

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

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# (One application per account)	
Address (mail refund to :)		Property Address: And/or Legal Description:			
Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of refund requested:	
1.					
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: _____

"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: _____
<i>(Placed on City Council Agenda over \$2,500)</i>	

- () 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: _____
- _____
- _____