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

AGENDA DATE: August 15, 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.

That the tax refunds listed on the attachment posted with this agenda be approved. 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. (See Attachment B).

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

_____

********************REQUIRED AUTHORIZATION********************

DEPARTMENT HEAD: *Maria O. Pasillas*
_____
(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

Revised 04/09/2021

<div align="center">

TAX REFUNDS
August 15, 2023

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1. Steven Behl, in the amount of $3,000.00 made an overpayment on December 12, 2022 of 2022 taxes.
(Geo. #P327-999-0040-0800)

2. Corelogic, in the amount of $3,665.73 made an overpayment on December 20, 2022 of 2022 taxes.
(Geo. #V893-999-5100-1500)

_____
Laura D. Prine
City Clerk

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 Email: taxforms@elpasotexas.gov

Geo No.	Prop ID
P327-999-0040-0800	131786

Legal Description of the Property
4 PARK HILLS #1 LOT 8 (14060.01 SQ FT)

1034 CALLE FLOR PL

OWNER: BEHL STEVEN M & LETICIA E

STEVEN M BEHL
1034 CALLE FLOR PL
EL PASO , TX 79912

OP

2022 OVERAGE AMOUNT $3,000.00

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:

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

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:
	Name: STEVEN BEHL
	Address: 1034 CALLE FLOR PL
	City, State, Zip: EL PASO TX 79912
	Daytime Phone No.: 915 276-3494 E-Mail Address: STEVEB177@GMAIL.COM

Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or bank/credit card statement.	Payment made by:	Check No.	Date Paid	Amount Paid
	c/card ✓		12/12/22	20,817.57
	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.)
TAX OFFICE RECEIVED JUL 31 2023 Received POP	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE STEVEN BEHL 7/1/23 ✓

TAX OFFICE USE ONLY:	☑ Approved	☐ Denied	By: N.H.	Date: 7-31-23

v52.1.8   SMC 7/31/23

Print Date: 06/14/2023

T2500

OP✓

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

TAX OFFICE
RECEIVED
JUL 1 2 2023

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: Corelogic ✓	Phone: HOME: n/a WORK: 5853216749	Property ID# (One application per account) V89399951001500 258536

Address (mail refund to :) ✓ PO BOX 9202 Coppell TX 75019	Property Address: And/or Legal Description: 11946 VAN GOGH DR, EL PASO, TX 79936-7149, US

Tax year requested:	Date payment made:	Check No. & Date, if known:		Amount of taxes paid:	Amount of refund requested:
1. 2022	12/20/2022			3665.73	3665.73 ✓
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: Unaware account with in active bankruptcy.

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

Joshua Nilsen
Requestor signature:

Date: 7/12/13 ✓

Joshua Nilsen
Printed name:

Research
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: N.H.   Date: 7-17-23 ✓

fmc 7/18/23   Date:

(Placed on City Council Agenda over $2,500)

( ) 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

TAX OFFICE
RECEIVED
JUL 17 2023
Received POP

01/19/2023