

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 TRANSFER OF TAX PAYMENT**

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION:

Requestor's Name:	Phone: HOME: WORK:	Transfer <b>FROM</b> (Property ID#):
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Property Address: And/or Legal Description:	Transfer <b>TO</b> (Property ID# & Tax Year):
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Tax year requested:	Date payment made:	Check No. & Date, if known:	Amount of taxes paid:	Amount of transfer requested:
1.				
2.				
3.				
4.				
TOTAL AMOUNT (sum of the above amounts)				

**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:  ( ) TRANSFER APPROVED

Tax Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

- ( ) 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: \_\_\_\_\_