#### TAX REFUNDS OVER THREE (3) YEARS December 13, 2022

 Rae S Chang, in the amount of \$1,250.00, made an overpayment on January 30, 2018 of 2017 taxes. (Geo. # C050-999-1000-4600)

- Bobcat of El Paso c/o Total Equipment & Rental of El Paso, in the amount of \$410.71, made an overpayment on January 29, 2019 of 2019 taxes. (Geo. # 1437-999-1265-9350)
- Sylvia Tellez, in the amount of \$125.12, made an overpayment on March 11, 2019 of 2019 taxes.
   (Geo. # 07CG-000-1072-3814)
- Flexy Bags & Packaging c/o Bags & Packing Corp, in the amount of \$151.45, made an overpayment on March 06, 2018 of 2017 taxes. (Geo. # 0914-999-1107-7334)
- Nationstar Mortgage LLC dba Champion Mortgage Co, in the amount of \$945.63, made an overpayment on December 19, 2018 of 2018 taxes. (Geo. # D417-000-0050-3100)
- Esther M. Rossini, in the amount of \$10.01, made an overpayment on March 07, 2019 of 2018 taxes.
   (Geo. #D457-000-0030-2300)
- Stewart Title, in the amount of \$1,865.07, made an overpayment on April 30, 2018 of 2017 taxes.
   (Geo. #S075-000-0220-18B0)
- Autos Y Camiones Liberty LLC, in the amount of \$616.40, made an overpayment on January 07, 2019 of 2018 taxes. (Geo. #1692-000-1317-5356)
- Janice A. Torres, in the amount of \$223.35, made an overpayment on January 15, 2019 of 2018 taxes. (Geo. #D047-999-0160-1700)
- Janice Schmidtke, in the amount of \$4,395.95, made an overpayment on March 15, 2019 of 2018 taxes. (Geo. #V893-999-0880-0900)

Laura D. Prine
City Clerk

Maria O. Pasillas, RTA Tax Assessor Collector

Unia O Papillas



## **Internal Audit Office**

MAYOR

Oscar Leeser

CITY COUNCIL

District 1
Peter Svarzbein

District 2 Alexsandra Annello

District 3 Cassandra Hernandez

District 4
Joe Molinar

District 5
Isabel Salcido

District 6 Claudia L. Rodriguez

District 7 Henry Rivera

District 8 Cissy Lizarraga

CITY MANAGER

Tommy Gonzalez

DATE: June 28, 2022

TO: Maria O. Pasillas, Tax Assessor/Collector

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

CHANG RAES

C050-999-1000-4600 \$1,250.00

The Internal Audit Office reviewed the refund application, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed application was received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 6 days to process the application received and send for review.

Based on our review, the Tax Overpayment Refund that exceeded a three-year period was determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager

Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

Edmundo S. Calderon – Chief Internal Auditor Internal Audit Office | 218 N. Campbell | El Paso, TX 79901 O: (915) 212-0069 | Email: calderones@elpasotexas.gov



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, RAE S CHANG ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on January 30, 2018 in the amount of \$1,250.00 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 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 Rae S Chang showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$1,250.00 is approved.

APPROVED this 13th day of December, 2022.

CITY OF EL PASO

Oscar Leeser Mayor

ATTEST:

Raura D. Prine
Laura D. Prine

City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA



TAX OFFICE RECEIVED

JUN 21 2022

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

CHANG RAE S
1636 DEDE LN
EL PASO , TX 79902-2201

+ 3 years

Geo No. Prop ID
C050-999-1000-4600 176878

Legal Description of the Property
100 CAMPBELL N 15.25 FT OF 10 (2043 SQ FT)

701 S EL PASO ST

OWNER: CHANG RAE S

2017 OVERAGE AMOUNT \$1,250.00

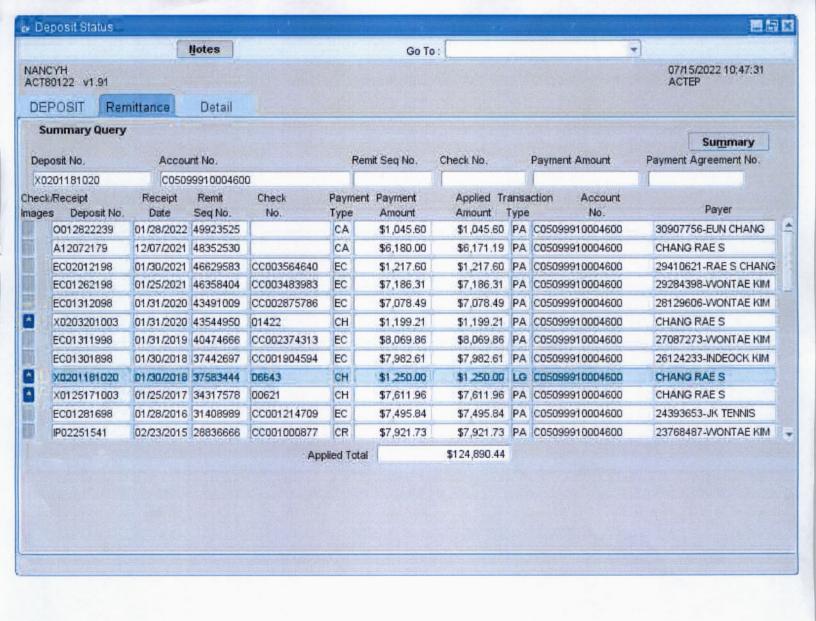
1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 33: DOWNTOWN MGMT. DISTRICT

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 PROPER	This application must be completed, signed, and submitted with supp	oorting documentation to be valid.			
Step 1. Identify the refund recipient.	Who should the refund be issued to:	ARTHUR PLANT			
Show information for	Name: RAE S CHANG	/			
whomever will be receiving	Address: 1636 Dede Cn				
the refund.	h =	902			
		eun-sofia a hotma			
Step 2. Provide payment information.	Payment made by: Check No. Date Paid	Amount Paid			
Please attach copy of cancelled	CK 6643 1/29/18	1,250.00			
check, original receipt, online payment confirmation or					
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts)				
Step 3. Provide reason for	Please check one of the following:	THE PERSON NAMED IN			
this refund. Please list any accounts and/or years that you intended to pay with this overage.	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 chave given on this form is true and correct. (If you make a false statement on this guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code	application, you could be found			
	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME &	DATE			
YAMA 6/23/22	PAE S CH	AUG 6/15/200			
Anc 6/23/22	2)	ANG 6/15/2			
TAX OFFICE USE ONLY:	Approved Denied By: N.H. Date:	6.21.22			

Print Date: 04/13/2022





## Internal Audit Office

MAYOR

Oscar Leeser

CITY COUNCIL

District 1
Peter Svarzbein

District 2
Alexsandra Annello

District 3
Cassandra Hernandez

District 4
Joe Molinar

District 5 Isabel Salcido

District 6 Claudia L. Rodriguez

District 7 Henry Rivera

District 8 Cissy Lizarraga

CITY MANAGER Tommy Gonzalez DATE: September 9, 2022

TO: Maria O. Pasillas, Tax Assessor/Collector

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

**BOBCAT OF EL PASO** 

1437-999-1265-9350 \$410.71

The Internal Audit Office reviewed the refund application, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed application was received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 2 days to process the application received and send for review.

