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

AGENDA DATE:

PUBLIC HEARING DATE: August 31, 2021

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 A)

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:	Varia	0	Papillas
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(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

TAX REFUNDS Aug 31, 2021

1.	Vantage Bank Texas, in the amount of \$5,2 of 2020 taxes. (Geo. #V893-999-113A-8100)	278.22 made an overpayment on December 14, 2020
		Maria O Pavillas
	Laura D. Prine City Clerk	Maria O. Pasillas, RTA Tax Assessor Collector



AUG 10 2021

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

VANTAGE BANK TEXAS 1524 N MCCOLL RD MCALLEN, TX 78501

Geo No. V893-999-113A-8100 Prop ID 409534

Legal Description of the Property

113-A VISTA DEL SOL = 16 REPLAT I & 14 (146859.85 SQ FT)

1440 VANDERBILT DR

OWNER: RGS DISTRIBUTION INC

2020 OVERAGE AMOUNT \$5,278.22

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 Taxpaver:

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.

Step 1. Identify the refund	Who should the refund be issued to:			
recipient. Show information for	Name: Vantage Bank Texas			
whomever will be receiving	Address: D.O. Box 1700			
the refund.	City. State. Zip. UCAllen Texcis 18505			
	Daytime Phone No.: 950-664-8973 E-Mail Address: Cristing, martine Wantag			
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid ba			
information. Please attach copy of cancelled check, original receipt, online payment confirmation or	100013960 1214/20\$1,261,864.47			
bank credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for	Please check one of the following:			
this refund. Please list any accounts and or	I paid this account in error and I am entitled to the refund.			
years that you intended to pay	I overpaid this account, Please refund the excess to the address listed in Step 1.			
with this overage.	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.)			
Juc 8/11/21	SIGNATURE OF REQUESTOR (BEQUIRED) PRINTED NAME & DATE VISTING VALUES V			
TAX OFFICE USE ONLY:	Denied By: Date: D			

Print Date: 06/08/2021

