30
P.O. BOX 100 MESILLA PARK , NM 88047	07	OWNER: LEVY TED ENT	ERPRISES INC

2023 OVERAGE AMOUNT \$3,402.46

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:

APPLICATION FOR PROPERT	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. Show information for whomever will be receiving the refund.	Name: Thomas Levy Address: P.O. Box 100 City, State, Zip: Mesilla Park AM 88047
Step 2. Provide payment	Daytime Phone No.: 575 650 6666 E-Mail Address: recorrection Qual Payment made by: Check No. Date Paid Amount Paid
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	
bank/credit card statement.	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. Unstant Ypp TAXOG TAFIC 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.)
FEB 2 0 2024	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE 1-29-24 Showers L. Levy Thomas L Levy 1-29-24
TAX OFFICE USE ONLY:	Approved Denied By: NH. Date: 2-20-24
V5218 The He	Print Date: 01/25/2024

			COFFICE
	MARIA O. PASILLAS, R OF EL PASO TAX ASSESSOR 221 N. KANSAS, STE 3(EL PASO, TX 79901 06 FAX: (915) 212-0107 Email:	COLLECTOR 00	3 1 4 2024 vr
	100 IAA. (915) 212-0107 Email.	Geo No. P585-000-0170-5600	Prop ID 342234
MORENO ROSA M		Legal Description of the J 17 PASEO DEL ESTE #3 LO FT)	T 56 (5828.67 SQ
13745 PASEO DE VIDA DR EL PASO , TX 79928-8429	0P / +2500	13745 PASEO DE VIDA DE	
		2 2023 OVERAGE A	Q.,

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

Dear Taxpayer:

APPLICATION FOR PROPER	FY TAX REFUND: This applicat	tion must be completed, signed, a	nd submitted with supp	porting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued	d to:		1		
recipient. Show information for whomever will be receiving	Name: Rosa U. 1	Horeno				
	Address: 13745 Pas					
the refund.	City, State, Zip: El Pas		3	0		
	Daytime Phone No (95) 3	355-9297		rosamoreno 915/2,		
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information. Please attach copy of cancelled check, original receipt, online	Bill Pary	86871	1/19/24	\$32-50.00		
payment confirmation or bank/credit card statement.	TOTAI	AMOUNT PAID (sum of t	the above amounts)			
Step 3. Provide reason for	Please check one of the followin			TELEVISION OF A DESCRIPTION OF A DESCRIP		
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	ve been applied to other tax ac	count(s) and/or year	(s), escrow (listed below):		
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby appl have given on this form is true a guilty of a Class A misdemeand SIGNATURE OF REQUESTOR	nd correct. (If you make a fa or or a state jail felony under t	alse statement on this	s application, you could be found e, Sec. 37.10.)		
Juco 2/23/20	Rua M. Ma	vue	Rosa H.			
	1, 1, 1.			V.		
TAX OFFICE USE ONLY:	Approved Denie	d By: N	Date:	2-1524		

			TAX OFFICE RECEIVED
CITY OF EL I	ARIA O. PASILLAS, R PASO TAX ASSESSOR 21 N. KANSAS, STE 3 EL PASO, TX 79901 (915) 212-0107 Fmail:	COLLECTOR 00	FEB 1 4 2024
111. (71.) #12-0100 171.	()13) 212 -0107 Email.	Geo No. P585-000-0170-5600	Prop ID 342234
MORENO ROSA M 13745 PASEO DE VIDA DR EL PASO , TX 79928-8429	691	Legal Description of the 17 PASEO DEL ESTE #3 L FT) 13745 PASEO DE VIDA I	OT 56 (5828.67 SQ
	+2500	OWNER: MORENO ROSA	АМ
		1) 2023 OVERAGE	AMOUNT \$3,250.19

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

Dear Taxpayer:

APPLICATION FOR PROPER	FY TAX REFUND: This application	must be completed, signed,	and submitted with suppor	ting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to);					
recipient. Show information for	Name: Rosa U. Uo	reno					
whomever will be receiving	Address: 13745 Pase			./			
the refund.		5 TX 7992	8				
	Daytime Phone No. 915/ 35			USamoren09158			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled	BillPan	86870	1/19/24	\$ 32.50.19			
check, original receipt, online or or or other states of the second second second second second second second s	0						
pank/credit card statement.	TOTAL A	MOUNT PAID (sum of	the above amounts)				
Step 3. Provide reason for:	Please check one of the following:						
his refund. Please list any accounts and/or	V 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 f have given on this form is true and guilty of a Class A misdemeanor of	correct. (If you make a	false statement on this a	application, you could be found			
0	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & I	DATE			
Uno128/24'	Roampart)	Rosa U.I	loveno			
The second second							
TAX OFFICE USE ONLY:	Approved Denied	By: N.L	Date:	2-15-24			