Based on our review, the Tax Overpayment Refund that exceeded a three-year period was determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager Robert Cortinas, Deputy City Manager of Support Services & Chief Financial Officer

Edmundo S. Calderon – Chief Internal Auditor Internal Audit Office | 218 N. Campbell | El Paso, TX 79901 O: (915) 212-0069 | Email: calderones@elpasotexas.gov



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, Bobcat of El Paso c/o Total Equipment & Rental of El Paso ("Taxpayer") has applied for a refund with the tax assessor for their 2019 property taxes that were overpaid on January 29, 2019 in the amount of \$410.71 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2019 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 Bobcat of El Paso c/o Total Equipment & Rental of El Paso showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2019 taxes and the tax refund in the amount of \$410.71 is approved.

APPROVED this 13th day of <u>becember</u>, 2022.

ATTEST.

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

CITY OF EL PASO

Oscar Leeser

Mayor

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA



## 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 1437-999-1265-9350 646476

Legal Description of the Property DEALER HEAVY EQUIPMENT INV

11179 ROJAS DR

OWNER: BOBCAT OF EL PASO

BOBCAT OF EL PASO
C/O TOTAL EQUIPMENT & RENTAL OF
EL PASO
16301 N ROCKWELL AVE
EDMOND, OK 73013-9059

134rs

2019 OVERAGE AMOUNT \$410.71

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 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 PROPER	TY TAX REFUND: This application	must be completed, signed, a	nd submitted with suppor	ting documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to:					
recipient. Show information for	Name:					
whomever will be receiving	Address:		The state of the s			
the refund.	City, State, Zip:					
	Daytime Phone No.:		E-Mail Address:			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled check, original receipt, online payment confirmation of	Bobcot of El Paso	008369	12-29-19	1,479,19		
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 fo have given on this form is true and of guilty of a Class A misdemeanor or	correct. ( If you make a fa	alse statement on this a	pplication, you could be found		
	SIGNATURE OF REQUESTOR (R	EQUIRED)	PRINTED NAME & D			
Para 8/30/22	In That	-	Lewis Cunn	halam 8-24-22		
June of 1	7		www.	1/		
TAX OFFICE USE ONLY:	Approved Denied	By: <b>N.14</b>	. Date:	8.29.22		

Print Date: 08/10/2022

Notes Go To IANCYH 09/14/2022 14:34:09 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No Payment Amount Payment Agreement No. T01291900005 143799912659350 neck/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Amount Payer ages Deposit No Date Seq No. No Type Amount No Type R030219498 01/29/2019 40484199 08369 CH \$0.00 \$1,479.79 LG 143799912659350 BOBCAT OF EL PASO R030219498 01/29/2019 40484199 08369 CH \$0.00 \$1,479.79- TR | 143799912659350 **BOBCAT OF EL PASO** R030219498 01/29/2019 40484199 08369 CH \$0.00 \$1,069.08 TR 143799912659350 BOBCAT OF EL PASO R030219498 01/29/2019 40484199 08369 CH \$0.00 \$1,069.08- LG 143799912659350 BOBCAT OF EL PASO 01/29/2019 40484199 R030220298 08369 CH \$0.00 \$410.71 TR | 143799912659350 BOBCAT OF EL PASO R030220298 01/29/2019 40484199 08369 CH \$0.00 \$410.71- TR 143799912659350 BOBCAT OF EL PASO R030419498 01/29/2019 40484199 08369 CH \$0.00 \$410.71- TR 143799912659350 BOBCAT OF EL PASO R030419498 01/29/2019 40484199 08369 CH \$0.00 \$410.71 TR 143799912659350 BOBCAT OF EL PASO R9201967 01/29/2019 40484199 08369 CH \$0.00 \$0.00 TR 143799912659350 BOBCAT OF EL PASO T01291900005 01/29/2019 40484199 08369 CH \$1,479.79 PA 143799912659350 \$1,479 79 BOBCAT OF EL PASO P20184000001 01/31/2018 | 37801560 88888 CH \$5,173,530,45 \$5,006.33 PA 143799912659350 88888-COUNTY TAX OFF RD2730545 04/11/2017 34798219 0000203453 CH \$430.41-\$430.41- RD 143799912659350 25488799-TOTAL EQUIPN Applied Total \$49,309.86



## Internal Audit Office

MAYOR

Oscar Leeser

CITY COUNCIL

District 1
Peter Svarzbein

District 2 Alexsandra Annello

District 3 Cassandra Hernandez

District 4
Joe Molinar

District 5
Isabel Salcido

District 6 Claudia L. Rodriguez

District 7
Henry Rivera

District 8 Cissy Lizarraga

CITY MANAGER

Tommy Gonzalez

DATE: September 19, 2022

TO: Maria O. Pasillas, Tax Assessor/Collector

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

SYLVIA TELLEZ

07CG-000-1072-3814 \$125.12

donundo S. Caldun

The Internal Audit Office reviewed the refund application, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed application was received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 14 days to process the application received and send for review.

Based on our review, the Tax Overpayment Refund that exceeded a three-year period was determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager

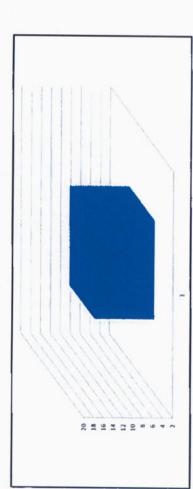
Robert Cortinas, Deputy City Manager & Chief Financial Officer

Edmundo S. Calderon - Chief Internal Auditor Internal Audit Office | 218 N. Campbell | El Paso, TX 79901 O: (915) 212-0069 | Email: calderones@elpasotexas.gov



City of El Paso Internal Audit Office Tax Office Refund Project Week of 99/12/2022 Reviews- Over Three Years

Date Internal Audit Reviewed Amelications	6/16/2023	
Totals Beys frees Bate Freef of Payment to Bate Asked to be Reviewed	71	
Date Tax Office Sent to Internal Audit for Review	9/14/2022	
Date Application was appeared by the Tax Office	9/1/2022	
Bate of Proof of Payment was Received in the Tax Office	8/31/2022	
Date Application	8/31/2022	
Amount of Refund	\$125.12	\$125 12
P.J.D. Number	07CG-000-1072-3814	
Refund To	YLVIA TELLEZ	
	18	





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, Sylvia Tellez ("Taxpayer") has applied for a refund with the tax assessor for their 2019 property taxes that were overpaid on March 11, 2019 in the amount of \$125.12 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2019 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 Sylvia Tellez showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2019 taxes and the tax refund in the amount of \$125.12 is approved.

APPROVED this 13th day of becember, 2022.

