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: There 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

1. Jennifer English, in the amount of \$3,877.78 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. #10SS-999-1150-5634)

2. 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)

3. Lorenza Olivas, in the amount of \$4,620.85 made an overpayment on December 28, 2023 of 2023 taxes.

(Geo. #A462-999-1520-2100)

4. Jessica Sevillano, in the amount of \$2,959.88 made an overpayment on January 31, 2024 of 2023 taxes.

(Geo. #H453-999-0370-9900)

5. Thomas Levy, in the amount of \$3,402.46 made an overpayment on January 24, 2024 of 2023 taxes.

(Geo. #H453-999-1040-8500)

6. 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)

7. 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)

8. Maria Monreal, in the amount of \$4,136.25 made an overpayment on January 16, 2024 of 2023 taxes.

(Geo. #P654-999-0400-1900)

9. Jaime Marquez, in the amount of \$10,898.26 made an overpayment on February 1, 2024 of 2023 taxes.

(Geo. #R343-999-0010-1800)

10. 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)

Laura D. Prine
City Clerk

Maria O. Pasillas, RTA
Tax Assessor Collector



MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR

FEB 2 2 2024

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 10SS-999-1150-5634 617417

Legal Description of the Property #6388 INV FURN MACH SIGN

5415 DYERST

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

+2500

Dear Taxpayer:

JENNIFER ENGLISH 145 E SUNSET RD. EL PASO, TX 79922

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, sig	ined, and submitted wi	ith supporting docum	ientation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:								
recipient. Show information for	Name: LCI Enterprises Inc. Low Subway 6388								
whomever will be receiving	Address: 145 E			F200 PM		. /			
the refund.	City, State, Zip:		Tx 799	27					
	Daytime Phone No	1000	The state of the s	F-Mail Ad	Idress: english elpsu	j@			
Step 2. Provide payment	Payment made by:	715 9019	Check N			unt Paid			
information.				1 01	W -12	-22 25/			
Please attach copy of cancelled	Echeck		599750	1-31-8	7 33,	877.78			
check, original receipt, online payment confirmation or									
bank/credit card statement.		TOTAL AN	MOUNT PAID (sui	m of the above amo	ounts) \$383	19.78			
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	X I overpaid th	X I overpaid this account. Please refund the excess to the address listed in Step 1.							
with this overage.	I want this p	I want this payment applied to next year's taxes.							
	This paymen	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 given on this	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.)							
0. 1 (SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE								
Thic 2/13/24	ternson !	englio		Jenniler	English	2/15/24/			
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TAX OFFICE USE ONLY:	Approved	Denied	Ву:	, <u>H</u> . Da	ate: 3-2	2-24			

Print Date: 02/12/2024

v52.1.8



MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR

FEB 2 3 2024

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

Geo No. **Prop ID** A462-999-1520-2100 277073

Legal Description of the Property 152 ALEXANDER 7 & 8 (6344 SQ FT)

2115 N STANTON ST

LORENZA OLIVAS 4304 BUCKINGHAM DR EL PASO, TX 79902

OWNER: THE LORENZA OLIVAS 2021 LIVING TRUST

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:

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	n must be completed, signed, ar	nd 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: LORENZ	A OLIVAS							
whomever will be receiving	Address: 43 04 6	Buckinghon	n DR						
the refund.	City, State, Zip:		902						
	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	ECheck	5635362	6-28-23	\$4,620.85					
check, original receipt, online payment confirmation or									
bank/credit card statement.	TOTAL A	MOUNT PAID (sum of the	he 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 in have given on this form is true and guilty of a Class A misdemeanor of	l correct. (If you make a fa	lse statement on this	s application, you could be found					
fue stre by	SIGNATURE OF REQUESTOR (RINTED NAME &	6 1					
TAX OFFICE USE ONLY:	Approved Denied	ву: И.Н	Date:	2-23-24					

Print Date: 01/02/2024 v52.1.8

FEB 2 2 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 C518-999-1440-5700 220543

Legal Description of the Property

144 CIELO VISTA PARK #BB LOT 29 (9735 SQ FT)

9265 MC FALL DR

OWNER: CABRERA PAUL A

+2500

2023 OVERAGE AMOUNT \$4,105.35

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:

CABRERA PAUL A

9265 MCFAL DR **EL PASO, TX 79925**

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, a	ind 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: Paul A. C	Celereva	,					
whomever will be receiving	Address: 9265 mu	Full	V	, /				
the refund.	City, State, Zip: 5/ Paso	1. M. 79425	,					
	Daytime Phone No.: (915) 30		E-Mail Address:	perbren777@gman				
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copy of cancelled	check	107	1/2/0/24	4,105.35.				
check, original receipt, online			11201-1	1712				
payment confirmation or bank/credit card statement.	TOTALA	MOUNT DAID (sum of t	the above emounts)					
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. 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 fa	alse statement on this	s application, you could be found				
Ingaz124	SIGNAPURE OF REQUESTOR (Printed NAME &	DATE (2/22/24)				
	V	V . 1		· · · · /				
TAX OFFICE USE ONLY:	Approved Denied	Ву: И.[4.	Date:	5.23-54				