	CITY	TAX OFFICE
MARIA O. PASILLAS, I	RTA	3 2 0 2024
221 N. KANSAS, STE 3 EL PASO, TX 79901	800	
FAA: (915) 212-0107 Email	Geo No. P654-999-0400-1900	Prop ID 60544
	3136 EADS PL	
90		ĸ
+2500	OWNER: MONREAL AN	A M
	221 N. KANSAS, STE 3 EL PASO, TX 79901 FAX: (915) 212-0107 Email	MARIA O. PASILLAS, RTA EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov Geo No. P654-999-0400-1900 Legal Description of th 40 PEBBLE HILLS #4 LO 3136 EADS PL

2023 OVERAGE AMOUNT \$4,136.25

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 PROPER	TY TAX REFUND: This application	on must be completed, signed, a	and submitted with supp	porting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued	to:					
recipient. Show information for	Name: María W	Jonkal		1			
whomever will be receiving		CADS PL					
the refund.	City, State, Zip: EI P.	ASO + × 7993	5				
		-996-3863		Monreal maria e Ya			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled check, original receipt, online	E Cheell	5754846	1-16-H	\$4,136.25			
payment confirmation or bank/credit card statement.	TOTAL	AMOUNT PAID (sum of t	the above amounts)	41136.25			
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 have given on this form is true an guilty of a Class A misdemeanor	d correct. (If you make a fa	alse statement on this	application, you could be found			
0	SIGNATURE OF REQUESTOR	(REQUIRED)	PRINTED NAME &				
Ruc 2/23/24	Moria mondel		Maria Mo.	nxal 1/24/24			
TAX OFFICE USE ONLY:	Approved Denied	By: N.H	Date:	2.20.24			

V

	MARIA O. PASILLAS,	RTA	B 15 2024
	OF EL PASO TAX ASSESSÓI 221 N. KANSAS, STE 3 EL PASO, TX 79901 06 FAX: (915) 212-0107 Email	300	
		Geo No. R343-999-0010-1800	Prop II 163936
		Legal Description of the I I RESLER RIDGE LOT 18 (1	
JAIME MARQUEZ		6950 CANYON RIDGE WA	Y
1708 BASSETT EL PASO, TX 79901	0P		
	+2500		

2023 OVERAGE AMOUNT \$10,898.26

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:

APPLICATION FOR PROPERTY	Y TAX REFUND:	This application	1 must be completed,	signed, and s	submitted with sup	porting documentation	on to be valid.
Step 1. Identify the refund	Who should the ref	und be issued to	D:				
recipient.	Name: TAI	ne Mr	ARDUGZ				
Show information for whomever will be receiving	Address: /70		SSETT	Are		1	/
	City, State, Zip:	61 6	7		1901	1/	
	Daytime Phone No.	CI F	4307	1		Pla. 200	Allace
		9157	559983 Chec		E-Mail Address: Date Paid		C 44 HOO. C
Step 2. Provide payment P information.	ayment made by:				Date Paid	Amount Pa	
Please attach copy of cancelled	Echeck		400058	5	2-1-24	\$10898	3.24
payment confirmation or							
bank/credit card statement.		TOTAL A	MOUNT PAID (sum of the	above amounts)		
Step of a route route of tor	Please check one of	the following:					
this refund. Please list any accounts and/or	V I paid this ad	count in error a	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):						
Unsigned applications cannot h be processed.	By signing below, I have given on this f guilt y of a Class A SIGNATURE OF R	orm is true and misdemeanor o	correct. (If you r or a state jail felony REQUIRED)	nake a false y under the '	statement on thi	s application, you e, Sec. 37.10.)	
TAX OFFICE USE ONLY:	Approved	Denied	By:	LICA	Date:	2-16-24	V