Laura D. Prine

City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

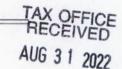
CITY OF ELPASO:

Oscar Leeser

Mayor

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA





### 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 07CG-000-1072-3814 429053

Legal Description of the Property

INV MACH SIGN

833 S MAIN ST-B

OWNER: TIME OUT

2019 OVERAGE AMOUNT \$125.12

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 16: ANTHONY ISD, 17: TOWN OF ANTHONY, 27: EMERG. SERVICES DIST, #2

#### Dear Taxpayer:

SYLVIA TELLEZ 325 SAN JACINTO

CHAMBERINO, NM 88027

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 PROPER	RTY TAX REFUND: This application must be completed, sign	ned, and submitted with supporting documentation to be valid.			
Step 1. Identify the refund	Who should the refund be issued to:				
Show information for	Name: SYIVIA TELLET				
whomever will be receiving	Address: 325 san Jacinto	1/			
the refund.	City, State, Zip: Chamberino, Am	88077			
	Daytime Phone No.: 915-1037-44110	E-Mail Address:			
Step 2. Provide payment information.	Payment made by: Check N	o. Date Paid Amount Paid			
Please attach copy of cancelled	Sylvia Tellez 125	3-11-19 400.00			
check, original receipt, online	FOR LOSS LAVE	Bank			
payment confirmation or bank/credit card statement.	Inologen have WF	of the above amounts)			
Step 3. Provide reason for	Please check one of the following:	of the above amounts)			
this refund. Please list any accounts and/or years that you intended to pay with this overage.	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 to	ax 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 ab- have given on this form is true and correct. (If you mak- guilty of a Class A misdemeanor or a state jail felony un	e a false statement on this application, you could be found			
0	SIGNATURE OF REQUESTOR (REQUIRED)	PRINTED NAME & DATE			
Jua9/2/2	Sylvia Ilz	SINIA TELLEZ			
	7				
TAX OFFICE USE ONLY:	V Approved Denied By: NA	1. Date: 9-1-22			

Print Date: 08/10/2022

Notes Go To ANCYH 09/19/2022 17:12:18 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seg No. Check No. Payment Amount Payment Agreement No. A03111986 07CG00010723814 eck/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Payer ages Deposit No Date Seq No. No. Amount Type Amount Type No. A11222194 11/22/2021 48167350 693 CH \$153.45 \$153.45 PA 07CG00010723814 30160586-MURILLO ROBI T12072000001 12/07/2020 45144881 01002 CH \$175.97 \$175.97 PA 07CG00010723814 TIME OUT R0105132091 10/11/2019 40930246 0000222935 CH \$125.12 \$125.12 LG 07CG00010723814 27273727-SYLVIA TELLE RC220901 10/11/2019 40930246 0000222935 CH \$125.12 \$125.12 TR 07CG00010723814 31474514-TELLEZ SYLVI RC220901 10/11/2019 40930246 0000222935 CH \$125.12-\$125.12- TR 07CG00010723814 27273727-SYLVIA TELLE RD3317508 10/11/2019 40930246 0000222935 CH \$125.12-\$125.12- LG 07CG00010723814 27273727-SYLVIA TELLE A03111986 03/11/2019 40930246 125 CH \$400.00 \$400.00 PA 07CG00010723814 27273727-SYLVIA TELLE R9201967 03/11/2019 40930246 125 \$125.12 LG 07CG00010723814 CH \$0.00 27273727-SYLVIA TELLE R9201967 03/11/2019 40930246 125 CH \$0.00 \$125.12- TR 07CG00010723814 27273727-SYLVIA TELLE T01031840003 01/02/2018 36803343 02240 CH \$92.56 \$92.56 PA 07CG00010723814 TIME OUT X0206171021 01/31/2017 34766850 02103 CH \$42.86 \$42.86 PA 07CG00010723814 TIME OUT X0128161015 01/28/2016 31373709 00215 CH \$44.37 \$44.37 PA 07CG00010723814 TIME OUT \$1,327.00 Applied Total



## **Internal Audit Office**

MAYOR

Oscar Leeser

CITY COUNCIL

District 1
Peter Svarzbein

District 2
Alexsandra Annello

District 3
Cassandra Hernandez

District 4
Joe Molinar

District 5 Isabel Salcido

District 6 Claudia L. Rodriguez

District 7 Henry Rivera

District 8 Cissy Lizarraga

CITY MANAGER Tommy Gonzalez DATE: September 27, 2022

TO: Maria O. Pasillas, Tax Assessor/Collector

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

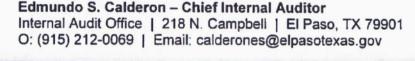
The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

FLEXY BAGS & PACKAGING	0914-999-1107-7334	\$151.45
NATIONSTAR MORTGAGE LLC dba CHAMPION MORTGAGE CO	D417-000-0050-3100	\$945.63
ESTHER M. ROSSINI	D457-000-0030-2300	\$10.01
STEWART TITLE CO	S075-000-0220-18B0	\$1,865.07

The Internal Audit Office reviewed the refund application, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed application was received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 0 to 9 days to process the application received and send for review.

Based on our review, the Tax Overpayment Refund that exceeded a three-year period was determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

cc: Tomas Gonzalez, City Manager Robert Cortinas, Deputy City Manager & Chief Financial Officer

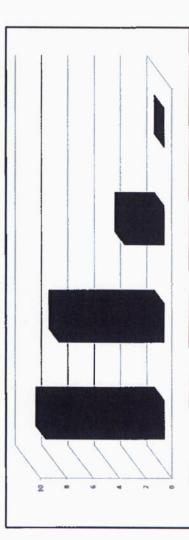




City of El Paso Internal Audit Office Tax Office Refund Project Week of 02/19/2022 Reviews- Over Three Years

B Refered To	P.J.D. Number	Amount of Refund	Date Application	Date of Proof of Payment was Received in the Tax Office	Date Application was approved by the Tax Office	bete Application na approved by the Tax Office Sent to the Tax Office Internal Andii for Review	Tetals Days from Bate Prasef of Payment to Date Asked to be Reviewel	Date Internal Andit Reviewed Applications	Commercia
I ESTHER M. ROSSINI	D457-000-0030-2300	10.018	3/7/2022	9/14/2022	9/14/2022	9/23/2022	6	9/27/2022	
2 STEWART TITLE CO	S075-000-0220-18B0	\$1,865 07	9/8/2022	9/15/2022	9/16/2022	9/23/2022	80	9/27/2022	
3 NATIONSTAR MORTGAGE LLC dba CHAMPION MORTGAGE CO	D417-000-0050-3100	\$945 63	9/15/2022	9/20/2022	9/21/2022	9/23/2022	3	9/27/2022	
4 FLEXY BAGS & PACKAGING	0914-999-1107-7334	\$15145	9/14/2022	9/23/2022	9/23/2022	9/23/2022	0	9/27/2022	
		\$2,972.16							





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, Flexy Bags & Packaging c/o Bags & Packaging Corp ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on March 06, 2018 in the amount of \$151.45 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 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 Flexy Bags & Packaging c/o Bags & Packaging Corp showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$151.45 is approved.

APPROVED this 3th day of December, 2022.

