

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

**DEPARTMENT:** Tax Department

**AGENDA DATE:** August 7, 2018

**CONTACT PERSON NAME AND PHONE NUMBER:** Maria Pasillas, Tax Assessor Collector, 212-1737

**DISTRICT(S) AFFECTED:** All

**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.

Approve property tax overpayment refunds.

**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?

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.

**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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**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

N/A

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**



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

*Information copy to appropriate Deputy City Manager*

TAX REFUNDS  
August 7, 2018

1. Property Tax Associates, in the amount of \$25,285.67, made an overpayment on January 31, 2018 of 2017 taxes.  
(Geo. #E01499909705700)
2. Property Tax Associates, in the amount of \$17,160.64, made an overpayment on January 31, 2018 of 2017 taxes.  
(Geo. #U50100000000090)
3. Property Tax Associates, in the amount of \$5,535.96, made an overpayment on January 31, 2018 of 2017 taxes.  
(Geo. #E05499905400100)
4. Johan J and Greta K. Penninck, in the amount of \$2,921.85, made an overpayment on January 30, 2018 of 2017 taxes.  
(Geo. #E94099900200800)

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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 www.elpasotexas.gov/tax-office

PROPERTY TAX ASSOCIATES  
1801 WYOMING AVE STE. 201  
EL PASO, TX 79902--570

GP  
+2500

Geo No. E014-999-0970-5700	Prop ID 116833
Legal Description of the Property 97 EAST EL PASO 22 TO 28 & (29 TO 32 EXC PT IN ST) (35876.92 SQ FT)  2900 PERSHING DR /	
OWNER: BLACKSTONE-5 POINTS LLC	

2017 OVERAGE AMOUNT \$25,285.67

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

<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>Property Tax Associates</u> ✓ Address: <u>1801 Wyoming Ave STE 201</u> ✓ City, State, Zip: <u>El Paso, TX 79902</u> Daytime Phone No.: <u>915-833-4036</u> E-Mail Address: <u>Sonia@ptaincusa.com</u>			
<b>Step 2. Provide payment information.</b> Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.	Payment made by: _____ Check No. _____ Date Paid _____ Amount Paid _____			
	<u>21855</u> <u>1/31/18</u> <u>40,153.32</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.	TOTAL AMOUNT PAID (sum of the above amounts)			
	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.			
<b>Step 4. Sign the form.</b> Unsigned applications cannot be processed.	<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):			
	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>Sonia Sanchez</u>		PRINTED NAME & DATE <u>SONIA SANCHEZ</u> <u>6-29-18</u>		
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>Booth</u> Date: <u>7/02/18</u>				

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

Print Date: 05/07/2018

Deposit Status

Notes Go To:

SHERRYB  
ACT80122 v1.89

07/02/2018 13:11:50  
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No.	Account No.	Remit Seq No.	Check No.	Payment Amount	Payment Agreement No.
A02061841	E01499909705700				

Check Deposit Image	Receipt No.	Receipt Date	Remit Seq No.	Check No.	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
A02061841	01/31/2018	37703339	21855	CH	\$40,153.32	\$25,285.67	LG	E01499909705700	560-PROPERTY TAX ASS	
A02061841	01/31/2018	37703339	21855	CH	\$40,153.32	\$13,688.65	AA	E01499909705700	560-PROPERTY TAX ASS	
A02061841	01/31/2018	37688745	21856	CH	\$34,321.27	\$13,688.65	PA	E01499909705700	560-PROPERTY TAX ASS	
A02061841	01/31/2018	37688745	21856	CH	\$34,321.27-	\$13,688.65-	RV	E01499909705700	560-PROPERTY TAX ASS	
A02061841	01/31/2018	37688745	21856	CH	\$34,321.27-	\$20,632.62-	LG	E01499909705700	560-PROPERTY TAX ASS	
A02061841	01/31/2018	37688745	21856	CH	\$34,321.27	\$20,632.62	LG	E01499909705700	560-PROPERTY TAX ASS	
EC02011896	01/31/2018	37577478	CC001948400	EC	\$13,688.65	\$13,688.65	PA	E01499909705700	26171405-ROBERT MORI	
RD2912442	01/31/2018	34595372	0000208596	CH	\$11,036.73-	\$11,036.73-	RD	E01499909705700	26024884-BLACKSTONE	
A02011741	01/31/2017	34595372	20811	CH	\$37,992.70	\$37,091.35	PA	E01499909705700	560-PROPERTY TAX ASS	
RC180119	01/31/2017	34595372	20811	CH	\$11,036.73	\$11,036.73	TR	E01499909705700	26024884-BLACKSTONE	
RC180119	01/31/2017	34595372	20811	CH	\$11,036.73-	\$11,036.73-	TR	E01499909705700	BLACKSTONE-5 POINTS	
RF180119	01/31/2017	34595372	20811	CH	\$0.00	\$1,773.79-	DA	E01499909705700	560-PROPERTY TAX ASS	
Applied Total						\$822,056.07				

