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

AGENDA DATE: December 12, 2023

PUBLIC HEARING DATE: N/A

CONTACT PERSON(S) 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.

A refund to CoreLogic Refunds Dept., in the amount of \$4,347.00 for an overpayment made on December 29, 2021 of 2021 taxes, Geo. # S380-999-0110-2600. 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.

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?

HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? _X_YES ___NO

PRIMARY DEPARTMENT: Tax Office SECONDARY DEPARTMENT: N/A

DEPARTMENT HEAD: Wais O Pacillas

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

NOV 2 1 2023

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 Email: taxforms@elpasotexas.gov

 Geo No.
 Prop ID

 S380-999-0110-2600
 236826

Legal Description of the Property 11 SIERRA HILLS #3 LOT 26 (7269.00 SQ

FT)

7021 LUZ DE ESPEJO DR

OWNER: QUINONES HEBER G

5P +2500

2021 OVERAGE AMOUNT \$4,347.00

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:

CORELOGIC

PO BOX 9205

APPLICATION FOR PROPERTY TAX REFUND:

COPPELL, TX 75019-9214

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.

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Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:							
	Name: CoreLogic Refunds Dept							
	Address: 3001 Hackberry Road							
	City, State, Zip: Irving, TX 75063							
	Daytime Phone No.: 800-225-4707				E-Mail Address: customerproductsupport@corelogic.com			
Step 2. Provide payment				Theck No.	Date Paid Amount Paid			
information.								
Please attach copy of cancelled								
check, original receipt, online payment confirmation or								
bank/credit card statement.	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:							
	I paid this account in error and I am entitled to the refund.							
	I overpaid this account. Please refund the excess to the address listed in Step 1.							
	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):							
Step 4. Sign the form. 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.)							
line.	SIGNATURE OF REQUESTOR (REQUIRED) aishwarya prakash corelogic PRINTED NAME & DATE Aishwarya prakash 11/21/2023							
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TAX OFFICE USE ONLY:		Approved D	enied	Ву:	1.01	Date:	11212	

Print Date: 10/26/2023