CITY OF EXPASO:

Oscar Leeser Mayor

ATTEST:

Rawra D. Prine

City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

APPROVED AS TO CONTENT:

Maria O Pasillas RTA

Maria O. Pasillas, RTA Tax Assessor/Collector



TAX OFFICE

SEP 09 2022

### 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

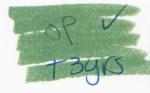
0914-999-1107-7334

Prop ID 604414

Legal Description of the Property

FURN MACH

FLEXY BAGS & PACKAGING C/O BAGS & PACKAGING CORP 720 CAMINO NORTE CT EL PASO, TX 79932-4210



720 CAMINO NORTE CT

OWNER: FLEXY BAGS & PACKAGING

Print Date: 08/10/2022

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 18: CANUTILLO ISD

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.

Step 1. Identify the refund	Who should the refund be issue	ation must be completed, signe			
recipient. Show information for	Name:			10000000000000000000000000000000000000	
whomever will be receiving	Address:				
the refund.	City, State. Zip:				
	Daytime Phone No.:		E-Mail Address:		
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	Amount Paid	
lease attach copy of cancelled heck, original receipt, online sayment confirmation or eank/credit card statement.	Podesing	3317	3-6-18	१५८,२७	
tep 3. Provide reason for	Please check one of the following	L AMOUNT PAID (sum ong:	of the above amounts)		
this refund. Please list any accounts and/or years that you intended to pay with this overage.	I paid this account in error and I am entitled to the refund.				
	1 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	ve been applied to other tax	account(s) and/or year(s), e	escrow (listed below):	
Insign RED TIVE Dot to processed.	By signing below, I hereby appl have given on this form is true a guilty of a Class A misdemeand	and correct. ( If you make a or or a state jail felony unde	false statement on this app	lication, you could be four	
SEP 23 2022 Received Signature	SIGNATURE OF REQUESTO	R(REOURED)	PRINTED NAME & DAY	TE Z Q VEZ	
10x July 9/23	Denie Denie	d By: NH	Date: 09	14/2022 /14/2022	
		9.23.	22		

Notes Go To ANCYH 09/29/2022 15:47:21 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No Payment Amount Payment Agreement No. A03061865 091499911077334 neck/Receipt Receipt Remit Check Payment Payment Applied Transaction Account ages Deposit No. Date Seq No. No. Payer Type Amount Amount No. Type A05022290 05/02/2022 50567651 1836 CH \$1,264.17 \$1,264.17 PA 091499911077334 FLEXY BAGS & PACKAG T11052000009 11/02/2020 44787945 01600 CH \$973.85 \$973.85 PA 091499911077334 FLEXY BAGS & PACKAG A04272081 04/27/2020 44098020 1228 CH \$1,313.21 \$1,313.21 PA 091499911077334 FLEXY BAGS & PACKAG 04/25/2019 41133668 A04251986 7400 CH \$565.54 \$565.54 PA 091499911077334 FLEXY BAGS & PACKAG A04251986 04/25/2019 41133667 3402 CH \$565.54 \$565.54 PA 091499911077334 FLEXY BAGS & PACKAG A03061865 03/06/2018 | 37952640 3377 CH \$846.27 \$151.45 LG 091499911077334 FLEXY BAGS & PACKAG A03061865 03/06/2018 37952640 3377 CH \$846.27 \$694.82 PA 091499911077334 FLEXY BAGS & PACKAG X1114161007 11/14/2016 32967498 03268 CH \$623.82 \$623.82 PA 091499911077334 FLEXY BAGS & PACKAG A05231676 05/23/2016 32278676 3216 CH \$1,702.93 \$1,702.93 PA 091499911077334 FLEXY BAGS & PACKAG A04201572 04/20/2015 29117846 3091 CH \$1,818.66 \$1,818.66 PA 091499911077334 FLEXY BAGS & PACKAG A09291448 09/29/2014 26596298 3036 CH \$829.16 \$829.16 PA 091499911077334 FLEXY BAGS & PACKAG A12121372 12/12/2013 24380227 6134 CH \$577.56 \$577.56 PA 091499911077334 22773216-BAGS & PACK \$14.826.76 Applied Total

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, Nationstar Mortgage LLC dba Champion Mortgage Co through Texas Title ("Taxpayer") has applied for a refund with the tax assessor for their 2018 property taxes that were overpaid on December 19, 2018 in the amount of \$945.63 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2018 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 Nationstar Mortgage LLC dba Champion Mortgage Co through Texas Title showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2018 taxes and the tax refund in the amount of \$945.63 is approved.

APPROVED this 13th day of Pecun bee, 2022.

ATTEST:

Kaura D. Prine
Laura D. Prine

City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

Oscar Leeser

Mayor

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA

SEP 2 0 2022

## 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. D417-000-0050-3100

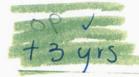
Prop ID 44622

Legal Description of the Property

5 DESERT BREEZE UNIT 1 LOT 31 (6926.04 SQ FT)

14701 DUST DEVIL CT 79928

TEXAS TITLE 18383 PRESTON ROAD #110 DALLAS, TX 75252



OWNER: BOTELLO ARLETH N & BORUNDA JOSE G N

2018 OVERAGE AMOUNT \$945.63

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO. 10: CLINT ISD, 14: HORIZON REGIONAL MUD. 15: EMERG. SERVICES DIST #1. 31: TOWN OF HORIZON CITY

#### 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 PROPER	ETY TAX REFUND: This application	must be completed, signed, a	and submitted with supporting	g documentation to be valid.		
Step 1. Identify the refund	Who should the refund be issued to		MARCHA TO THE PARTY OF THE PART			
recipient. Show information for	Name: Nationstar 1	Nortgage LC	dra Obano	ion Martage C		
whomever will be receiving	Name: Nationstar 1 Address: 8950 Cu	Press Kinter	Blvd	ton mortgage		
the refund.	City, State, Zip: Coppell	TX 75618		1/		
	City, State, Zip: Coppell Daytime Phone No.: 9495	176511	E-Mail Address:			
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid		
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or	Check	le39 (e1	12/19/18	3248.72		
bank/credit card statement.	TOTAL AMOUNT PAID (sum of the above amounts) 3248, 72					
Step 3. Provide reason for this refund.  Please list any accounts and/or years that you intended to pay	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.					
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 have given on this form is true and guilty of a Class A misdemeanor or	correct. ( If you make a fa	lse statement on this appli	cation, you could be found		
10 01-15	SIGNATURE OF REQUESTOR (F	REQUIRED) P	RINTED NAME & DAT	E		
Tuc 9122/23	marions		9-15-202	2		
TAX OFFICE USE ONLY:	Approved Denied	Ву: N.H.	Date: 9	21.22		