STATUS DETAIL

Expand Fees Summary

SHERRYB  
ACT8006 v1.284

07/02/2018 13:11:22  
ACTEP

Go To: Documents Notes Agt Summary Acct History Acct Owner Next Owner Prev Owner Next Acc...

Account Information

Account No. [E014-999-0970-5700] Roll Code [REAL PROPERTY]

Certified Owner [BLACKSTONE-5 POINTS LLC]

Parcel Address [2900 PERSHING DR]

Amount Due as of [07/02/2018] CAD No. [116833]

Remove Fees Countywide

Multi Select

Year	Gross Value	H O V D	Base Levy	Paid Levy	Write-Off	Remaining Levy	Fees	Refund	Amount Due
2017	\$925,000		\$27,377.30	\$27,377.30	\$0.00	\$0.00	\$0.00	\$25,285.67	\$0.00
2016	\$925,000		\$26,054.62	\$26,054.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2015	\$870,566		\$24,131.32	\$24,131.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2014	\$870,566		\$23,821.14	\$23,821.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2013	\$848,250		\$22,777.68	\$22,777.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2012	\$848,250		\$22,128.49	\$22,128.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2011	\$848,250		\$21,735.61	\$21,735.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2010	\$848,250		\$21,558.76	\$21,558.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2009	\$992,000		\$24,714.03	\$24,714.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals									\$594,164.37
Alert									\$594,164.37
									\$25,285.67
									\$0.00



SHERRYB  
ACT80122 v1.8907/02/2018 13:11:50  
ACTEP

Deposit

Remittance

DETAIL

Remittance Detail		Tax	Rec	Applied	Levy	Discount	Penalty &	Attorney	Refund
Account No.	Unit	Year	Type	Amount			Interest	Fees	
E01499909705700	01	2017	TL	\$3,715.88	\$3,715.88	\$0.00	\$0.00	\$0.00	\$0.00
E01499909705700	03	2017	TL	\$6,058.76	\$6,058.76	\$0.00	\$0.00	\$0.00	\$0.00
E01499909705700	06	2017	TL	\$2,093.71	\$2,093.71	\$0.00	\$0.00	\$0.00	\$0.00
E01499909705700	07	2017	TL	\$655.07	\$655.07	\$0.00	\$0.00	\$0.00	\$0.00
E01499909705700	08	2017	TL	\$1,165.23	\$1,165.23	\$0.00	\$0.00	\$0.00	\$0.00
E01499909705700	8001	2017	TL	\$25,285.67	\$0.00	\$0.00	\$0.00	\$0.00	\$25,285.67
Applied Total				\$38,974.32	\$13,688.65	\$0.00	\$0.00	\$0.00	\$25,285.67



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

PROPERTY TAX ASSOCIATES  
1801 WYOMING AVE STE. 201  
EL PASO, TX 79902-570

OP  
+2500

Geo No. U501-000-0000-0090	Prop ID 332804
Legal Description of the Property UNPLATTED LAND BET SURV 126 & 127 & 128 & UNIV LANDS (11.356 AC)(494667 SQ FT)  1601 N FABENS RD	
OWNER: FABENS WAREHOUSE PARTNERS LP	

