

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

**DEPARTMENT:** Tax Office

**AGENDA DATE:** April 13, 2021

**PUBLIC HEARING DATE:** N/A

**CONTACT PERSON 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?

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  
April 13, 2021

1. Blas Cano, in the amount of \$2,689.05, made an overpayment on February 28, 2021 of 2020 taxes.  
(Geo. # C702-000-000A-0600)
2. Fidelity National Title Agency Inc., in the amount of \$3,348.69, made an overpayment on February 1, 2021 of 2020 taxes.  
(Geo #D452-999-0010-0100)

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Laura D. Prine  
City Clerk

*Sheryl R. Mack for Maria O. Pasillas*  
\_\_\_\_\_  
Maria O. Pasillas, RTA  
Tax Assessor Collector



TAX OFFICE  
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MAR 25 2021

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 www.elpasotexas.gov/tax-office

BLAS CANO  
1230 LAS POMPAS RD  
SAN ELIZARIO, TX 79849

Geo No. C702-000-000A-0600	Prop ID 95122
Legal Description of the Property A COBOS CLINT 6 TO 9 (9600 SQ FT)	
13145 ROBERT ALVAREZ DR	
OWNER: MIA PROPERTIES & INVESTMENTS LLC	

2020 OVERAGE AMOUNT \$2,689.05

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 12: TOWN OF CLINT, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

Dear Taxpayer:

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

#### APPLICATION FOR PROPERTY TAX REFUND:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: Blas Cano Address: 1116 E. California Ave City, State, Zip: El Paso, TX 79902 Daytime Phone No.: (915) 373-4206 E-Mail Address: lostfrescanos@gmail.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: Echeck      Check No. CC003646043      Date Paid 2/28/21      Amount Paid \$2689.05			
	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:			
	<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.			
Step 4. Sign the form. 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	
	 Blas Cano		Blas Cano Date: 04/05/2021	

TAX OFFICE  
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TAX OFFICE USE ONLY:

APR 02 2021

☒ Approved

☐ Denied

By: NH

Date:

04/05/2021



Notes

Go To:

LUZR  
ACT80122 v1.90

ACCOUNT NO (C702000000A0600): Bankruptcy 12-30988 has been closed

04/05/2021 16:35:09  
ACTEP

DEPOSIT Remittance Detail

## Summary Query

Summary

Deposit No.		Account No.		Remit Seq No.		Check No.		Payment Amount		Payment Agreement No.	
EC03012185		C702000000A0600									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer	
	EC03012185	02/28/2021	47007071	CC003646043	EC	\$2,689.05	\$2,689.05	LG	C702000000A0600	29588253-BLAS CANO	
	EC03012185	02/28/2021	47007059	CC003645849	EC	\$2,689.05	\$2,689.05	PA	C702000000A0600	29588240-BLAS CANO	
	EC01302098	01/29/2020	43428192	CC002854382	EC	\$2,451.86	\$2,451.86	PA	C702000000A0600	28100445-BLAS M CANO	
	EC01232098	01/23/2020	43139144	CC002801570	EC	\$2,421.86	\$2,421.86	PA	C702000000A0600	28001171-BLAS MANUEL	
	RIE01312091	01/23/2020	43139144	CC002801570	EC	\$2,421.86	\$2,421.86	RX	C702000000A0600	28001171-BLAS MANUEL	
	T12281800002	12/28/2018	39605452	03303	CH	\$1,389.31	\$1,389.31	PA	C702000000A0600	UNKNOWN OWNER	
	A01181884	01/18/2018	37062655	1540	CH	\$1,402.97	\$1,402.97	PA	C702000000A0600	UNKNOWN OWNER	
	M16800000001	12/21/2016	33448420	161219150695	EF	\$213,062,589.29	\$2,049.70	PA	C702000000A0600	800000-CORELOGIC	
	M15800000001	12/31/2015	30589755	151231121119	EF	\$199,122,808.45	\$1,830.23	PA	C702000000A0600	800000-CORELOGIC	
	M14800000001	12/24/2014	27452431	141224101136	EF	\$200,035,948.32	\$1,938.52	PA	C702000000A0600	800000-CORELOGIC	
	M13800000001	12/30/2013	24637732	62075007	CH	\$133,990,884.95	\$1,919.22	PA	C702000000A0600	800000-CORELOGIC	
	M12800000001	12/17/2012	21840980	122059711	CH	\$137,358,358.38	\$1,855.19	PA	C702000000A0600	800000-CORELOGIC	
Applied Total						\$40,142.56					



TAX OFFICE  
RECEIVED

MAR 29 2021

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 www.elpasotexas.gov/tax-office

FIDELITY NATIONAL TITLE AGENCY INC  
1900 WEST LOOP SOUTH SUITE 100  
HOUSTON, TX 77027

Geo No. D452-999-0010-0100 Prop ID 670856

Legal Description of the Property  
BLK 1 DESERT SOUTH LOT 1

7860 N MESA ST 79938

OWNER: RKMS EL PASO #3 LLC

2020 OVERAGE AMOUNT \$3,348.69

T OP 2500 ✓

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

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#### 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: RKMS EL PASO #3 LLC ✓															
	Address: 1900 West Loop South #1250															
	City, State, Zip: Houston, TX 77027															
	Daytime Phone No.:		E-Mail Address: cwing@read-king.com													
<b>Step 2. Provide payment information.</b> Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	<table border="1"> <thead> <tr> <th>Payment made by:</th> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>Fidelity National T.H.</td> <td>518016483</td> <td>January 21, 2021</td> <td>\$51,187.27</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>TOTAL AMOUNT PAID (sum of the above amounts)</b></td> </tr> </tbody> </table>				Payment made by:	Check No.	Date Paid	Amount Paid	Fidelity National T.H.	518016483	January 21, 2021	\$51,187.27	<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>			
Payment made by:	Check No.	Date Paid	Amount Paid													
Fidelity National T.H.	518016483	January 21, 2021	\$51,187.27													
<b>TOTAL AMOUNT PAID (sum of the above amounts)</b>																
<b>Step 3. Provide reason for this refund.</b> Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:															
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.															
	<input 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. )															
JMC 3/30/21	SIGNATURE OF REQUESTOR (REQUIRED) w/ Fidelity National Title		PRINTED NAME & DATE Josefine Hernandez 3/24/21 ✓													
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: MHH Date: 03/30/2021 ✓													



Notes

Go To :

LUZR  
ACT80122 v1.90

03/29/2021 16:08:05  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No.  
A02092175 D45299900100100

Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A02092175	02/01/2021	46874811	518016483	CH	\$51,187.27	\$3,348.69	LG	D45299900100100	27667668-FIDELITY NATI
	A02092175	02/01/2021	46874811	518016483	CH	\$51,187.27	\$47,838.58	PA	D45299900100100	27667668-FIDELITY NATI
	EC12311998	12/31/2019	42566354	CC002724647	EC	\$47,092.53	\$47,092.53	PA	D45299900100100	27829918-RKMS EL PASO
	EC01281998	01/28/2019	40276710	CC002325290	EC	\$50,084.56	\$50,084.56	PA	D45299900100100	27021758-RKMS EL PASO
	EC01231898	01/23/2018	37207567	CC001870469	EC	\$15,245.19	\$15,245.19	PA	D45299900100100	26057894-RKMS EL PASO

Applied Total \$163,609.55