Notes Go To \* ANCYH ACCOUNT NO (D41700000503100): Bankruptcy 13-30743 has been closed 09/29/2022 15:51:39 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No Remit Seg No. Check No. Payment Amount Payment Agreement No. A12191865 D41700000503100 neck/Receipt Receipt Remit Check Payment Payment Applied Transaction Account ages Deposit No. Date Seq No. No Type Amount Amount Type No. Payer T01042200008 12/30/2021 48944513 00111 CH \$4,397.68 \$4,397.68 PA D41700000503100 BOTELLO ARLETH N & B 0010421255 01/04/2021 45809627 195 CH \$3,442.94 \$3,442.94 PA D41700000503100 29084200-BORUNDA JOS X0129201005 01/29/2020 43353051 01113 CH \$3,351.42 \$3,351.42 PA D41700000503100 BORUNDA JOSE G N A12191865 12/19/2018 | 39357016 \$3,248.72 63961 CH \$2,303.09 PA D41700000503100 24073857-TEXAS TITLE A12191865 12/19/2018 39357016 63961 CH \$3,248 72 \$945 63 LG D41700000503100 24073857-TEXAS TITLE RC220921 12/19/2018 39357016 63961 CH \$945.63-\$945.63- TR D41700000503100 24073857-TEXAS TITLE RC220921 12/19/2018 39357016 63961 CH \$945.63 \$945.63 TR D41700000503100 31494044-NATIONSTAR N A05301875 05/30/2018 38302670 0021828 CH \$677.58 \$677.58 PA D41700000503100 26250900-NATIONSTAR N A05301875 05/30/2018 38302654 0021827 CH \$2,423.40 \$2,423.40 PA D41700000503100 26250900-NATIONSTAR N A05301875 05/30/2018 38302616 0021826 CH \$2,331.71 \$2,331.71 PA D41700000503100 26250900-NATIONSTAR N A05301875 05/30/2018 38302597 0021825 CH \$2,227.39 \$2,227.39 PA D41700000503100 26250900-NATIONSTAR N A05301875 05/30/2018 38302587 0021824 CH \$2,164.46 \$2,164.46 PA D41700000503100 26250900-NATIONSTAR N Applied Total \$38,022.21

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, Esther M Rossini through Jose R Fernandez ("Taxpayer") has applied for a refund with the tax assessor for their 2018 property taxes that were overpaid on March 07, 2019 in the amount of \$10.01 for all taxing entities; and

WHEREAS, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2018 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 Esther M Rossini through Jose R Fernandez showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2018 taxes and the tax refund in the amount of \$10.01 is approved.

APPROVED this 3th day of December, 2022.

CITY OF EL PASO:

Oscar Leeser Mayor

ATTEST:

Laura D. Prin

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA

TAX OFFICE RECEIVED SEP 14 2022

FERNANDEZ JOSE R

3210 DONEGAL RD EL PASO, TX 79925-4148



TAX OFFICE RECEIVED

APR 18 2022

## 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

Geo No.

Prop ID

D457-000-0030-2300

378474

Legal Description of the Property

3 DESERT PALMS #1 LOT 23 (6108.00 SQ FT)

14541 HENDRIK DR

OWNER: FERNANDEZ JOSE R

2018 OVERAGE AMOUNT

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 14: HORIZON REGIONAL MUD, 15: EMERG. SERVICES DIST #1

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 PROPER	TY 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: £3 +her M. Rossini  Address: 3210 Donegal Ld  City, State, Zip: [ faso, TX 79925
Step 2. Provide payment information. Please attach copy of cancelled theck, original receipt, online payment confirmation or pank/credit card statement.	Payment made by:  Check No.  Date Paid  Amount Paid  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):
e 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  DSC R. Furgunde 3  17502

Notes Go To ANCYH 09/29/2022 15:53:10 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seg No. Check No. Payment Amount Payment Agreement No. A03071986 D45700000302300 neck/Receipt Receipt Remit Check Payment Payment Applied Transaction Account ages Deposit No. Date Seq No. No Type Amount Payer. Amount Type No. A01152265 01/15/2022 49236909 358 CH \$491.78 \$491.78 PA D45700000302300 FERNANDEZ JOSE R T01272100004 01/27/2021 46425244 00314 CH \$510.97 \$510.97 PA D45700000302300 FERNANDEZ JOSE R A01092081 01/09/2020 42773169 26202336715 CH \$495.87 \$495.87 PA D45700000302300 FERNANDEZ JOSE R A03071986 03/07/2019 40913120 5392963 CH \$554.81 \$10.01 LG D45700000302300 FERNANDEZ JOSE R A03071986 03/07/2019 40913120 5392963 CH \$544.80 PA D45700000302300 \$554.81 FERNANDEZ JOSE R RC220914 03/07/2019 40913120 5392963 CH \$10.01 \$10.01 TR D45700000302300 31487008-ROSSINI ESTH RC220914 03/07/2019 40913120 5392963 CH \$10.01-\$10.01- TR D45700000302300 FERNANDEZ JOSE R X0116181003 01/16/2018 37005946 09075 CH \$470.56 \$470.56 PA D45700000302300 FERNANDEZ JOSE R A02161765 02/16/2017 34897163 CA \$60.00 \$57.25 PA D45700000302300 FERNANDEZ JOSE R A02061778 02/06/2017 34744904 CA \$220.00 \$220.00 PA D45700000302300 FERNANDEZ JOSE R A02011779 02/01/2017 34573041 CA \$220.00 \$220.00 PA D45700000302300 FERNANDEZ JOSE R 03/14/2016 | 32007874 A03141665 CA \$1,911.00 \$1,910.52 PA D45700000302300 FERNANDEZ JOSE R Applied Total \$11,573.32

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, Stewart Title through Stewart Title Company ("Taxpayer") has applied for a refund with the tax assessor for their 2017 property taxes that were overpaid on April 30, 2018 in the amount of \$1,865.07 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2017 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 Stewart Title Company showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2017 taxes and the tax refund in the amount of \$1,865.07 is approved.

APPROVED this 13th day of December, 2022.

ATTEST:

Laura D. Prine

City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

1000

Y OFED PASO:

Oscar Leeser Mayor

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA



# 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. S075-000-0220-18B0

Prop ID 260212

Legal Description of the Property 22 SAN ELIZARIO TR 18-B (8.21 AC)

STEWART TITLE COMPANY 2244 TRAWOOD STE 101 EL PASO, TX 79935



OWNER: JCGAR VENTURES LLC

2017 OVERAGE AMOUNT \$1,865.07

6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 10: CLINT ISD, 12: TOWN OF CLINT, 25: LWR VALLEY WTR DISTRICT, 27: EMERG. SERVICES DIST. #2

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.

