

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

**AGENDA DATE:** March 26, 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:**

*Maria O. Pasillas*

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

TAX REFUNDS  
March 26, 2024

1. Irvin Automotive, in the amount of \$5,864.91 made an overpayment on February 20, 2024 of 2023 taxes.  
(Geo. #20PP-999-1340-0042)
2. Richard Sennessie, in the amount of \$5,579.29 made an overpayment on January 29, 2024 of 2023 taxes.  
(Geo. #A523-999-0010-0110)
3. Homeloanserv, in the amount of \$3,988.41 made an overpayment on February 13, 2024 of 2023 taxes.  
(Geo. #B686-999-0110-1000)
4. Yolanda Giner, in the amount of \$5,247.67 made an overpayment on January 28, 2024 of 2023 taxes.  
(Geo. #I256-999-0210-0300)
5. Alma D. Licon, in the amount of \$4,860.55 made an overpayment on December 30, 2024 of 2023 taxes.  
(Geo. #M996-999-0050-3300)
6. TexStar Escrow, in the amount of \$3,808.88 made an overpayment on January 26, 2024 of 2023 taxes.  
(Geo. #V893-999-2050-0100)
7. David Kaufmann, in the amount of \$14,292.03 made an overpayment on January 30, 2024 of 2023 taxes.  
(Geo. #X002-999-0110-1000)

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Laura D. Prine  
City Clerk



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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](mailto:taxforms@elpasotexas.gov)

CITY TAX OFFICE

MAR 04 2024

PISTON INTERIORS LLC  
2600 CENTERPOINT PARKWAY  
PONTIAC, MI 48341

OP  
+2500

Geo No. 20PP-999-1340-0042	Prop ID 692845
Legal Description of the Property INJECTION MOLDING @ REGENCY PLASTICS  1101 BURGUNDY DR-E  OWNER: IRVIN AUTOMOTIVE	

2023 OVERAGE AMOUNT \$5,864.91

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

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

<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>Irvin Automotive</u>			
	Address: <u>2600 Centerpoint Parkway</u>			
	City, State, Zip: <u>Pontiac, MI 48341</u>			
	Daytime Phone No.: <u>248-451-4344</u>		E-Mail Address: <u>treasury@pistoninteriors.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:		Check No.	Date Paid
	<u>Irvin Automotive</u>		<u>502035</u>	<u>2/20/2024</u>
				<u>11,729.82</u>
	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b> <u>11,729.82</u>			
<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. )			
<u>gmc</u> <u>3/6/24</u>	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<u>[Signature]</u>		<u>Maritza Gaskin 2/29/24</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H.</u> Date: <u>3-4-24</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](mailto:taxforms@elpasotexas.gov)

TAX OFFICE  
RECEIVED

FEB 23 2024  
Prop ID  
155875

RICHARD SENNESSIE  
1401 CAMINO ALTO RD  
EL PASO, TX 79902

OP ✓  
+2500

Geo No. A523-999-0010-0110	Legal Description of the Property 1 AMERICAS TEN NLY PT OF 1 (183.31 FT ON NELY- 225 FT ON SELY- 210 FT ON SWLY- IRREG ON NWLY) (46794 SQ FT)  1130 JOE BATTLE BLVD 79936  OWNER: LION GATE FUEL
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2023 OVERAGE AMOUNT \$5,579.29 ✓

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.	<b>Who should the refund be issued to:</b>			
	Name: <u>Richard Sennessie</u>			
	Address: <u>1401 Camino Alto Rd</u>			
	City, State, Zip: <u>El Paso TX 79902</u>			
	Daytime Phone No.: <u>915-256-9400</u>		E-Mail Address: <u>Siafa</u>	
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<b>Payment made by:</b> <u>E Check</u> <b>Check No.</b> <u>5895619</u> <b>Date Paid</b> <u>1-29-24</u> <b>Amount Paid</b> <u>\$5,579.29</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.	<b>Please check one of the following:</b>			
	<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>  <b>MAR 05 2024</b>  <u>Received POP</u>	<b>SIGNATURE OF REQUESTOR (REQUIRED)</b> <u>[Signature]</u>		<b>PRINTED NAME &amp; DATE</b> <u>Richard Sennessie</u> ✓	
<b>TAX OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>N.I.K</u>	Date: <u>3-5-24</u>





TAX OFFICE  
RECEIVED

MAR 04 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](mailto:taxforms@elpasotexas.gov)

HOMEOANSERV  
P O BOX 7899  
BOISE, ID 83707--189

OP  
+2500

Geo No. B686-999-0110-1000	Prop ID 633612
Legal Description of the Property BLK 11 BORDERLAND VILLAGE #1 LOT 10  991 GRANDEVOLE DR 79932	
OWNER: STRAND TRITON B	