Print Date: 02/02/2024

v52.1.8



CITY TAX OFFICE

FEB 1 2 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. H453-999-0370-9900 Prop ID 118088

Legal Description of the Property

37 HIGHLAND PARK 31 TO 32 (6000 SQ FT)

2600 SAN JOSE AVE

JESSICA SEVILLANO 2600 SAN JOSE EL PASO, TX 79930

+2500

OWNER: CJES INVESTMENTS LLC-SERIES RESIDENTIAL

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:

Outlitero

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. Show information for	Name: Jessica sevillano.						
whomever will be receiving	Address: 2600 San Jose Ave						
the refund.	City, State, Zip: E1 Paso Tx						
	Daytime Phone No.: (915) 305-6187 E-Mail Address: Sevilleno 1231 Equal						
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid						
information.	(red; + cord / 5957136 pulsulary \$ 2959.88"						
Please attach copy of cancelled check, original receipt, online	Credit Card 5957136 01/31/24 \$ 2959.88						
payment confirmation or							
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.)						
Shozirlay	Jessica Seullino Jessica Sevillano 00/04/2						
TAX OFFICE USE ONLY:	Approved Denied By: N.15 Date: 2-12-24						

Print Date: 02/01/2024



JAN 3 1 2024

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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

Prop ID Geo No. H453-999-1040-8500 130833

Legal Description of the Property 104 HIGHLAND PARK 29 & 30

2506 ALTURA AVE 79930

THOMAS LEVY P.O. BOX 100 MESILLA PARK, NM 88047

06 +2500

OWNER: LEVY TED ENTERPRISES INC

2023 OVERAGE AMOUNT \$3,402.46

Print Date: 01/25/2024

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.

Step 1. Identify the refund	Who:	should the rel	fund be issued to	Ö:		· 484.6	THE PARTY OF THE P
recipient.	Name	: Tho	mas 1	evy	,		/
Show information for whomever will be receiving	Addre	ess:	DO Bo	4 100	1	i	V
the refund.	City,	State, Zip:	Mesi	1	< A/V	18804	<i>F</i> 7
		me Phone No			6	E-Mail Address	recome fico e Que
Step 2. Provide payment		ent made by:	. 5 15	Check		Date Paid	Amount Paid
information.	1 dylli	made by		Check	110.	Date Fuld	
Please attach copy of cancelled check, original receipt, online payment confirmation or	C	redut	-Card	58206	50	1124/24	#3402.46
bank/credit card statement.			TOTAL A	MOUNT PAID (s	um of the a	bove amounts)	
Step 3. Provide reason for	Please	check one o	f the following:	<u> </u>			
this refund.		I paid this a	ccount in error	and I am entitled to	the refund.	1	
Please list any accounts and/or years that you intended to pay	V					Iress listed in Ster	1
with this overage.	1	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):					
		Tills payine	itt silouid ilave	been applied to other	T tax accou	it(s) and or year(sy, escrow (fisted below).
	D		T. harrahar and alar	Courth of the Court of the	ahawa daga		and G. that the information I
Step 4. Sign the form. Unsigned Ypp AXOG THE	have	gning below,	form is true and	for the retund of the l correct. (If you n	above-desc	statement on this	ertify that the information I
be processed.	guilty	of a Class A	misdemeanor	or a state jail felony	under the T	'exas Penal Code,	Sec. 37.10.)
FEB 2 0 2024	SIGN	ATURE OF	REQUESTOR	(REQUIRED)	DRI	NTED NAME &	DATE
FEB 2 0 2024	1	Showe	s.	Leve	1	Lomas	Levy 1-29-20
Received Pol	MTP or a	/		O			

FEB 14 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 P585-000-0170-5600 342234

Legal Description of the Property

17 PASEO DEL ESTE #3 LOT 56 (5828.67 SQ FT)

MORENO ROSA M 13745 PASEO DE VIDA DR EL PASO, TX 79928-8429

+2500

13745 PASEO DE VIDA DR

OWNER: MORENO ROSA M

2023 OVERAGE AMOUNT \$3,250.00

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:

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:	nis application must be e	ompleted, signed, ar	nd submitted with supp	orting documentation to	be valid.			
Step 1. Identify the refund	Who should the refund	l be issued to:							
recipient.	Name: Rosa U. Horeno								
Show information for whomever will be receiving	Address: 13745				1/				
the refund.	City, State, Zip:								
	Daytime Phone No.	15 255-97	297		rosa moveno	950			
Step 2. Provide payment	Payment made by:	(13) 203 (Check No.	Date Paid	Amount Paid	1. (3)			
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Bill Pan	r 84	2871	1/19/24	\$3250.	00			
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.	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. Unsigned applications cannot be processed.	By signing below, I he have given on this form guilty of a Class A mi	n is true and correct.	(If you make a fal	lse statement on this	application, you could				
	SIGNATURE OF REC	QUESTOR (REQUIR		RINTED NAME &		/			
Juca 2 23 20	Rusa M.	Morece		Rosa H.	Moreno	V			
		11		•	1 mm.	V			
TAX OFFICE USE ONLY:	Approved	Denied By:_	N.	Date:	2-15-24	7 le 1 1 2 2			

Print Date: 01/22/2024

FEB 1 4 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 P585-000-0170-5600 342234

Legal Description of the Property 17 PASEO DEL ESTE #3 LOT 56 (5828.67 SQ

MORENO ROSA M 13745 PASEO DE VIDA DR EL PASO, TX 79928-8429

6PV

13745 PASEO DE VIDA DR

OWNER: MORENO ROSA M

2023 OVERAGE AMOUNT \$3,250.19 DICAL CENTER OF EL PASO, 9: SOCORRO ISD, 14:

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:

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 comp	leted, signed, and	submitted with suppo	rting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be	e issued to:	10000					
recipient. Show information for	Name: Rosa U	. Uoreno						
whomever will be receiving	Address: 13745 (lida					
the refund.	City, State, Zip: E1	Paso TX						
	Daytime Phone No. Q			E-Mail Address:	osamoreno 915/			
Step 2. Provide payment	Payment made by:		Check No.	Date Paid	Amount Paid			
information. Please attach copy of cancelled check, original receipt, online	Bill Pay	8687	D	1/19/24	\$ 32-50.19			
payment confirmation or bank/credit card statement.	7	TOTAL AMOUNT D	ID (sum of the	above amounts)				
Step 3. Provide reason for'	Please check one of the following:							
this 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.		s true and correct. (If	you make a false	statement on this	ertify that the information I application, you could be found Sec. 37.10.)			
0	SIGNATURE OF REQU		PRI	INTED NAME & I	DATE			
Jun 2/23/24"	Roamma	reco	R	losa H.	Moveno			
		10-7			/1			
PAX OFFICE USE ONLY:	Approved	Denied By:	N.L	Date:	2-15-24			

Print Date: 01/22/2024

v52.1.8



CITY TAX OFFICE

FEB 2 0 2024

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR

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

Prop ID Geo No. P654-999-0400-1900 60544

Legal Description of the Property 40 PEBBLE HILLS #4 LOT 10 (8400 SQ FT)

3136 EADS PL

MARIA MONREAL 3136 EADS PL

EL PASO, TX 79935

+2500

OWNER: MONREAL ANA M

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.

Step 1. Identify the refund	Who	should the refund be iss	ued to:		nd submitted with supp			
recipient.	Name	:0.4						
Show information for	Addre		Monteal					
whomever will be receiving the refund.		3.30		10.00	pr.			
		State, Zip: £1	PASO +X 79					
	_		15-996-386			Morreal maria e		
Step 2. Provide payment information.	Paym	ent made by:	Check	No.	Date Paid	Amount Paid		
Please attach copy of cancelled	F	Check	5754840	P	1-16-24	84.136.25		
check, original receipt, online								
payment confirmation or bank/credit card statement.		TOT	AL AMOUNT DAID (c)	um of th	o chove emounts)	41136.25		
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	1	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):						
		I Fuy				(0), 00010 11 (110100 0010 11)1		
Unsigned applications cannot be processed.	have g guilty	given on this form is true	e and correct. (If you m mor or a state jail felony OR (REQUIRED)	ake a fal under th	lse statement on this	DATE		

v52.1.8

Print Date: 01/17/2024

FEB 15 2024

Prop ID

163936

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 Email: taxforms@elpasotexas.gov

Geo No. R343-999-0010-1800

Legal Description of the Property 1 RESLER RIDGE LOT 18 (12538.00 SQ FT)

6950 CANYON RIDGE WAY

JAIME MARQUEZ 1708 BASSETT EL PASO, TX 79901

+2500

OWNER: RIVAS IRMA M

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:

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 complete	d, signed, and	I submitted with sup	porting documentation	to be valid.		
Step 1. Identify the refund	Who should the refu	and be issued to:							
recipient.	Name: JAIN	NE MA	ROVEZ	2					
Show information for whomever will be receiving	Address: /70	8 13 4	BSETT	ANE	2	/	,		
the refund.	City, State, Zip:	EIL	20		9901	V			
	Daytime Phone No.:	91521	59983			: Nom ARGO	Usema 1		
Step 2. Provide payment	Payment made by:	112//	The second secon	eck No.	Date Paid	Amount Pai			
information. Please attach copy of cancelled check, original receipt, online	Echeck		40005	85	2-1-24	\$10898	,24		
payment confirmation or									
bank/credit card statement.		TOTAL A	MOUNT PAID	(sum of the	e 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 th	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 have given on this for guilty of a Class A	orm is true and omisdemeanor or	correct. (If your a state jail felo	make a fals	se statement on th	is application, you c			
Pric2/23/24	SIGNATURE OF R	EQUESTOR (R	Seur	PF	TAME !	R DATE NARQUEZ	0/15/24		
		6	0				///		
TAX OFFICE USE ONLY:	Approved	Denied	By:	NIL	Date:	2-16-24	V		

Print Date: 02/12/2024



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@eipasotexas.gov

KE ANDREWS

TAX OFFICE RECEIVED

Geo No. V893-999-3410-0100 Prop ID 300329

FFB 2 2 2024

Legal Description of the Property 341 VISTA DEL SOL #69 N 309.26 FT OF

LOT 1 (175420.48 SQ FT)

1341 ZARAGOZA RD 79936

K.E. ANDREWS & CO 2424 RIDGE ROAD ROCKWALL, TX 75087

+2500

OWNER: GOAL BUILDING SERVICES OF EL PASO LLC

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.

Step 1. Identify the refund	Who should the refund be issued to:							
recipient. Show information for	Name	KEAN						
whomever will be receiving	Addre			· · · · · · · · · · · · · · · · · · ·				
the refund.	City,	State, Zip:						
	Dayti	me Phone No.: 41.9-	8-1786	E-Mail Addres	s: Matis & Keptax - con			
Step 2. Provide payment		ent made by:	Check No.	Date Paid	Amount Paid			
Information. Please attach copy of cancelled check, original receipt, online	¥, *	E Awards	100981		\$ 161,280-73			
payment confirmation or bank/credit card statement.		ТОТАІ	AMOUNT PAID (sum o	f the shave amount	(e)			
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	4,	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):						
				The second secon				
Step 4. Sign the form. Unsigned applications cannot be processed.	have	given on this form is true a		false statement on the	d certify that the information I his application, you could be found ode, Sec. 37.10.)			
fue2/24/24	SIGN	ATURE OF REQUESTO	R (REQUIRED)	PRINTED NAME				
					V			
TAX OFFICE USE ONLY:	V	Approved Denie	ed By: N.W.	Date:_	2-23-24			

Print Date: 02/06/2024



FEB 2 0 2024

CITY TAX OFFICE

MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR

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

Geo No. V894-999-0150-1000

Legal Description of the Property

15 VISTA GRANADA #2 REPLAT A LOT 10 (7738 SQ FT)

1336 JAMES KELLEY DR

OWNER: KOTOWSKI MICHAEL J

MICHAEL KOTOWSKI 1336 JAMES KELLEY EL PASO, TX 79936

+2500

2023 OVERAGE AMOUNT \$4,883.55

Prop-ID

140942

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:

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APPLICATION FOR PROPER	TY TA	X REFUND:	This application	n must be comple	eted, signed, a	and submitted with sur	porting document	ation to bo valid.
Step 1. Identify the refund	Who	should the re	fund be issued t	o:				
recipient. Show information for	Name	Miche	ad Kotow	ski		,	,	- C.
whomever will be receiving	Addr		L James		Dr.	1		
the refund.	City,	State, Zip:		TX 7993C		V		
			0:915-276			E-Mail Address	: Mikotows	L' @amail.
Step 2. Provide payment	Paym	ent made by			heck No.	Date Paid	Amount	
information. Please attach copy of cancelled check, original receipt, online	E	check		59438	742	1-31-24	84,8	B.55
payment confirmation or bank/credit card statement.			TOTAL A	MOUNT PAI	D (sum of t	he 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	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 be'ow):						ted be'ow):
				1.7.7.11				
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 informal have given on this form is true and correct. (If you make a false statement on this application, you could guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							
Lave	SIGN	Chail	REQUESTOR (REQUIRED)		PRINTED NAME &	4	
V 2126124					/	Michael Ko	to wski	
TAX OFFICE USE ONLY:	V	Approved	Denied	By:	11.14	Date:	2-2	23-24

Print Date: 02/12/2024 v52.1.8