Step 1. Identify the refund	Who should the			aprocess, arginous, and	d submitted with sup	porting documen	tation to be valid.
recipient. Show information for	Name:	Stewar	t Title	v Providence		APRIL HE LAND	
whomever will be receiving	Address:	The state of the s		Ste. 101			V
the refund.	City, State, Zip:		, TX 79				
	Daytime Phone N	io.: 915-2	25-84	20	E-Mai Brives	Anollara	stewart.com
Step 2. Provide payment	Payment made by			Check No.	Date Paid	Amoun	
information.  Please attach copy of cancelled check, original receipt, online	Cleak		120	42364	4/30/18	7,51	4,53
payment confirmation or bank/credit card statement.		TOTAL	AMOUNT	AID (sum of th	e above amounts)	<u> </u>	
Step 3. Provide reason for	Please check one	of the following	ng:	AID (Sum of th	e above amounts)	A STATE OF	
this refund. Please list any accounts and/or years that you intended to pay	I paid this	account in err	or and I am ent	itled to the refun	nd.		
	67					ep 1.	
with this overage.	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 paym	ent should have	ve been applied	to other tax acc	ount(s) and/or year	(s), escrow (lis	ted below):
Step 4. Sign the form. Unsigned applications cannot be processed.	have given on this	form is true a	ind correct. ( I	f you make a fals	escribed taxes and se statement on this e Texas Penal Code	s application, y	ou could be found
Jucq5,12	SIGNATUREDE	2 Cull	REQUIREE		RINTED NAME &	DATE	8-2022 V
	,0				1		V
TAX OFFICE USE ONLY:	Approved	Denie	d By:	4.14	Date:	9-16-3	22

Notes Go To ANCYH 09/29/2022 15:50:16 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Payment Amount Deposit No. Account No. Remit Seq No. Check No. Payment Agreement No. A04301875 S075000022018B0 neck/Receipt Receipt Remit Check Payment Payment Applied Transaction Account Payer ages Deposit No. Seq No Date No Type Amount Amount Type No. A04301875 04/30/2018 38196715 12042364 CH \$7,516.53 \$5,651.46 PA S075000022018B0 24027911-STEWART TITL A04301875 CH 04/30/2018 | 38196715 12042364 \$7,516.53 \$1,865.07 LG S075000022018B0 24027911-STEWART TITL A11211778 11/21/2017 36044871 477 CH \$10.00 TC | S075000022018B0 \$10.00 JCGAR VENTURES LLC EC11201768 11/20/2017 36042427 CC001737611 EC \$2,327.78 \$2,327.78 PA S075000022018B0 25767601-ICON CUSTON A09051775 09/05/2017 35644879 CA \$10.00 \$10.00 TC S075000022018B0 JCGAR VENTURES LLC A05221775 05/22/2017 35347669 CA \$10.00 \$10.00 TC |S075000022018B0 JCGAR VENTURES LLC A11221677 11/22/2016 33050111 20112223 CH \$379.22 \$158.05 PA S075000022018B0 24859229-WESTSTAR TI X1224152001 12/24/2015 30453522 13581 CH \$7,293.91 \$143.74 PA S075000022018B0 **BRITTON JIMMIE G** X1212142002 12/12/2014 27280536 13507 CH \$4,378.20 \$140.41 PA S075000022018B0 BRITTON JIMMIE G X1219132000 12/19/2013 24509797 00107 CH \$4,452.61 \$140.27 PA S075000022018B0 BRITTON JIMMIE G X1212122000 12/12/2012 22235624 00104 CH \$4,316.97 \$136.50 PA S075000022018B0 BRITTON JIMMIE G A12191141 12/19/2011 19386210 103 CH \$4,336.22 \$133.55 PA S075000022018B0 BRITTON JIMMIE G Applied Total \$12,741.88



## Internal Audit Office

MAYOR

Oscar Leeser

CITY COUNCIL

District 1
Peter Svarzbein

District 2 Alexsandra Annello

District 3
Cassandra Hernandez

District 4
Joe Molinar

District 5
Isabel Salcido

District 6 Claudia L. Rodriguez

District 7 Henry Rivera

District 8 Cissy Lizarraga

CITY MANAGER Tommy Gonzalez **DATE:** October 18, 2022

TO: Maria O. Pasillas, Tax Assessor/Collector

FROM: Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

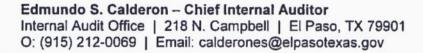
The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

AUTOS Y CAMIONES LIBERTY LLC 1692-000-1317-5356 \$616.40 JANICE A. TORRES D047-999-0160-1700 \$223.35

The Internal Audit Office reviewed the refund applications, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed applications were received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking I to 3 days to process the applications received and send for review.

Based on our review, the Tax Overpayment Refunds that exceeded a three-year period were determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

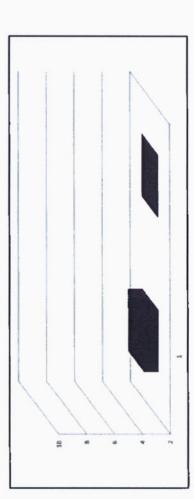
cc: Tomas Gonzalez, City Manager Robert Cortinas, Deputy City Manager & Chief Financial Officer





City of El Paso
Internal Audit Office
Tax Office Refund Project
Week of 10/10/2022 Reviews- Over Three Years

Refused To	P.I.D. Number	Amount of Refund	Date Application	Date of Frank of Fayment was Received in the Tax Office	Date Application was approved by the Tax Office	Bate Tax Office Sent to Internal Audit for Review	Totals Days from Date Fraef of Payment to Date Asked to be Reviewed R	Date Internal Audit Reviewed Applications	Commette
OS Y CAMIONES LIBERTY LLC	1692-000-1317-5356	\$616.40	9/6/2022	16/11/2022	10/11/2022	10/14/2022	J	10/18/2022	
CE A. TORRES	D047-999-0160-1700	\$223 35	9/29/2022	10/13/2022	10/13/2022	10/14/2022	1	10/18/2022	
		\$839.75							





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, Autos Y Camiones Liberty LLC ("Taxpayer") has applied for a refund with the tax assessor for their 2018 property taxes that were overpaid on January 07, 2019 in the amount of \$616.40 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2018 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 Autos Y Camiones Liberty LLC showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2018 taxes and the tax refund in the amount of \$616.40 is approved.

APPROVED this 13th day of Deember, 2022.

CITY OF EL PASO:

Oscar Leeser Mayor

ATTEST:

Raura D. Prine

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA



TAX OFFICE RECEIVED SEP 0 8 2022

#### 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. 1692-000-1317-5356 Prop ID 660010

Legal Description of the Property

DEALER MOTOR VEH INV P130100

11417 STOCKYARD RD

AUTOS Y CAMIONES LIBERTY LLC 11417 STOCKYARD DR EL PASO. TX 79927

+ 3 yrs

OWNER: AUTOS Y CAMIONES LIBERTY LLC

2018 OVERAGE AMOUNT \$616.40

4: CITY OF SOCORRO 6: COUNTY OF FLIPASO 7: ELIPASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF ELIPASO, 9: SOCORRO ISD, 25: LWR VALLEY WTR DISTRICT, 27: EMERG, SERVICES DIST, #2

#### 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 PROPER	DECEMA		ed, signed, and subr	nitted with support	ing documentation to be valid.
Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	and the state of t	y Camion 7 Stoc Paso TX	7992	PI,	\C_\/
Step 2. Provide payment information. Please attach copy of cancelled check, original receipt, online payment confirmation or	Payment made by:	22503	eck No. D	17/19	830.64
bank/credit card statement. Step 3. Provide reason for this refund.	Please check one of the foll			ve amounts)	
Please list any accounts and/or years that you intended to pay with this overage.		int. Please refund the ex	cess to the addre	ss listed in Step	1.
<i>j</i>		applied to next year's ta I have been applied to o		s) and/or year(s).	escrow (listed below):
Step 4. Sign the form. Unsignation OFFICE be processed. OFFICE RECEIVED	By signing below, I hereby have given on this form is to guilty of a Class A misdem SIGNATURE OF REQUES	rue and correct. ( If you canor or a state jail felo	make a false sta	tement on this ap	oplication, you could be found sec. 37.10.)
OCT 11 2022 Received PDP	Juana Bu	jerM.	JUAN	A BOR	1 M. 9/6/2
TAX OFFICE USE ONLY:	Approved I	enied By:	N.A.	Date:	Print Date: 08/10/2022

