

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

AGENDA DATE:

PUBLIC HEARING DATE: September 28, 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

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

DEPARTMENT HEAD:

Maia O. Poulos

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

TAX REFUNDS
September 28, 2021

1. Weststar Title LLC, in the amount of \$3,492.84 made an overpayment on February 1, 2021 of 2020 taxes.
(Geo. # M577-001-0030-0900)

Laura D. Prine
City Clerk

Maria O. Pasillas

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 www.elpasotexas.gov/tax-office

AUG 20 2021

WESTSTAR TITLE
641 N. STANTON
EL PASO, TX 79901

Handwritten: 12500 ✓

Geo No. M577-001-0030-0900	Prop ID 638310
Legal Description of the Property BLK 3 MISSION RIDGE #1 LOT 9 455 CARMEN RD 79928	
OWNER: GALLEGOS VALERIE R	

2020 OVERAGE AMOUNT \$3,492.84 ✓

6. COUNTY OF EL PASO. 7. EL PASO COMMUNITY COLLEGE. 8. UNIVERSITY MEDICAL CENTER OF EL PASO. 9. SOCORRO ISD. 15. EMERG SERVICES DIST #1. 36. PASEO DEL ESTE MUD #3

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: WestStar Title, LLC ✓			
	Address: 641 N. Stanton, Suite 200 ✓			
	City, State, Zip: EL PASO, TX 79901			
Daytime Phone No.: 915-849-5546		E-Mail Address: sswift@weststar-title.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
		20187476	2/1/21	6837.77
	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:			
	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. ✓			
	<input type="checkbox"/> 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.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		PRINTED NAME & DATE	
	<i>Handwritten:</i> Sandra L. Swift		Sandra L. Swift ✓	
TAX OFFICE USE ONLY: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		By: <i>Handwritten Signature</i> ✓		Date: 08/03/2021 ✓

Notes

Go To

ANDREA
ACT80122 v1.90

08/24/2021 10:30:06
ACTEP

DEPOSIT Remittance Detail

Summary Query

Summary

Deposit No	Account No	Remit Seq No	Check No	Payment Amount	Payment Agreement No.					
A02032179	M57700100300900									
Check/Receipt Images	Deposit No.	Receipt Date	Remit Seq No.	Check No	Payment Type	Payment Amount	Applied Amount	Transaction Type	Account No.	Payer
	A02032179	02/01/2021	46720889	20187476	CH	\$6,837.77	\$3,492.84	LG	M57700100300900	25762393-WESTSTAR TR
	A02032179	02/01/2021	46720889	20187476	CH	\$6,837.77	\$3,344.93	PA	M57700100300900	25762393-WESTSTAR TR
	RC210823	02/01/2021	46720889	20187476	CH	\$3,492.84	\$3,492.84	TR	M57700100300900	25762393-WESTSTAR TR
	RC210823	02/01/2021	46720889	20187476	CH	\$3,492.84	\$3,492.84	TR	M57700100300900	24859229-WESTSTAR TR
	RD2954688	03/23/2018	36356004	0000210071	CH	\$632.49	\$632.49	RD	M57700100300900	26334571-GREEN GARY
	M17RE 1800001	12/18/2017	36356004	171215192214	EF	232,569,225.62	\$5,630.75	PA	M57700100300900	800000-CORELOGIC
	RC180322	12/18/2017	36356004	171215192214	EF	\$632.49	\$632.49	TR	M57700100300900	26334571-GREEN GARY
	RC180322	12/18/2017	36356004	171215192214	EF	\$632.49	\$632.49	TR	M57700100300900	UNKNOWN OWNER
	RF18031E	12/18/2017	36356004	171215192214	EF	\$0.00	\$252.09	DA	M57700100300900	UNKNOWN OWNER
	RF180316	12/18/2017	36356004	171215192214	EF	\$0.00	\$56.90	DA	M57700100300900	800000-CORELOGIC
	RF180316	12/18/2017	36356004	171215192214	EF	\$0.00	\$22.46	DA	M57700100300900	800000-CORELOGIC
	RF18031E	12/18/2017	36356004	171215192214	EF	\$0.00	\$0.00	DA	M57700100300900	800000-CORELOGIC
Applied Total							\$15,315.26			