2018 MFF

2017 OVERAGE AMOUNT \$17,160.64

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 11: FABENS ISD, 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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:			
	Name: <u>Property Tax Associates</u> ✓			
	Address: <u>1801 Wyoming Ave. STE 201</u>			
	City, State, Zip: <u>El Paso TX 79902</u>			
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	Daytime Phone No.: <u>915-833-4036</u>		E-Mail Address: <u>Sonia@ptas-inc.com</u>	
	Payment made by:	Check No.	Date Paid	Amount Paid
		<u>CK 21856</u>		
	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) <u>Sonia Sanchez</u>		PRINTED NAME & DATE <u>SONIA SANCHEZ 6-27-18</u>	

EM 7/2/18

TAX OFFICE USE ONLY:

☒ Approved

☐ Denied

By: SBooth

Date: 07/02/18

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

Year	Amount Due	Refund	Fees	Write-Off	Remaining Levy	Base Levy	Paid Levy	Total	Last Payment Date	Last Payer
2017	\$1,400,000		\$0.00	\$0.00	\$0.00	\$34,321.27	\$34,321.27			
2016	\$1,400,000		\$0.00	\$0.00	\$0.00	\$34,161.70	\$34,161.70			
2015	\$1,400,000		\$0.00	\$0.00	\$0.00	\$33,962.04	\$33,962.04			
2014	\$1,200,000		\$0.00	\$0.00	\$0.00	\$28,323.21	\$28,323.21			
2013	\$1,200,000		\$0.00	\$0.00	\$0.00	\$27,996.94	\$27,996.94			
2012	\$1,200,000		\$0.00	\$0.00	\$0.00	\$27,345.52	\$27,345.52			
2011	\$1,200,000		\$0.00	\$0.00	\$0.00	\$26,537.84	\$26,537.84			
2010	\$1,475,000		\$0.00	\$0.00	\$0.00	\$32,441.84	\$32,441.84			
2009	\$1,475,000		\$0.00	\$0.00	\$0.00	\$32,246.87	\$32,246.87			
Totals			\$0.00	\$0.00	\$0.00	\$706,271.88	\$706,271.88			
			\$0.00							
			\$17,160.65							

  

Account Information

Account No. [501-000-0000-0095] Ref Code REAL PROPERT

Certified Owner FABENS WAREHOUSE PARTNERS LP

Parcel Address 1601 N FABENS RD

Amount Due as of 07/02/2018 CAD No. 332804

Expand Fees Summary

Status Detail

CTRB008 v1.284

MERRB

Next Acc... Prev Owner Next Owner Act History Agt Summary Notes Documents

Go To:

07/02/2018 13:19:12 ACTP

**Go To:**

07/02/2018 13:35:20  
ACTEP

## DETAIL

Remittance Detail										
Account No.	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount	Penalty & Interest	Attorney Fees	Refund	
E05499905400100	01	2017	TL	\$1,430.28	\$1,430.28	\$0.00	\$0.00	\$0.00	\$0.00	A
E05499905400100	05	2017	TL	\$2,599.14	\$2,599.14	\$0.00	\$0.00	\$0.00	\$0.00	
E05499905400100	06	2017	TL	\$805.89	\$805.89	\$0.00	\$0.00	\$0.00	\$0.00	
E05499905400100	07	2017	TL	\$252.14	\$252.14	\$0.00	\$0.00	\$0.00	\$0.00	
E05499905400100	08	2017	TL	\$448.51	\$448.51	\$0.00	\$0.00	\$0.00	\$0.00	
E05499905400100	8001	2017	TL	\$5,535.96	\$0.00	\$0.00	\$0.00	\$0.00	\$5,535.96	B
<b>Applied Total</b>				<b>\$11,071.92</b>	<b>\$5,535.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,535.96</b>	





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

2018 NH

PROPERTY TAX ASSOCIATES  
1801 WYOMING AVE STE. 201  
EL PASO, TX 79902--570

OP  
+2500

Geo No. E054-999-0540-0100	Prop ID 33721
Legal Description of the Property 54 EAST GLEN #4 1 (EXC NELY PT) (104718.87 SQ FT)	
2700 GEORGE DIETER DR 79936	
OWNER: BLACKSTONE EQUITY GROUP LLC	