Notes Go To ANCYH 11/01/2022 10:22:01 CT80122 v1.91 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. EC01071998 169200013175356 Check neck/Receipt Receipt Remit Payment Payment Applied Transaction Account Payer ages Deposit No. Date Seq No No. Amount Amount Type No. P20210000001 01/31/2022 50149658 1840 CH \$6,111,023.51 \$405.12 PA 169200013175356 88888-COUNTY TAX OFF EC04202198 04/20/2021 47317479 CC003733586 EC \$476.87 \$476.87 PA 169200013175356 29759507-AUTOS Y CAM P20200000001 01/31/2021 46902105 1817 CH \$6,036,397.91 \$402.59 PA 169200013175356 88888-COUNTY TAX OFF IP08032085 07/31/2020 44457811 CC003126045 CR \$431.28 PA 169200013175356 \$431.28 28606335-IVR PAYMENT P20190001 01/31/2020 43721639 1791 CH \$5,651,502.86 \$558.56 PA 169200013175356 88888-COUNTY TAX OFF P20180001 01/31/2019 40753029 88888 \$5,173,266.47 \$616.40 PA 169200013175356 88888-COUNTY TAX OFF CH RD3137897 01/10/2019 37530826 0000215131 CH \$613.15-\$613.15- RD 169200013175356 26864288-AUTOS Y CAM EC01071998 01/07/2019 39760738 CC002250393 EC \$830.64 \$830.64 PA 169200013175356 26880698-AUTOS Y CAM 26880698-AUTOS Y CAM R030119698 01/07/2019 39760738 CC002250393 EC \$0.00 \$830.64- TR | 169200013175356 R030119698 01/07/2019 39760738 CC002250393 EC \$830.64 LG 169200013175356 \$0.00 26880698-AUTOS Y CAM R030219498 01/07/2019 39760738 CC002250393 EC \$214.24- LG 169200013175356 \$0.00 26880698-AUTOS Y CAM R030219498 01/07/2019 39760738 CC002250393 EC \$0.00 \$214.24 TR 169200013175356 26880698-AUTOS Y CAM \$4,745.81 Applied Total

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, Janice A Torres through Laura E & Oswaldo Melchor ("Taxpayer") has applied for a refund with the tax assessor for their 2018 property taxes that were overpaid on January 15, 2019 in the amount of \$223.35 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2018 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 Janice A Torres through Laura E & Oswaldo Melchor showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2018 taxes and the tax refund in the amount of \$223.35 is approved.

APPROVED this 13th day of December, 2022.

CITY OF EXPASO:

Oscar Leeser Mayor

ATTEST:

Raura D. Anne

Laura D. Prine City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez

Senior Assistant City Attorney

APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA



OCT 13 2022

## 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

Prop ID Geo No. D047-999-0160-1700 208571

Legal Description of the Property

16 DALE BELLAMAH #3 LOT 9 (7000 SQ FT)

9901 TITAN ST 79924

MELCHOR LAURA E & OSWALDO 9901 TITAN ST EL PASO, TX 79924

06 + 3 45

OWNER: MELCHOR LAURA E & OSWALDO

2018 OVERAGE AMOUNT \$223.35

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 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 PROPER	TY TAX REFUND: This application	must be completed, signed, a	and submitted with support	ng documentation to be valid.	
Step 1. Identify the refund	Who should the refund be issued to	):	THE WAR	E E E E	
recipient. Show information for whomever will be receiving the refund.		snaview	CITCLE 79924 E-Mail Address: 10	iniceatowes 6 yal	
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	
information.  Please attach copy of cancelled check, original receipt, online payment confirmation or	Janice A. Torres	8078	1-15-19	223,35	
bank/credit card statement.	TOTAL A	MOUNT 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 f have given on this form is true and guilty of a Class A misdemeanor of	correct. ( If you make a f	alse statement on this ap	plication, you could be found	
0	SIGNATURE OF REQUESTOR (	REQUIRED)	PRINTED NAME & DA	ATE /	
the 10/14/22	ganice a. Tor		Janice A.	Torres 9.29.202	
TAX OFFICE USE ONLY:	Approved Denied	Ву: N.Д.	Date:	10-13-22	

Print Date: 09/27/2022

Notes Go To 11/01/2022 10:23:58 ANCYH ACTEP CT80122 v1.91 DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No Remit Seg No. Check No. Payment Amount Payment Agreement No. T01151900002 D04799901601700 Check Payment Payment Applied Transaction Account Remit neck/Receipt Receipt Payer Amount Amount Type No. ages Deposit No Date Seq No No. 12/20/2021 48571144 \$1,508.40 PA D04799901601700 800000-CORELOGIC RG2112172054 EF 274,189,766.61 M21800000001 \$1,405.36 PA D04799901601700 800000-CORELOGIC 12/15/2020 45278757 201214123540 EF 241,485,823.54 M20800000001 M19800000001 12/16/2019 42270898 191213175283 EF 220,479,351.04 \$1,406.33 PA D04799901601700 800000-CORELOGIC \$223.35- TR D04799901601700 MELCHOR LAURA E & OS CH \$223.35-RC221013 01/15/2019 39990681 08078 \$223.35 TR D04799901601700 31520303-TORRES JANIC 01/15/2019 39990681 08078 CH \$223.35 RC221013 \$223.35 LG D04799901601700 MELCHOR LAURA E & O! 08078 CH \$223.35 01/15/2019 39990681 T01151900002 \$893.36 PA D04799901601700 24027911-STEWART TITL A12051889 12/05/2018 39139224 13048 CH \$893.36 A07261865 07/26/2018 38491660 8056 CH \$219.91 \$219.91 PA D04799901601700 BIERMAN DAPHNE J BIERMAN DAPHNE J \$219.92 PA D04799901601700 A05231881 05/23/2018 38278912 8048 CH \$219.92 CH \$219.92 \$219.92 PA D04799901601700 BIERMAN DAPHNE J A03271883 03/27/2018 38055796 8034 \$219.92 PA D04799901601700 BIERMAN DAPHNE J CH 01/26/2018 37393325 08021 \$219.92 T01261840002 BIERMAN DAPHNE J 07/18/2017 35531771 7978 CH \$211.68 \$211.68 PA D04799901601700 A07181775 \$26,741.39 Applied Total



## Internal Audit Office

MAYOR

District 1
Peter Svarzbein

District 2

District 3

District 4
Joe Molinar

District 5

District 6

District 7

District 8

Henry Rivera

Cissy Lizarraga

Isabel Salcido

Claudia L. Rodriguez

Oscar Leeser

CITY COUNCIL

Alexsandra Annello

Cassandra Hernandez

November 1, 2022

TO:

Maria O. Pasillas, Tax Assessor/Collector

FROM:

DATE:

Edmundo S. Calderon, CIA, CGAP, CRMA, Chief Internal Auditor

SUBJECT: Review of Tax Overpayment Refunds that Exceed Three Years

The Internal Audit Office conducted a review of the Tax Overpayment Refunds that exceeded a three-year period. This engagement was accepted based on the engagement's potential to improve management of risks, add value, and/or improve the organization's operations (IIA 2010.C1). The work performed does not constitute an engagement conducted in accordance with Generally Accepted Government Auditing Standards (GAS 1.16). The observations and conclusions that are reported in this memorandum do not require Management responses.

