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

AGENDA DATE: November 12, 2024 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 exceeding the three (3) year limit. (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 exceeding the statutory three (3) year limit, 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:

laria O. Papillas

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

TAX REFUNDS OVER THREE (3) YEARS November 12, 2024

- Carlos A. Saldivar through Stuart C. Cox Trustee., in the amount of \$193.90, made an overpayment on July 27, 2021 of 2020 taxes. (Geo. #M436-999-0170-9700)
- Sotero Martinez Jr., through Stuart C. Cox, Trustee, in the amount of \$178.45, made an overpayment on February 1, 2021 of 2020 taxes. (Geo. #S075-000-0270-13A5)

Maria O. Pasillas

Maria O. Pasillas, RTA Tax Assessor Collector

Laura D. Prine City Clerk

- TAX OFFICE RECEIVED		RECEIVED			
SEP 0 3 2024 MARIA O. P.	ASILLAS, RTA ASSESSOR COLLECTOR	JUL \$ 4 2024			
CITY OF EL PASO TAX 221 N. KAN	ASSESSOR COLLECTOR SAS, STE 300				
EL PASO PH: (915) 212-0106 FAX: (915) 212-	, TX 79901 0107 Email: taxforms@elpasotexas.gov				
	Geo No. M436-999-0170-9700	Prop 1D 182185			
	Legal Description of	the Property			
	17 MILITARY HEIGHT OF 30 (7200 SQ FT)	S 31 & 32 & W 10 FT			
STUART C. COX, TRUSTEE 1760 N. LEE TREVINO DR.		2800 JACKSON AVE 79930			
EL PASO , TX 79936-0000	OWNER: SALDIVAR C	CARLOS A (LE) &			
+	34 CS 2020 OVERAG	GE AMOUNT \$193.9			

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 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.

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

APPLICATION FOR PROPERTY TAX REFUND:

Step 1. Identify the refund	Who should the refund be issued to:						
recipient. Show information for	Nam	e: Carlos A. Saldiv	1	/			
whomever will be receiving the refund.	Addr	Ver 1 Print	1				
	City,	State, Zip: 81 Piso TX		V			
	Dayt	ime Phone No.:	79930	E-Mail Address:			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Paym	ient made by:	Date Paid Amount Paid				
	Chee	ck Payment	07/27/2021	\$321.66			
	Cas	ett 18-30712 Closel.					
bank/credit card statement.			T PAID (sum of t	he above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Pleas	e check one of the following.			- 1.62		
	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.)						
Jone alistry		ATURE OF REQUESTOR (REQUIR		PRINTED NAME & D	ATE 8-77-24,		
TAX OFFICE USE ONLY:		Approved Denied By:	In it a	Date:	1 101		

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Carlos A. Saldivar through Stuart C. Cox Trustee ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on July 27, 2021 in the amount of \$193.90 (One Hundred and Ninety-Three and 90/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Carlos A. Saldivar through Stuart C. Cox Trustee showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$193.90 (One Hundred and Ninety-Three and 90/100 Dollars) is approved.

APPROVED this _____ day of _____, 2024.

CITY OF EL PASO:

Oscar Leeser Mayor

ATTEST:

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Oscal Gomez Assistant City Attorney

APPROVED AS TO CONTENT:

Papillas

Maria Pasillas Tax Assessor/Collector

CITY OF EL PASO TAX	SILLAS, RTA ASSESSOR COLLECTOR	RECEIVED JUL 2 4 2024
EL PAS	SAS, STE 300 , TX 79901 0107 Email: taxforms@elpasotexas.gov Geo No. S075-000-0270-13A5	Prop ID 314994
	Legal Description of the	Property
STUART C. COX, TRUSTEE 1760 N. LEE TREVINO DR. EL PASO, TX 79936-0000	27 SAN ELIZARIO TR 13-/ CLSD RD ADJ ON NWLY AC)	
0	OWNER: MARTINEZ SOT	ERO JR
+ -	2020 OVERAGE	AMOUNT \$178.45

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 19: SAN ELIZARIO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2, 56: CITY OF SAN ELIZARIO

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.

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

APPLICATION FOR PROPERTY TAX REFUND:

Step 1. Identify the refund	Who should the refund be issued to:									
recipient.	Name: Spterp Martinez, 46									
Show information for whomever will be receiving	Addı			101	ietta	Pd.	~		/	
the refund.	City,	11 LINE 1	and the second se	E	zhri	TY	79849		1/	
	City, State, Zip: San Elizario Daytime Phone No.:			111	E-Mail Addres	s:	Le .			
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Payn	ient made by	8 <u>. So</u>		18.2	Check No.	Date Paid	Ame	unt Paid	
	Chee	k Payment				382232	02/01/2021		\$287.55	1
	Ca	sett 16-	20779	Clo	sed.	_				
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):								
		- A-								
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 four guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)							l `ound		
Jenc 9/12/24	SIGN	ATURE OF	REQUES	TOR (R	EQUIRED)) P		& DATE	877-74 2 2 VI	
TAX OFFICE USE ONLY:	LV	Approved	De	enied	By:	17.17	Date:	43	1.24	

RESOLUTION

WHEREAS, pursuant to Section 31.11 (c) of the Texas Code an application for a refund must be made within three (3) years after the date of the payment or the taxpayer waives the right to the refund; and

WHEREAS, pursuant to Section 31.11 (c-1) the governing body of the taxing unit may extend the deadline for a single period not to exceed two years on a showing of good cause by the taxpayer; and

WHEREAS, taxpayer, Sotero Martinez Jr., through Stuart C. Cox, Trustee ("Taxpayer") has applied for a refund with the tax assessor for their 2020 property taxes that were overpaid on February 1, 2021 in the amount of \$178.45 (One Hundred and Seventy-Eight and 45/100 Dollars) for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2020 taxes for a period not to exceed two years on a showing of good cause by the taxpayer; and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT THE City finds that Sotero Martinez Jr., through Stuart C. Cox, Trustee showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2020 taxes and the tax refund in the amount of \$178.45 (One Hundred and Seventy-Eight and 45/100 Dollars) is approved.

APPROVED this _____ day of _____, 2024.

CITY OF EL PASO:

Oscar Leeser Mayor

ATTEST:

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Oscar Gomez Assistant City Attorney

APPROVED AS TO CONTENT:

ia O Papillas

Maria Pasillas Tax Assessor/Collector