2017 OVERAGE AMOUNT \$5,535.96

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 PROPERTY TAX REFUND

<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>Property Tax Associates</u>				
	Address: <u>1801 Wyoming Ave. Ste 201</u>				
	City, State, Zip: <u>El Paso TX 79902</u>				
	Daytime Phone No.: <u>915 833 4036</u>		E-Mail Address: <u>Sonia@ptacncusa.co</u>		
<b>Step 2. Provide payment information.</b> Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.	Payment made by:		Check No.	Date Paid	Amount Paid
			<u>#21854</u>	<u>1/31/18</u>	<u>\$11,071.92</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.	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.				
	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. )				
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE		
<u>Sonia Sanchez</u>		<u>SONIA SANCHEZ 6-27-18</u>			
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied By: <u>SBooth</u> Date: <u>07/02/18</u>					

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

Print Date: 05/07/2018

[illegible]

**Go To :**

SHERRYB  
ACT80122 v1.89

07/02/2018 13:18:57  
ACTEP

Deposit	Remittance	DETAIL
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Remittance Detail				Tax	Rec	Applied		Penalty &	Attorney	
Account No.	Unit	Year	Type	Amount	Levy	Discount	Interest	Fees	Refund	
U50100000000090	06	2017	TL	\$3,168.86	\$3,168.86	\$0.00	\$0.00	\$0.00	\$0.00	
U50100000000090	07	2017	TL	\$991.46	\$991.46	\$0.00	\$0.00	\$0.00	\$0.00	
U50100000000090	08	2017	TL	\$1,763.60	\$1,763.60	\$0.00	\$0.00	\$0.00	\$0.00	
U50100000000090	11	2017	TL	\$9,294.61	\$9,294.61	\$0.00	\$0.00	\$0.00	\$0.00	
U50100000000090	25	2017	TL	\$1,295.66	\$1,295.66	\$0.00	\$0.00	\$0.00	\$0.00	
U50100000000090	27	2017	TL	\$646.44	\$646.44	\$0.00	\$0.00	\$0.00	\$0.00	
U50100000000090	8001	2017	TL	\$17,160.64	\$0.00	\$0.00	\$0.00	\$0.00	\$17,160.64	
<b>Applied Total</b>				<b>\$34,321.27</b>	<b>\$17,160.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$17,160.64</b>	





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

Geo No. E940-999-0020-0800	Prop ID 220182
Legal Description of the Property 2 ESTANCIAS CORONADO LOT 8  100 CALLE COLINA ST 79912	
OWNER: PENNINCK JOHAN J & GRETA K	

PENNINCK JOHAN J & GRETA K  
100 CALLE COLINA  
EL PASO, TX 79912-3430

2017 OVERAGE AMOUNT \$2,921.85

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:

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APPLICATION FOR PROPERTY TAX REFUND

<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: PENNINCK JOHAN J & GRETA K ✓			
	Address: 100 CALLE COLINA			
	City, State, Zip: EL PASO TX 79912-3430			
<b>Step 2. Provide payment information.</b> Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made.	Daytime Phone No.:	241 7871	E-Mail Address:	johnpenninck@gmail.com
	Payment made by:	Check No.	Date Paid	Amount Paid
		#544632378	1/30/18	\$22,509.58
	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. ✓			
	<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	
Johan Penninck		J. PENNINCK 06/27/2018 ✓		

TAX OFFICE USE ONLY:



Approved



Denied

By:

SB

Date:

07/19/18 ✓

This application must be completed, signed, and submitted with supporting documents as applicable.



ok

[illegible]

**Go To :**

06/29/2018 13:40:21  
ACTEP

## DETAIL

Remittance Detail				Tax	Rec	Applied		Penalty &	Attorney	
Account No.	Unit	Year	Type	Amount	Levy	Discount	Interest	Fees	Refund	
E94099900200800	01	2017	TL	\$5,383.00	\$5,383.00	\$0.00	\$0.00	\$0.00	\$0.00	
E94099900200800	03	2017	TL	\$8,515.00	\$8,515.00	\$0.00	\$0.00	\$0.00	\$0.00	
E94099900200800	06	2017	TL	\$3,033.05	\$3,033.05	\$0.00	\$0.00	\$0.00	\$0.00	
E94099900200800	07	2017	TL	\$956.06	\$956.06	\$0.00	\$0.00	\$0.00	\$0.00	
E94099900200800	08	2017	TL	\$1,700.62	\$1,700.62	\$0.00	\$0.00	\$0.00	\$0.00	
E94099900200800	8001	2017	TL	\$2,921.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,921.85