2023 OVERAGE AMOUNT \$3,988.41

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO 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>HomeLoanServ</u> ✓			
	Address: <u>P O Box 7899</u>			
	City, State, Zip: <u>Boise ID 83707</u>			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>800-526-7145</u>		E-Mail Address: <u>lindaw@ihfa.org</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	<u>HomeLoanServ</u>	<u>3542218</u>	<u>2/13/24</u>	<u>6698.09</u>
	TOTAL AMOUNT PAID (sum of the above amounts)			<u>6698.09</u>
<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 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.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
	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>Linda Winchester</u> <u>2-27-24</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.12</u> Date: <u>3-4-24</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](mailto:taxforms@elpasotexas.gov)

CITY TAX OFFICE

FEB 12 2024

YOLANDA GINER  
709 WILLOW GLEN  
EL PASO, TX 79922

Geo No. 1256-999-0210-0300 Prop ID 122726

Legal Description of the Property

21 INDIAN RIDGE #2 LOT 2

11204 WAR FEATHER DR 79936

OWNER: GINER YOLANDA

OP  
+2500 ✓

2023 OVERAGE AMOUNT \$5,247.67

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient.

Show information for whomever will be receiving the refund.

Who should the refund be issued to:

Name: Yolanda Giner

Address: 709 Willow Glen

City, State, Zip: El Paso TX 79922

Daytime Phone No.: 915-497-5786

E-Mail Address: [yginer@emnep.com](mailto:yginer@emnep.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

Echeck

5867204

1-28-24

\$5,247.67

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.

☒ 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.

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

FEB 28 2024

Yolanda Giner 2/8/24

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By:

N.N

Date:

2-28-24



TAX OFFICE  
RECEIVED

JAN 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

ALMA LICON  
649 POTTER RD  
FRAMINGHAM, MA 01701

OP  
+2500 ✓

Geo No. M996-999-0050-3300	Prop ID 372897
Legal Description of the Property 5 MYSTIC HEIGHTS LOT 17 10061 FOOTHILL DR	
OWNER: LICON ALMA D	

2023 OVERAGE AMOUNT \$4,860.55

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.	Who should the refund be issued to:			
	Name: <u>Alma D. Licon</u>			
	Address: <u>649 Potter Road</u>			
	City, State, Zip: <u>Framingham, MA 01701</u>			
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Daytime Phone No.: <u>1508-904 5063</u>		E-Mail Address: <u>almlicon480@gmail.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
	<u>Echeck</u>	<u>5649750</u>	<u>12-30-23</u>	<u>\$4,860.55</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. <u>AL</u>			
	<input type="checkbox"/> I want this payment applied to next year's taxes.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):			
<b>CITY TAX OFFICE</b> FEB 27 2024 Received POP	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>Alma D. Licon</u>		PRINTED NAME & DATE <u>Alma D. Licon, 1/8/2024</u>	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>N.H</u> Date: <u>2-28-24</u>				



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 27 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: <i>TexStar Escrow</i> ✓		Phone: <i>(915) 201-4337</i> HOME: WORK:		Property ID# (One application per account) <i>216 041</i> <i>✓ 893-999-2050-0100</i>	
Address (mail refund to:) <i>5809 Acacia Circle</i> ✓ <i>El Paso TX 79912</i>		Property Address: And/or Legal Description: <i>1944 Ratner Circle</i>			
Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested: ✓
1. <i>2023</i>	<i>1/26/2024</i>	<i>8282 1/26/24</i>		<i>\$3,808.88</i>	<i>\$3,808.88</i> ✓
2.					
3.					
TOTAL AMOUNT (sum of the above amounts)					

(City Council approval required if over \$2,500)

REQUIRED: Copy of original receipt, front & back of negotiated check, OR  
bank statement showing item cleared (both the bank & taxpayer name must appear)

REASON FOR OVERPAYMENT:

*Over paid by 9th dist*

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

Requestor signature:

Date:

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:

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: \_\_\_\_\_



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

MAR 06 2024

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: David Kaufmann ✓	Phone: 847-226-4933 HOME WORK	Property ID# (One application per account) 228080 X002-999-8005-6000
Address (mail refund to): 2906 Durazno Ave. El Paso, Tx 79905 ✓	Property Address: and/or Legal Description:	1704 DELTA DR EL PASO, TX 7990

Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1. 2023	1/30/2024		\$14,292.03	\$14,292.03
2.				
3.				
TOTAL AMOUNT (sum of the above amounts)			\$14,292.03	\$14,292.03 ✓

(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:

Both Financial officer and owner made the payments resulting in overpayment.

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

Requestor signature:

*David Kaufmann*

Date: 2/23/2024 ✓

Printed name:

David Kaufmann

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:

(X) REFUND APPROVED

Tax Office Approval:

N.H.  
*Jmc 3/8/24*

Date: 3-6-24 ✓

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: \_\_\_\_\_