The following Tax Overpayment Refund that exceeded a three-year period was reviewed:

JANICE SCHMIDTKE

V893-999-0880-0900 \$4,395.95

amundo S. Calden

The Internal Audit Office reviewed the refund application, copies of cancelled checks or proof of payments. Attached is a list of days from the date the completed application was received by the Tax Office and sent to the Internal Audit Office for review. The Tax Office is taking 3 days to process the application received and send for review.

Based on our review, the Tax Overpayment Refund that exceeded a three-year period was determined to be appropriate to send to City Council for approval pursuant to Section 31.11 (c-1) of the Texas Tax Code.

CITY MANAGER

Tommy Gonzalez

cc: Tomas Gonzalez, City Manager Robert Cortinas, Deputy City Manager & Chief Financial Officer

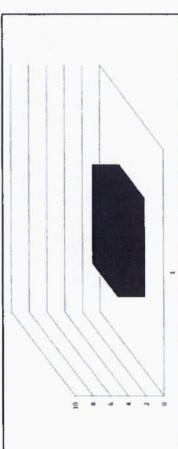
Edmundo S. Calderon - Chief Internal Auditor Internal Audit Office | 218 N. Campbell | El Paso, TX 79901 O: (915) 212-0069 | Email: calderones@elpasotexas.gov



Chy of El Paso Internal Audit Office Tax Office Refund Project Week of 10/24/2022 Reviews- Over Three Years

	11/1/2022	3	10/28/2022	10/26/2022	10/25/2022	10/14/2022	\$4,395.95	V893-999-0880-0900	NICE SCHMIDTKE
Comments	Date Internst Audit Reviewed Applications	Payment to Date Asked to be Reviewed	Date Tax Office Sent to Internal Audit for Review	max approved by the Tax Office	Received in the Tax Office	Date Application was Received	Amount of Refund	P.S.D. Number	Refund To
		Totals Days from Date Front of		Date Application	Pare of President Payment was				





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, Janice Schmidtke ("Taxpayer") has applied for a refund with the tax assessor for their 2018 property taxes that were overpaid on March 15, 2019 in the amount of \$4,395.95 for all taxing entities; and

**WHEREAS**, City Council may extend the deadline for the Taxpayer's application for the overpayment of the 2018 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 Janice Schmidtke showed a good cause to extend the deadline to apply for a refund of the overpayment of the 2018 taxes and the tax refund in the amount of \$4,395.95 is approved.

APPROVED this 13th day of December, 2022.

Laura D. Prine

City Clerk

APPROVED AS TO FORM:

Juan S. Gonzalez Senior Assistant City Attorney APPROVED AS TO CONTENT:

Maria O. Pasillas, RTA Tax Assessor/Collector

CITY OF EL PASO:

Oscar Leeser

Mayor



TAX OFFICE RECEIVED OCT 2 5 2022

# 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

Geo No. V893-999-0880-0900 Prop ID 101396

Legal Description of the Property

88 VISTA DEL SOL #18 LOT 5

10917 SAM SNEAD DR

SCHMIDTKE JANICE C PO BOX 1005 REDWATER ALBERTA TON2WO, TON2W-N2WO

DP +2500 + 3yrs

OWNER: TERRES BERNARDO

2018 OVERAGE AMOUNT \$4,395.95

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 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 PROPERT	TY TAX REFUND: This application must be completed, signed, and submitted with supporting documentation to be valid.				
Step 1. Identify the refund	Who should the refund be issued to:  Name: Janige Schmidtke				
recipient.					
Show information for whomever will be receiving	Address: P. O. Box 1005				
the refund.	City, State, Zip: Red water, alberta TOA 2WO				
	Daytime Phone No.: 780 -736 - 2411 E-Mail Address:				
Step 2. Provide payment	Payment made by: Check 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	Please check one of the following:				
this refund.	I paid this account in error and I am entitled to the refund.				
Please list any accounts and/or 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.)				
	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE CC + 14, 2022				
	SIGNATURE OF REQUISED PRINTED NAME & DATE OCT, 14, 2022  Javice Schmidtke  Javice Schmidtke				
TAX OFFICE USE ONLY:	Approved Denied By: NH Date: 10-26-22				

Print Date: 04/06/2022

Notes Go To 11/08/2022 17:39:16 ANCYH ACTEP CT80122 v1.91 DEPOSIT Remittance Detail **Summary Query** Summary Payment Agreement No. Payment Amount Remit Seq No. Check No. Account No Deposit No. V89399908800900 A04151965 Account Applied Transaction Payment Payment Receipt Remit Check neck/Receipt Payer No. Type Amount Amount ages Deposit No. Date Sea No. No. Type 1592912-SIERRA TITLE C \$4,821.78 PA V89399908800900 073978 CH \$4,821.78 A11082179 11/08/2021 47998250 \$4,170.46 PA V89399908800900 SCHMIDTKE JANICE C \$4,170.46 CH B01042175 12/31/2020 45637265 1050 \$4,052.43 PA V89399908800900 SCHMIDTKE JANICE C CH \$4,052.43 01/29/2020 43358472 01041 T01292000001 \$4,395.95 LG V89399908800900 SCHMIDTKE JANICE C \$4,683.53 CH 03/15/2019 41105925 1037 A04151965 \$287.58 PA V89399908800900 SCHMIDTKE JANICE C 03/15/2019 41105925 CH \$4,683.53 1037 A04151965 \$4,032.98 PA V89399908800900 SCHMIDTKE JANICE C 02/28/2019 40868740 CH \$4.032.98 B03011986 1076 \$3,657.08 PA V89399908800900 SCHMIDTKE JANICE C 12/31/2017 36884765 1019 CH \$3,657.08 A01101883 SCHMIDTKE JANICE C \$3.594.76 PA V89399908800900 01016 CH \$3,594.76 X0109171001 01/09/2017 33877324 \$3,406.83 PA V89399908800900 SCHMIDTKE JANICE C \$3,406.83 CH 12/11/2015 30246032 01013 X1211151003 SCHMIDTKE JANICE C \$3,367.93 \$3,367.93 PA V89399908800900 12/08/2014 27183281 01002 CH X1208141000 \$3,307.88 PA V89399908800900 SCHMIDTKE JANICE C CH \$3,307.88 X0108141003 01011 01/08/2014 24878980 \$3,269.95 PA V89399908800900 SCHMIDTKE JANICE C 12/18/2012 21856160 01006 CH \$3,269.95 X1218121000 \$74,514.35 Applied Total