MARIA O. PASILLAS, CITY OF EL PASO TAX ASSESSO 221 N. KANSAS, STE EL PASO, TX 7990 PH: (915) 212-0106 FAX: (915) 212-0107 Emai		u 3
TAX OFFICE RECEIVED	Geo No. Prop V893-999-3410-0100 3003	
FEB 2 2 2024	Legal Description of the Property 341 VISTA DEL SOL #69 N 309.26 FT OF LOT 1 (175420.48 SQ FT)	
K.E. ANDREWS & CO 2424 RIDGE ROAD ROCKWALL , TX 75087	1341 ZARAGOZA RD 79936	
OP +2500/	OWNER: GOAL BUILDING SERVICES O PASO LLC	F EL

2023 OVERAGE AMOUNT \$53,863.58

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 PROPER	TY TA	X REFUND: This applicat	ion mus t be completed, signo	d, and submitted with s	upporting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to: Name: KE Abd recu3						
recipient. Show information for							
whomever will be receiving	Addr		0000		/		
the refund.	City,	State, Zip:	. TX 1507				
	Dayti	me Phone No.: 41,9	8-1786	E-Mail Addres	ss: 11115 a Kepton Com		
Step 2. Provide payment		ent made by:	Check No.	Date Paid	Amount Paid		
Information. Please attach cópy of cancelled check, original receipt, online	× 4. ~	E Andrews	100981		\$ 1101,280-73		
payment confirmation or bank/credit card statement.		TOTAL	AMOUNT PAID (sum o	of the above amount	s)		
Step 3. Provide reason for	Pléas	e check one of the followin	<u>Ľ</u>				
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.	have	d certify that the information I his application, you could be found ode, Sec. 37.10.)					
fuc2/22/24	SIGN	ATURE OF REQUESTOR	R (REQUIRED)	PRINTED NAME			
		/			V		
TAX OFFICE USE ONLY:	1	Approved Denied	d By: <u>N.N</u>	Date:	2-23-24		

Print Date: 02/06/2024

		CITY TAX OF	FICE
	(*)	FEB 2 0 2)24
	MARIA O. PASILLAS, RT EL PASO TAX ASSESSOR O 221 N. KANSAS, STE 300 EL PASO, TX 79901)	2
PH: (915) 212-0106 F.	AX: (915) 212-0107 Email: ta	Geo No. V894-999-0150-1000	Prop-1D 140942
		Legal Description of the P	roperty
		15 VISTA GRANADA #2 REF (7738 SQ FT)	LAT A LOT 10
MICHAEL KOTOWSKI 1336 JAMES KELLEY		1336 JAMES KELLEY DR	
EL PASO , TX 79936	90		
	+2500	OWNER: KOTOWSKI MICH	AEL J
-		2023 OVERAGE AN	10UNT \$4.883.

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:

APPLICATION FOR PROPER	TY TA	X REFUND:	This applicati	on must be comple	ed, signed, a	and submitted with su	pporting document	tation to bo valid.
Step 1. Identify the refund	Who	should the re	fund be issued	to:			and the second of the	
recipient. Show information for	Name	: Micha	el Kotou	uski			1	
whomever will be receiving	Addr	ess: 133		5 Kelley	Dr.	1		
the refund.	City,	State, Zip: E		TX 79936		V		
	Dayti	me Phone No	1.915-276	0-1672		E-Mail Addres	s: mikotou	ski@gmail.e
Step 2. Provide payment	Paym	ent made by:		Cl	ieck No.	Date Paid	Amour	
information. Please attach copy of cancelled check, original <u>receipt, online</u> payment confirmation or	E	check	-	59432	42	1-31-24	\$4,8	83.55
bank/credit card statement.			TOTAL	AMOUNT PAIL	D (sum of t	he above amount	s)	
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	X	I overpaid t	his account. Pl	lease refund the e	xcess to the	e address listed in S	Step 1.	V
with this overage.	I want this payment applied to next year's taxes.							
		This payme	nt should have	e been applied to	other tax ac	count(s) and/or ye	ar(s), escrow (lis	sted below):
Step 4. Sign the form. Unsigned applications cannot be processed.	have	d certify that the his application, y de, Sec. 37.10.)	ou could be found					
Jave	SIGN	ature of that	REQUESTOR Voton	(REQUIRED)		2/15/202	4	
V 2126/24	/	r 0			,	Michael Ka	to wski	
TAX OFFICE USE ONLY:		Approved	Denied	By:	41.4	Date:	2.	23-24