

THE CITY OF EL PASO
 CONSOLIDATED TAX OFFICE
 Two Civic Center Plaza #123
 El Paso, Texas 79901
 Phone (915) 541-4054, Fax (915) 541-4603

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:	Phone: HOME WORK	Property ID# (15 characters long):
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Address (mail refund to:)	Property Address: _____ Legal Description:
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Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:
1.				
2.				
3.				
4.				

(Entity approval required if over \$2500)

REASON FOR OVERPAYMENT: REQUIRED copy of original receipt or front & back of negotiated check.

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

Requestor signature: _____ **Date:** _____

*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 \$2500)

- DISAPPROVED Returned to sender. See below/attached.
 Required documentation (Tax Receipt, Canceled Check or other) not submitted.
 Record of overpayment not found on this property.
 Property not found as identified, resubmit after correction.
 Other: _____

